

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA ASSET ALLOCATION - MODERATE GROWTH PORTFOLIO RET OPT
1b Three-digit plan number (PN): 054
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TRANSAMERICA ASSET ALLOCATION - MODERATE GROWTH PORTFOLIO RET OPT</u>	B Three-digit plan number (PN)	<u>054</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLAHNIK INVESTMENT GROUP	c EIN-PN 46-0495940-001
a	Plan name CAMELBACK PEDIATRIC DENTISTRY & ORTHODONTICS, P.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CAMELBACK PEDIATRIC DENTISTRY & ORTHODONTICS, P.L.C.	c EIN-PN 20-0902280-001
a	Plan name COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
a	Plan name CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
b	Name of plan sponsor CYM AUTO PARTS	c EIN-PN 66-0421766-001
a	Plan name FAMILY COUNSELING SERVICE OF TUSCALOOSA COUNTY, INC. MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor FAMILY COUNSELING SERVICE OF TUSCALOOSA COUNTY, INC.	c EIN-PN 63-0523406-001
a	Plan name FOUR WHEELS OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor FOUR WHEELS OF TEXAS, INC.	c EIN-PN 75-2631966-001
a	Plan name FOUSER ENVIRONMENTAL SERVICES, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOUSER ENVIRONMENTAL SERVICES, LTD	c EIN-PN 61-1160042-001
a	Plan name FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK MARTIN SONS, INC.	c EIN-PN 01-0279609-003
a	Plan name KEENO FARMS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor KEENO FARMS CONSTRUCTION, INC.	c EIN-PN 30-0205931-001
a	Plan name KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENNEDY & HAN, P.C.	c EIN-PN 85-0482265-001
a	Plan name MARCHIONDA & FERRER 401(K) PLAN	
b	Name of plan sponsor MARCHIONDA & FERRER, P.A.	c EIN-PN 22-3261359-001
a	Plan name MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor MERRITT ISLAND AIR AND HEAT INC.	c EIN-PN 81-0579482-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	MONROE URGENT CARE, INC.	c EIN-PN 26-0188188-001
a	Plan name	MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOODY PRICE, LLC	c EIN-PN 72-1044462-003
a	Plan name	MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MOORETOWN RANCHERIA	c EIN-PN 68-0152435-003
a	Plan name	PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PACIFIC HEALTHCARE GROUP LLC	c EIN-PN 88-4181241-777
a	Plan name	PHOENIX INTERNATIONAL PUBLICATIONS, INC. SAVINGS PLAN	
b	Name of plan sponsor	PHOENIX INTERNATIONAL PUBLICATIONS, INC.	c EIN-PN 47-1100568-001
a	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.	c EIN-PN 59-2300398-001
a	Plan name	SIGNATURE PAYMENTS 401(K) PLAN	
b	Name of plan sponsor	CKC HOLDINGS, INC.	c EIN-PN 61-2013413-001
a	Plan name	WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
b	Name of plan sponsor	WAILEA GOLF LLC	c EIN-PN 76-0741485-001
a	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name	AIR & LUBE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AIR & LUBE SYSTEMS, INC.	c EIN-PN 94-3284282-001
a	Plan name	AIREKO CONSTRUCTION LLC CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	AIREKO CONSTRUCTION, LLC	c EIN-PN 66-0286068-001
a	Plan name	AXXIOME USA LLC RETIREMENT PLAN	
b	Name of plan sponsor	AXXIOME USA LLC	c EIN-PN 90-1017436-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name B & B TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
a	Plan name B.C. ELECTRIC 401(K) PLAN	
b	Name of plan sponsor B.C. ELECTRIC	c EIN-PN 25-1725627-001
a	Plan name DISHMAN DODGE 401(K) PLAN	
b	Name of plan sponsor M&G INVESTMENTS, INC. DBA DISHMAN DODGE	c EIN-PN 91-0953903-002
