

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS SMALLCAP WORLD RET OPT
1b Three-digit plan number (PN): 069
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

| | |
|---|---|
| 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 |
|--|--|

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) |
|---|---|

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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

| | |
|--|--|
| A Name of plan <u>AMERICAN FUNDS SMALLCAP WORLD RET OPT</u> | B Three-digit plan number (PN) ▶ <u>069</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)

| | | |
|---|----------------------|---|
| 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: | | |
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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) |
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| 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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| 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

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d Entity code

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d Entity code

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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:

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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:

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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)

| 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 CAM CONSTRUCTION & PAINTING 401(K) PLAN & TRUST | |
| b | Name of plan sponsor CAM CONSTRUCTION & PAINTING INC. | c EIN-PN 45-5255646-001 |
| a | Plan name COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST | |
| b | Name of plan sponsor COLORADO SURGICAL AFFILIATES, LLC | c EIN-PN 81-3228396-001 |
| a | Plan name CULVER GROUP PROFIT SHARING & 401(K) PLAN | |
| b | Name of plan sponsor THE CULVER GROUP | c EIN-PN 33-0789218-001 |
| 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 RESOURCE CENTER RETIREMENT PLAN | |
| b | Name of plan sponsor FAMILY RESOURCE CENTER | c EIN-PN 36-3532803-001 |
| a | Plan name FOY & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor FOY & ASSOCIATES, PC | c EIN-PN 38-3687296-001 |
| a | Plan name HOUSTON CRITICAL CARE 401(K) PLAN | |
| b | Name of plan sponsor WAEL ASI M.D. P.A DBA HOUSTON CRITICAL CARE | c EIN-PN 76-0567380-222 |
| a | Plan name HTAA HOLDINGS, LLC 401(K) PLAN | |
| b | Name of plan sponsor HTAA HOLDINGS, LLC | c EIN-PN 46-3375948-001 |
| a | Plan name J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor J & P PAVING MASONRY & SEALANT, INC. | c EIN-PN 31-1121622-001 |
| 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 NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN | |
| b | Name of plan sponsor NORTHWEST EYE CENTER S.C. | c EIN-PN 36-3145951-002 |
| a | Plan name PROSPERA LAW, LLP 401(K) PLAN | |
| b | Name of plan sponsor PROSPERA LAW, LLP | c EIN-PN 27-3613349-001 |

| 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 RFNRCPAS RETIREMENT PLAN | |
| b | Name of plan sponsor RFNR, LLP | c EIN-PN 95-4664923-001 |
| a | Plan name SAGE PARTNERS, LLC 401(K) PLAN | |
| b | Name of plan sponsor SAGE PARTNERS, LLC | c EIN-PN 46-3113665-001 |
| a | Plan name SALIL TREHAN MD PA 401(K) PLAN | |
| b | Name of plan sponsor SALIL TREHAN MD PA | c EIN-PN 75-2894667-001 |
| a | Plan name STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN | |
| b | Name of plan sponsor STEVENS CHILDREN'S HOME, INC. | c EIN-PN 04-2105950-002 |
| a | Plan name TEXAS BANK 401(K) PLAN | |
| b | Name of plan sponsor TEXAS BANK | c EIN-PN 75-1405029-001 |
| a | Plan name UNIVERSAL TAPE SUPPLY CORP. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor UNIVERSAL TAPE SUPPLY CORP. | c EIN-PN 22-1814877-002 |
| a | Plan name VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor VULCAN FIRE SYSTEMS, INC. | c EIN-PN 61-1057957-001 |
| a | Plan name WAGNER OVERHEAD DOOR CO., INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor WAGNER OVERHEAD DOOR CO., INC. | c EIN-PN 34-1232496-001 |
| a | Plan name AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor AIR CLEANING TECHNOLOGIES, INC. | c EIN-PN 54-2003736-001 |
| a | Plan name AIR GROUP, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor AIR GROUP, LLC | c EIN-PN 22-3620908-001 |
| 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 ARBOR AND PIA EMPLOYEE RETIREMENT PLAN | |
| b | Name of plan sponsor ARBOR INSURANCE GROUP | c EIN-PN 23-2669484-001 |