a	Plan name EKA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EARLE KINLAW & ASSOCIATES, INC.	c EIN-PN 58-1328598-001
a	Plan name FAMILY SERVICES OF OAHU, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FAMILY SERVICES OF OAHU, LLC	c EIN-PN 99-0359636-001
a	Plan name GRABER ANIMAL HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRABER ANIMAL HOSPITAL, INC.	c EIN-PN 34-1903123-001
a	Plan name GRANITE CITY FAMILY & COSMETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor GRANITE CITY FAMILY & COSMETIC DENTISTRY	c EIN-PN 20-4990679-001
a	Plan name KENSINGTON FINANCIAL SERVICES, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor KENSINGTON FINANCIAL SERVICES, INC.	c EIN-PN 36-3536681-001
a	Plan name MORRIS DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor MORRIS DISTRIBUTING	c EIN-PN 68-0301995-001
a	Plan name MOTION MACHINERY 401(K) PLAN	
b	Name of plan sponsor MOTION MACHINERY, LTD	c EIN-PN 76-0566121-001
a	Plan name MOXY MANAGEMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor MOXY MANAGEMENT COMPANY, LLC	c EIN-PN 99-0431387-002
a	Plan name PIRZADEH & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PIRZADEH & ASSOCIATES, INC.	c EIN-PN 33-0841279-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name RICHARD ELSINGER, DMD 401(K) PLAN	
b	Name of plan sponsor RICHARD ELSINGER, DMD	c EIN-PN 22-3433645-001
a	Plan name SAN PABLO DEVELOPERS, INC. 1165(E) PLAN	
b	Name of plan sponsor SAN PABLO DEVELOPERS, INC.	c EIN-PN 66-0493660-001
a	Plan name TIBRIO LLC 401(K) PLAN	
b	Name of plan sponsor TIBRIO LLC	c EIN-PN 81-0719473-001
a	Plan name TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
b	Name of plan sponsor TILLERY CHEVROLET/GMC	c EIN-PN 85-0281064-001
a	Plan name TIM SNELSON'S PUMPING UNIT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TIM SNELSON'S PUMPING UNIT	c EIN-PN 75-2715506-001
a	Plan name V & C ELECTRICAL CONTRACTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor V & C ELECTRICAL CONTRACTORS, INC.	c EIN-PN 62-1143477-001
a	Plan name WAILEA GOLF LLC 401(K) PLAN FOR HOURLY BARGAINING EMPLOYEES	
b	Name of plan sponsor WAILEA GOLF LLC	c EIN-PN 76-0741485-002
a	Plan name WAILEA GOLF LLC BU / GA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WAILEA GOLF LLC	c EIN-PN 76-0741485-003
a	Plan name WAILEA OLD BLUE 401(K) PLAN	
b	Name of plan sponsor WAILEA OLD BLUE, LLC	c EIN-PN 87-0777083-001
a	Plan name WAILEA OLD BLUE NON-UNION 401(K) PLAN	
b	Name of plan sponsor WAILEA OLD BLUE, LLC	c EIN-PN 87-0777083-002
a	Plan name YEZCO1, INC. 401(K) PLAN	
b	Name of plan sponsor YEZCO1, INC.	c EIN-PN 35-2395294-001
a	Plan name ZEETO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor ZEETO GROUP, LLC	c EIN-PN 83-0490277-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name A & P POWER SYSTEMS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A & P POWER SYSTEMS, LTD.	c EIN-PN 99-0230243-001
a	Plan name COMMUNITY CARE NURSES 401(K) PLAN	
b	Name of plan sponsor COMMUNITY CARE NURSES, INC.	c EIN-PN 05-0410613-001
a	Plan name D & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
a	Plan name D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor D R SUMMIT WEALTH MANAGEMENT, INC.	c EIN-PN 27-1552262-001
a	Plan name LERMAN CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LERMAN CORPORATION	c EIN-PN 38-1776786-001
a	Plan name MBPIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION	c EIN-PN 38-1956049-002
a	Plan name OPAL SOFT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OPALSOFT, INC.	c EIN-PN 94-3280543-001
a	Plan name PLAN DE RETIRO 1081.01(D) PARA EMPLEADOS DE GOYA DE PUERTO RICO, INC.	
b	Name of plan sponsor GOYA DE PUERTO RICO, INC.	c EIN-PN 66-0429097-002
a	Plan name RANDALL INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RANDALL INDUSTRIES, INC.	c EIN-PN 38-3424333-001
a	Plan name RAPT 401(K) PLAN	
b	Name of plan sponsor RICHMOND AUTO PARTS TECHNOLOGY, INC.	c EIN-PN 61-1321586-001
a	Plan name RATHBUN ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor RATHBUN ASSOCIATES	c EIN-PN 94-1653463-001
a	Plan name THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ART SOURCE, INC.	c EIN-PN 99-0280665-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRINITY DIRECT, LLC	c EIN-PN 22-3499334-001
a	Plan name TRUE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUE & ASSOCIATES	c EIN-PN 22-2472821-002
a	Plan name AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN PAPER CORPORATION	c EIN-PN 66-0392240-001
a	Plan name AMERICAN SECURITY PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMERICAN IRONWORKS, INC. DBA AMERICAN SECURITY	c EIN-PN 95-4677496-001
a	Plan name BAR 20 PENSION PROFIT SHARING - 401(K) PLAN	
b	Name of plan sponsor BAR 20 DAIRY LLC	c EIN-PN 20-2670418-001
a	Plan name BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN	
b	Name of plan sponsor BARBICH HOOPER KING DILL HOFFMAN	c EIN-PN 95-3705481-001
a	Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor BARNARD MANUFACTURING CO., INC.	c EIN-PN 38-1842231-001
a	Plan name BUCK HILL FALLS COMPANY 401(K) PLAN	
b	Name of plan sponsor BUCK HILL FALLS COMPANY	c EIN-PN 24-0536840-001
a	Plan name BUILDING & BEYOND, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDING & BEYOND, INC.	c EIN-PN 77-0390287-001
a	Plan name CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHESLER CONSTRUCTION, INC.	c EIN-PN 68-0378142-002
a	Plan name DIVFINSERV 401(K)	
b	Name of plan sponsor DIVERSIFIED FINANCIAL SERVICES, INC.	c EIN-PN 20-1848122-001
a	Plan name DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DIXON AUTOMATIC TOOL, INC.	c EIN-PN 36-2231217-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	DIXOPHAL, P.C. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	DIXOPHAL, P.C.
c	EIN-PN	58-2388186-002
a	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN
b	Name of plan sponsor	ENVISION TELEPHONY, INC.
c	EIN-PN	91-1661458-001
a	Plan name	GUYOUNGTECH USA, INC. 401(K) PLAN
b	Name of plan sponsor	GUYOUNGTECH USA, INC.
c	EIN-PN	20-1963180-001
a	Plan name	HYPERTENSION KIDNEY CARE OF NORTH ATLANTA, LLC 401(K) PLAN
b	Name of plan sponsor	HYPERTENSION KIDNEY CARE OF NORTH ATLANTA, LLC
c	EIN-PN	20-4451963-001
a	Plan name	JOHN DEERE CLASSIC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	JOHN DEERE CLASSIC
c	EIN-PN	93-1332421-001
a	Plan name	AAA TRANSPORTATION RETIREMENT PLAN
b	Name of plan sponsor	AAA TRANSPORTATION, INC.
c	EIN-PN	41-1680304-001
a	Plan name	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'
c	EIN-PN	41-2153109-001
a	Plan name	CHIRCO TEAM LLC 401(K) PLAN
b	Name of plan sponsor	CHIRCO TEAM LLC
c	EIN-PN	26-3741789-001
a	Plan name	CHIROPRACTIC PLUS OF TRICITIES, P.C. 401(K) PLAN
b	Name of plan sponsor	CHIROPRACTIC PLUS OF TRICITIES, P.C.
c	EIN-PN	20-3867928-001
a	Plan name	COUNTY HEATING AND AIR CONDITIONING 401(K) PLAN
b	Name of plan sponsor	COUNTY HEATING AND AIR CONDITIONING, INC.
c	EIN-PN	95-3513835-001
a	Plan name	COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	COWBOY DODGE, INC.