| 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 | HEALTHY FUTURES CLINIC, PLLC RETIREMENT PLAN | |
| b Name of plan sponsor | HEALTHY FUTURES CLINIC PLLC PENSION PLAN | c EIN-PN 20-0539476-001 |
| a Plan name | HWO, INC. 401(K) PLAN | |
| b Name of plan sponsor | HWO, INC. | c EIN-PN 83-2185021-001 |
| a Plan name | LEE KINSTLE CHEVROLET, BUICK, GMC INC. PROFIT SHARING 401(K) PLAN | |
| b Name of plan sponsor | LEE KINSTLE CHEVROLET, BUICK, GMC INC. | c EIN-PN 34-0904272-001 |
| a Plan name | LEHMAN DAMAN CONSTRUCTION SERVICES, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | LEHMAN DAMAN CONSTRUCTION SERVICES, INC. | c EIN-PN 31-1123984-001 |
| a Plan name | MARIO SUSI & SON, INC. 401(K) PLAN | |
| b Name of plan sponsor | MARIO SUSI & SON, INC. | c EIN-PN 04-2213066-003 |
| a Plan name | NU-TIER BRANDS, INC. PROFIT SHARING PLAN | |
| b Name of plan sponsor | NU-TIER BRANDS, INC. | c EIN-PN 90-0541753-001 |
| a Plan name | PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST | |
| b Name of plan sponsor | PIENTA ENTERPRISES, INC. | c EIN-PN 38-2434419-001 |
| a Plan name | PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | PIERCE PACKAGING COMPANY INC. | c EIN-PN 36-4161206-001 |
| a Plan name | PVIM RETIREMENT PLAN | |
| b Name of plan sponsor | PIONEER VALLEY INTERNAL MEDICINE, PC | c EIN-PN 20-4133434-001 |
| a Plan name | SAN JOSE SHARKS 401(K) PLAN | |
| b Name of plan sponsor | SAN JOSE SHARKS, LLC | c EIN-PN 73-1638357-002 |
| a Plan name | SKANES TECHNOLOGY GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST | |
| b Name of plan sponsor | SKANES TECHNOLOGY GROUP, LLC | c EIN-PN 27-1433006-001 |

| 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 | STRATEGIC CONTRACTING SERVICES INC. 401(K) PLAN | |
| b | Name of plan sponsor | STRATEGIC CONTRACTING SERVICES INC. | c EIN-PN 20-8612710-001 |
| a | Plan name | THA ARCHITECTS ENGINEERS 401(K) PLAN | |
| b | Name of plan sponsor | TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC. | c EIN-PN 38-1561901-002 |
| a | Plan name | ZAHARONI INDUSTRIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ZAHARONI INDUSTRIES, INC. | c EIN-PN 95-3768219-001 |
| 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 | BAAS RETIREMENT PLAN | |
| b | Name of plan sponsor | BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP | c EIN-PN 26-2173291-001 |
| a | Plan name | CHASE BUILDING 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CHASE BUILDING GROUP, INC. | c EIN-PN 63-1256300-001 |
| a | Plan name | MCCAULEY MANAGEMENT 401(K) PLAN | |
| b | Name of plan sponsor | MCCAULEY MANAGEMENT, INC. | c EIN-PN 45-4536598-001 |
| a | Plan name | MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MCCLAIN PRINTING COMPANY, INC. | c EIN-PN 55-0421933-002 |
| a | Plan name | MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MCCLELLAND LAW GROUP | c EIN-PN 26-0787424-001 |
| 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 | SAUGUS CONSTRUCTION CORPORATION PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SAUGUS CONSTRUCTION CORPORATION | c EIN-PN 04-3131744-001 |
| a | Plan name | SOUTHERN PAINT & SUPPLY COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | SOUTHERN PAINT & SUPPLY COMPANY | c EIN-PN 59-0719579-001 |