c	EIN-PN	83-0254068-001
a	Plan name	DOMESTIC FORGE & FORMING INC. RETIREMENT PLAN
b	Name of plan sponsor	DOMESTIC FORGE & FORMING, INC.,
c	EIN-PN	38-3148363-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DON'S TRUCK SALES, INC.	c EIN-PN 42-0816951-001
a	Plan name ESPEY HARDWARE & GARDEN SUPPLY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ESPEY HARDWARE & GARDEN SUPPLY, INC.	c EIN-PN 56-1443791-001
a	Plan name GABRIEL COSMETICS, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor GABRIEL COSMETICS, INC.	c EIN-PN 91-1568874-001
a	Plan name H. BRAUNING COMPANY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor H. BRAUNING COMPANY, INC.	c EIN-PN 54-1328776-001
a	Plan name HAGOOD HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor HAGOOD HOMES, INC.	c EIN-PN 56-1965580-001
a	Plan name IITC 401(K) PLAN	
b	Name of plan sponsor ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.	c EIN-PN 20-1314597-001
a	Plan name MCCUTCHEON AGENCY LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCCUTCHEON INSURANCE AGENCY LTD	c EIN-PN 36-3087849-001
a	Plan name MCKIM CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor SOUTH VALLEY CHIROPRACTIC, LLC DBA MCKIM CHIROPRACTIC	c EIN-PN 82-0452136-001
a	Plan name MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MUSKEGON COUNTY MUSEUM	c EIN-PN 38-1367319-001
a	Plan name ORANGE-SOL BLENDING & PACKAGING, INC. 401(K) PLAN	
b	Name of plan sponsor ORANGE-SOL BLENDING & PACKAGING, INC.	c EIN-PN 86-0772941-001
a	Plan name OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor OREGON COLLEGE OF ORIENTAL MEDICINE	c EIN-PN 93-0845182-001
a	Plan name SC JOHNSON DE PR, INC. SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor SC JOHNSON DE PR, INC.	c EIN-PN 66-0290543-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TRUECONTEXT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TRUECONTEXT	c EIN-PN 98-0474577-001
a	Plan name TRUTRON CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor TRUTRON CORPORATION	c EIN-PN 38-1858530-001
a	Plan name ABLE SALES COMPANY, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor ABLE SALES COMPANY INC.	c EIN-PN 66-0320315-001
a	Plan name ALLENS PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLENS PLUMBING, INC.	c EIN-PN 99-0241127-001
a	Plan name ARROW TRAILER AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor ARROW TRAILER AND EQUIPMENT CO.	c EIN-PN 37-0755336-001
a	Plan name BORINQUEN CONTAINER 1165(E) CODA RETIREMENT PLAN	
b	Name of plan sponsor BORINQUEN CONTAINER CORP.	c EIN-PN 66-0275132-001
a	Plan name CHRISTIAN HERITAGE ACADEMY 401(K) PLAN	
b	Name of plan sponsor CHRISTIAN HERITAGE ACADEMY	c EIN-PN 36-3237612-001
a	Plan name CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHRISTOPHER M. PENNISI, DDS, PLLC	c EIN-PN 26-3030636-001
a	Plan name DAKEM & ASSOCIATES, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAKEM & ASSOCIATES, LLC.	c EIN-PN 86-0864545-001
a	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name ELATERAL INC. 401(K) PLAN	
b	Name of plan sponsor ELATERAL INC. DBA BRANDGILITY	c EIN-PN 51-0396708-001
a	Plan name GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C.	c EIN-PN 30-0389300-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name IMPACT INDUSTRIES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WORLD OF MOULDING	c EIN-PN 33-0327222-001
a	Plan name JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JARMER ELECTRIC, INC.	c EIN-PN 93-0694887-001
a	Plan name KIMBERLY PARK DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KIMBERLY PARK DENTAL ASSOCIATES, P.C.	c EIN-PN 42-1049323-001
a	Plan name LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001
a	Plan name MARKETING SOLUTIONS INC. & DESIGN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARKETING SOLUTIONS INC. & DESIGN	c EIN-PN 46-5300350-001
a	Plan name PRAIRIEFIRE COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor PRAIRIEFIRE COMMUNICATIONS, INC.	c EIN-PN 26-1885084-001
a	Plan name QMSI 401(K) PLAN	
b	Name of plan sponsor QMSI	c EIN-PN 62-1539705-001
a	Plan name RIPLEY INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor RIPLEY INDUSTRIES, INC.	c EIN-PN 62-0606312-001
a	Plan name RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a	Plan name SLADE GLASS CO. 401(K) PLAN	
b	Name of plan sponsor IMMACULATE GLASS, LLC	c EIN-PN 87-3806033-001
a	Plan name SMC RECYCLING, INC. 401(K) PLAN	
b	Name of plan sponsor SMC RECYCLING, INC.	c EIN-PN 62-1723264-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SMEED COMMUNICATION SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMEED SOUND SERVICE, INC. DBA SMEED COMMUNICATION SERVICES	c EIN-PN 93-0776324-001
a	Plan name SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor SUCESION J. SERRALLES, INC.	c EIN-PN 66-0378432-001
a	Plan name TLG DEFINED CONTRIBUTION PLAN & TRUST	
b	Name of plan sponsor TINGLEY LAW GROUP, PC	c EIN-PN 46-2705875-001
a	Plan name VAN UNEN/MIERSMA PROPANE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor VAN UNEN/MIERSMA PROPANE INC	c EIN-PN 68-0291244-001
a	Plan name WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor WEATHER ENGINEERS, INC.	c EIN-PN 59-3076169-004
a	Plan name CCALA CORP. RETIREMENT PLAN	
b	Name of plan sponsor CCALA CORP.	c EIN-PN 66-0430969-001
a	Plan name CDS MECHANICAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CDS MECHANICAL SERVICES, INC.	c EIN-PN 20-1407450-001
a	Plan name CITY TILE & FLOOR COVERING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CITY TILE AND FLOOR COVERING CO., LLC	c EIN-PN 62-1039371-001
a	Plan name CITY WELDING RETIREMENT PLAN	
b	Name of plan sponsor CITY WELDING & FABRICATION, INC.	c EIN-PN 04-2990922-001
a	Plan name GENCOM TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor GENCOM TRANSPORTATION, INC.	c EIN-PN 84-1291031-001
a	Plan name GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENESEE HEMATOLOGY-ONCOLOGY, P.C.	c EIN-PN 38-2278871-001
a	Plan name LORIO ROSS STERLING ENTERTAINMENT 401(K) PLAN	
b	Name of plan sponsor LORIO ROSS STERLING ENTERTAINMENT	c EIN-PN 38-1995713-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE EMF COMPANY, INC.	c EIN-PN 75-1552044-001
a	Plan name ADVANCED MACHINING & AUTOMATION, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED MACHINING & AUTOMATION, INC.	c EIN-PN 42-1482013-001
a	Plan name ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED MANUFACTURING TECHNOLOGY	c EIN-PN 84-1390588-001
a	Plan name PRINCETON CORPORATE CONSULTANTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor PRINCETON CORPORATE CONSULTANTS, INC.	c EIN-PN 95-3169800-001
a	Plan name MEALS ON WHEELS, ETC., INC. EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEALS ON WHEELS, ETC., INC.	c EIN-PN 59-2977907-001
a	Plan name MID-VALLEY PLUMBING SUPPLY, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor MID-VALLEY PLUMBING SUPPLY, INC.	c EIN-PN 23-1691324-001
a	Plan name VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor VANDERVART CONCRETE PRODUCTS, LLC	c EIN-PN 46-5469386-001
a	Plan name ATWELL FAMILY CHIROPRACTIC & WELLNESS, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ATWELL FAMILY CHIROPRACTIC & WELLNESS, PLC	c EIN-PN 20-1289792-001
a	Plan name AUSSIE PET MOBILE, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor AUSSIE PET MOBILE, INC.	c EIN-PN 33-0861292-001
a	Plan name ROUNDERS 401(K) PLAN AND TRUST	
b	Name of plan sponsor ROUNDERS BAR & GRILL, INC.	c EIN-PN 20-5823096-001
a	Plan name ROWE-THRUSH, INC. SAVINGS PLAN AND TRUST	
b	Name of plan sponsor ROWE-THRUSH, INC.	c EIN-PN 26-2014519-001
a	Plan name RSI 401(K) PLAN	
b	Name of plan sponsor RECYCLING SYSTEMS, INC.	c EIN-PN 36-4343734-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEACON TRI-STATE SOLUTIONS, INC.	c EIN-PN 32-0277555-001
a	Plan name DR. GEORGE T. MATHAI PLLC 401(K) PLAN	
b	Name of plan sponsor DR. GEORGE T. MATHAI PLLC	c EIN-PN 20-0461962-001
a	Plan name INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	c EIN-PN 59-1745402-001
a	Plan name SEW MANY PARTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SEW MANY PARTS	c EIN-PN 27-0130750-001
a	Plan name DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUVALL FORD COMPANY, INC.	c EIN-PN 58-1538949-001
a	Plan name E-SAFE TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor E-SAFE TECHNOLOGIES, LLC	c EIN-PN 27-3784047-001
a	Plan name NEW ENGLAND METALFORM, INC. 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-002
a	Plan name OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name ODESUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ODESUS, INC.	c EIN-PN 95-4864544-001
a	Plan name ELEIT TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor ELEIT TECHNOLOGY, INC.	c EIN-PN 72-1388587-002
a	Plan name JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	c EIN-PN 94-2346172-001
a	Plan name PASTERKAMP HEATING & AIR CONDITIONING COMPANY 401(K)	
b	Name of plan sponsor PASTERKAMP HEATING & AIR CONDITIONING	c EIN-PN 84-0568191-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name PATHFINDER SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor PATHFINDER SOFTWARE, LLC	c EIN-PN 45-1068132-001
a	Plan name FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name KING CHIROPRACTIC RETIREMENT PLAN	
b	Name of plan sponsor KING CHIROPRACTIC INSTITUTE	c EIN-PN 52-2210480-001
a	Plan name KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KLEIN PRODUCTS, INC.	c EIN-PN 95-2105141-001
a	Plan name LUCTOR INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LUCTOR INTERNATIONAL, LLC D/B/A VAN GOGH IMPORTS	c EIN-PN 86-0880585-001
a	Plan name THE GROUT MEDIC OF MONMOUTH COUNTY, LLC 401(K) PLAN	
b	Name of plan sponsor THE GROUT MEDIC OF MONMOUTH COUNTY, LLC	c EIN-PN 20-5771292-001
a	Plan name ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor ACME LIFT COMPANY LLC	c EIN-PN 86-0900122-001
a	Plan name ACOUSTIC CEILING & PARTITION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ACOUSTIC CEILING & PARTITION CO., INC.	c EIN-PN 38-2627627-006
a	Plan name PREMIER PEO, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PREMIER PEO, INC.	c EIN-PN 80-0878405-001
a	Plan name COLEGIO DEL SAGRADO CORAZON DE JESUS 1165(E) RETIREMENT PLAN	
b	Name of plan sponsor COLEGIO SAGRADO CORAZON	c EIN-PN 66-0214426-001
a	Plan name COLEGIO MARISTA MONEY PURCHASE THRIFT PLAN	
b	Name of plan sponsor COLEGIO MARISTA	c EIN-PN 66-0263752-001
a	Plan name GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLESSNER & ASSOCIATES, PLLC	c EIN-PN 55-0761731-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO-TEK MANUFACTURING, INC.	c EIN-PN 94-2862885-002
a	Plan name	ALWAYS BETTER CARE HOME PROVIDERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALWAYS BETTER CARE HOME HEALTH PROVIDERS, INC.	c EIN-PN 95-4574440-001
a	Plan name	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MATICH CORPORATION	c EIN-PN 95-1810911-002
a	Plan name	MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MATIKON AMERICA INC.	c EIN-PN 38-3498737-002
a	Plan name	CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CONSER HOMES, INC.	c EIN-PN 93-0670347-001
a	Plan name	MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDI-WEIGHT LOSS CLINICS, LLC	c EIN-PN 20-3753744-001
a	Plan name	ANNAPOLIS JEWELRY 401(K) PLAN	
b	Name of plan sponsor	ANNAPOLIS JEWELRY & LOAN, INC.	c EIN-PN 52-2319988-001
a	Plan name	ANNIE B. JONES COMMUNITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ANNIE B. JONES CIVIC ARTS CENTER	c EIN-PN 36-3883523-001
a	Plan name	GRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GRESS INSURANCE CONSULTANTS, INC.	c EIN-PN 85-0324896-001
a	Plan name	HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	HARLEY AUTOMOTIVE GROUP, INC.	c EIN-PN 41-1711881-001
a	Plan name	RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor	RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name	UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
b	Name of plan sponsor	UBORA ENGINEERING & PLANNING, INC	c EIN-PN 20-2459818-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name UCOPB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNDERWOOD CHEVROLET OLDS PONTIAC BUICK	c EIN-PN 38-1887779-001
a	Plan name ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ASSIGN CORP.	c EIN-PN 95-4664862-001
a	Plan name DAVET ROOFING'S 401(K) PLAN	
b	Name of plan sponsor DAVET ROOFING INC.	c EIN-PN 80-0012440-001
a	Plan name AVERA & SMITH LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AVERA & SMITH LLP	c EIN-PN 54-2118084-001
a	Plan name HOLMAN'S OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HOLMAN'S OF NEVADA	c EIN-PN 88-0142663-001
a	Plan name BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELGRADE STATE BANK	c EIN-PN 43-0177195-001
a	Plan name DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRILLING & PRODUCTION CO.	c EIN-PN 95-0803480-001
a	Plan name WESTERN FILAMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN FILAMENT, INC.	c EIN-PN 95-3672588-001
a	Plan name IOWA CANCER SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IOWA CANCER SPECIALISTS, P.C.	c EIN-PN 06-1666841-003
a	Plan name SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name WINCUBIC.COM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WINCUBIC.COM, INC.	c EIN-PN 99-0341892-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRIDGEWAY, INC.	c EIN-PN 37-0984175-001
a	Plan name EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor EMPIRE HYUNDAI, INC.	c EIN-PN 04-3498129-001
a	Plan name JEFF'S WELDING & MACHINE COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor JEFF'S WELDING & MACHINE COMPANY	c EIN-PN 20-1029521-001
a	Plan name JEFF'S WELDING & MACHINE COMPANY CASH BALANCE PLAN	
b	Name of plan sponsor JEFF'S WELDING & MACHINE COMPANY	c EIN-PN 20-1029521-002
a	Plan name SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SOMERVILLE ACQUISITIONS	c EIN-PN 22-2950305-001
a	Plan name C.M. PEICH, INC. 401(K) PLAN	
b	Name of plan sponsor C.M. PEICH, INC.	c EIN-PN 01-0556020-001
a	Plan name JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor JULIAN ELECTRIC, INC.	c EIN-PN 36-2592808-001
a	Plan name P.J. ALBERT, INC. 401(K) PLAN	
b	Name of plan sponsor P.J. ALBERT, INC.	c EIN-PN 04-2787609-001
a	Plan name STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STARDUST CELEBRATIONS, LLC	c EIN-PN 75-2839427-001
a	Plan name STATE READY MIX 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STATE READY MIX, INC.	c EIN-PN 77-0225273-001
a	Plan name FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor FIRST MISSOURI CREDIT UNION	c EIN-PN 43-0492167-001
a	Plan name CARROLL ACE HARDWARE 401(K) PLAN	
b	Name of plan sponsor CARROLL ACE HARDWARE	c EIN-PN 42-1461838-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor	KOMET USA, LLC	c EIN-PN 84-1719571-001
a	Plan name	PAXTON VAN LINES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAXTON VAN LINES, INC.	c EIN-PN 54-0585256-001
a	Plan name	SURPRISE ENDODONTICS, P.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SURPRISE ENDODONTICS, P.L.C.	c EIN-PN 20-4574483-001
a	Plan name	SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SUTTON SWIM SCHOOL, INC.	c EIN-PN 77-0624364-001
a	Plan name	FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	FORMOSA CONTAINER LINE INC.	c EIN-PN 33-0252605-001
a	Plan name	FORREST GROUP 401(K) PLAN	
b	Name of plan sponsor	PARAGON CONTRACTORS, LLC	c EIN-PN 20-1749126-001
a	Plan name	CEN PAC PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CEN PAC PROPERTIES, INC.	c EIN-PN 99-0112223-001
a	Plan name	LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LAKOTA CONTRACTING, INC.	c EIN-PN 26-0060538-001
a	Plan name	PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	PETERS AGENCY CARE MANAGEMENT, LLC	c EIN-PN 83-0446469-001
a	Plan name	WHEELING COIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHEELING COIN, LLC	c EIN-PN 55-0772531-001
a	Plan name	BENJAMIN I. CLOVE, D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor	BENJAMIN I. CLOVE, D.D.S., P.C.	c EIN-PN 20-2878610-001
a	Plan name	BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIRMINGHAM PODIATRY, P.C.	c EIN-PN 63-0826296-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BLACK BEAR OIL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLACK BEAR OIL CORPORATION	c EIN-PN 06-1669720-001
a	Plan name BROWARD HOUSE 401(K) PLAN	
b	Name of plan sponsor BROWARD HOUSE, INC.	c EIN-PN 59-2913416-001
a	Plan name BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRUCE C. WINTERSTEEN, D.D.S.	c EIN-PN 37-1209635-002
a	Plan name BSB RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor THE BIPPUS STATE BANK	c EIN-PN 35-0180140-001
a	Plan name BUCHHOLZ TRANSPORT 401(K) & PSP	
b	Name of plan sponsor BUCHHOLZ TRANSPORT INC.	c EIN-PN 38-2497552-001
a	Plan name CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA BOX COMPANY	c EIN-PN 95-3901917-002
a	Plan name CATALYST RETIREMENT PLAN	
b	Name of plan sponsor CATALYST COMMUNICATIONS NETWORK LLC	c EIN-PN 92-1890010-001
a	Plan name CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CBI REHABILITATION SERVICES, INC.	c EIN-PN 26-0894212-001
a	Plan name DDSI 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor DDSI	c EIN-PN 35-1771016-001
a	Plan name DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DERMATOLOGY ASSOCIATES, PC	c EIN-PN 39-1896149-002
a	Plan name FIRST-LIGHT USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FIRST-LIGHT USA, LLC	c EIN-PN 20-1665358-001
a	Plan name FLO-LINE TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor FLO-LINE TECHNOLOGY	c EIN-PN 20-4032669-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FOSTER THOMAS RETIREMENT PLAN	
b	Name of plan sponsor	FOSTER THOMAS, INC.	c EIN-PN 52-1826441-001
a	Plan name	GROUP CTI 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GROUP CTI	c EIN-PN 54-1960500-001
a	Plan name	GSI CORPORATION 401(K) PLAN & TRUST	
b	Name of plan sponsor	GSI CORPORATION	c EIN-PN 52-0809975-001
a	Plan name	HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor	HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name	HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	HOMESTAR COMPANIES, LLC.	c EIN-PN 26-2775069-001
a	Plan name	HORIZON TILE & CARPET SOUTHEAST, INC. 401(K) PLAN	
b	Name of plan sponsor	HORIZON TILE & CARPET SOUTHEAST, INC.	c EIN-PN 47-1027113-001
a	Plan name	INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	INTEGRITY AUTOMOTIVE GROUP	c EIN-PN 34-1725656-001
a	Plan name	ISPACE, INC. 401(K) PLAN	
b	Name of plan sponsor	ISPACE, INC.	c EIN-PN 95-4833855-001
a	Plan name	KAPOOR ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	KAPOOR ENTERPRISES, INC.	c EIN-PN 77-0374359-001
a	Plan name	KAWAIOLOA DEVELOPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAWAIOLOA DEVELOPMENT	c EIN-PN 99-0313071-001
a	Plan name	MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	MANAGEMENT MATERIALS INC.	c EIN-PN 38-2412976-001
a	Plan name	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.	c EIN-PN 48-1180359-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MEL'S COUNTRY CAFE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MEL'S COUNTRY CAFE	c EIN-PN 76-0557980-001
a	Plan name	MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MOHS CONSTRUCTION COMPANY, INC.	c EIN-PN 46-1727385-001
a	Plan name	NEUSOFT AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	NEUSOFT AMERICA, INC.	c EIN-PN 20-5601470-001
a	Plan name	ON TIME & RIGHT, INC. 401(K) PLAN	
b	Name of plan sponsor	ON TIME & RIGHT, INC.	c EIN-PN 02-0585740-001
a	Plan name	PACIFIC COACH WORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC COACH WORKS	c EIN-PN 20-4850786-001
a	Plan name	PFDA ARCHITECTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	PFDA ARCHITECTS, INC.	c EIN-PN 36-2929057-002
a	Plan name	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a	Plan name	PRIMARY MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIMARY MECHANICAL, INC.	c EIN-PN 33-0964975-001
a	Plan name	RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	RAFAEL BENITEZ CARRILLO, INC.	c EIN-PN 66-0213972-002
a	Plan name	RAFIH AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	RAFIH AUTO GROUP, INC.	c EIN-PN 68-0676945-001
a	Plan name	ROGERS MANTESE & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROGERS MANTESE & ASSOCIATES, PC	c EIN-PN 20-4445973-001
a	Plan name	ROPE CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROPE CORP	c EIN-PN 59-3585714-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	S4, INC. 401(K) PLAN	
b	Name of plan sponsor	S4 INC.	c EIN-PN 04-3309384-001
a	Plan name	SENSOR MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	SENSOR MANUFACTURING COMPANY	c EIN-PN 38-2140109-001
a	Plan name	STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor	STERLING BV, INC.	c EIN-PN 81-1791939-001
a	Plan name	SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	c EIN-PN 77-0000356-001
a	Plan name	ADDED DIMENSIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ADDED DIMENSIONS, INC.	c EIN-PN 94-3257729-001
a	Plan name	TRI VALLEY EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRI VALLEY EQUIPMENT, INC.	c EIN-PN 34-1295239-001
a	Plan name	TRI-AGG, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	TRI-AGG, INC.	c EIN-PN 93-0896445-001
a	Plan name	AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	
b	Name of plan sponsor	AON RISK SOLUTIONS OF PUERTO RICO, INC.	c EIN-PN 66-0274215-002
a	Plan name	ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC AND PACIFIC FREIGHTWAYS, INC.	c EIN-PN 93-0984994-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TRANSAMERICA ASSET ALLOCATION - MODERATE GROWTH PORTFOLIO RET OPT	B Three-digit plan number (PN) ▶ 054
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	58419651
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	57810213
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	57810213	58419651
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	57810213	58419651

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	1090815	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3884791	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2442841
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7418447

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7418447
l Transfers of assets:			
(1) To this plan	2l(1)		4799191
(2) From this plan	2l(2)		11608200

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.