| 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 SOUTHSIDE PEDIATRICS OF AIKEN, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SOUTHSIDE PEDIATRICS OF AIKEN, LLC | c EIN-PN 56-2228905-001 |
| a | Plan name SPARKS COMMERCIAL TIRE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SPARKS COMMERCIAL TIRE, INC. | c EIN-PN 34-1506914-001 |
| a | Plan name THE BLACK HAWK CASINO 401(K) PLAN | |
| b | Name of plan sponsor SAUK BUSINESS ENTERPRISES | c EIN-PN 02-0713814-001 |
| a | Plan name THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN | |
| b | Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC. | c EIN-PN 04-2103792-003 |
| a | Plan name WARNER CONSTRUCTION, INC. 401(K) PLAN | |
| b | Name of plan sponsor WARNER CONSTRUCTION, INC. | c EIN-PN 82-0524180-001 |
| a | Plan name WASSERMAN & ASSOCIATES 401(K) PLAN | |
| b | Name of plan sponsor WASSERMAN & ASSOCIATES | c EIN-PN 46-1597804-001 |
| a | Plan name A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor A/E GRAPHICS, INC. | c EIN-PN 39-1252452-001 |
| a | Plan name CORRA 401(K) PLAN | |
| b | Name of plan sponsor CORRA | c EIN-PN 04-3819932-001 |
| a | Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE | c EIN-PN 27-0047953-001 |
| a | Plan name EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor EQUINE MEDICAL CENTER OF OCALA | c EIN-PN 20-3993544-001 |
| a | Plan name FULCRUM TECHNOLOGIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor FULCRUM TECHNOLOGIES, INC. | c EIN-PN 77-0357662-001 |
| a | Plan name GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC. | c EIN-PN 58-1795694-001 |

| 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 I & C ENGINEERING COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor I & C ENGINEERING COMPANY, INC. | c EIN-PN 04-3059259-003 |
| a | Plan name JOHN P. FRANGIE, M.D., P.C. RETIREMENT PLAN | |
| b | Name of plan sponsor JOHN P. FRANGIE, M.D., P.C. | c EIN-PN 46-0538578-001 |
| a | Plan name AAA MODERN AIR 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor AAA MODERN AIR INC. | c EIN-PN 59-2300160-001 |
| a | Plan name BULTYNCK & CO. 401(K) PLAN | |
| b | Name of plan sponsor BULTYNCK & CO., P.L.L.C. | c EIN-PN 20-3920878-777 |
| a | Plan name CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CHILES & SONS-LAMAN, INC. | c EIN-PN 34-4492949-003 |
| 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 COUNTRY ROADS TRUCKING SYSTEMS, INC. 401(K) PLAN | |
| b | Name of plan sponsor COUNTRY ROADS TRUCKING SYSTEMS, INC. | c EIN-PN 35-1696225-001 |
| a | Plan name DOUBLE M TRUCKING, INC. 401(K) PLAN | |
| b | Name of plan sponsor DOUBLE M TRUCKING, INC. | c EIN-PN 94-2439968-001 |
| a | Plan name FYI SYSTEMS, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor FYI SYSTEMS, INC. | c EIN-PN 22-2562534-001 |
| a | Plan name GARDEN CITY EYE CARE INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GARDEN CITY EYE CARE, INC. | c EIN-PN 05-0464416-001 |
| 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 JOHNSON QUARRIES 401(K) PLAN | |
| b | Name of plan sponsor JOHNSON QUARRIES, INC. | c EIN-PN 23-2976143-001 |

| 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 | MCCUTCHEON AGENCY LTD RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | MCCUTCHEON INSURANCE AGENCY LTD | c EIN-PN 36-3087849-001 |
| 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 | PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PORTER KIAKONA KOPPER, LLP | c EIN-PN 99-0210947-001 |
| a | Plan name | RDC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ROCK & DIRT CONSTRUCTION | c EIN-PN 20-0382886-001 |
| a | Plan name | SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SAVANT SYSTEMS, INC. | c EIN-PN 85-1002349-777 |
| a | Plan name | SCHAEFFER DOUGLAS TITLE 401(K) PLAN | |
| b | Name of plan sponsor | SCHAEFFER DOUGLAS TITLE | c EIN-PN 20-3601896-001 |
| a | Plan name | SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | SPAULDING BRICK CO., INC. | c EIN-PN 04-1203530-001 |
| a | Plan name | ALL AIR MECHANICAL CONTRACTOR INC. 401(K) PLAN & TRUST | |
| b | Name of plan sponsor | ALL AIR MECHANICAL CONTRACTOR, INC. | c EIN-PN 20-5664372-001 |
| a | Plan name | ALLESCO 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | JOHN SHURTLEFF COMPANY, INC. | c EIN-PN 73-0783500-001 |
| a | Plan name | ARICA CONSULTING & CONTRACTING, LLC 401(K) | |
| b | Name of plan sponsor | ARICA CONSULTING & CONTRACTING, LLC | c EIN-PN 52-2292509-001 |
| 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 | CHSU 401(K) PLAN | |
| b | Name of plan sponsor | CALIFORNIA HEALTH SCIENCES UNIVERSITY | c EIN-PN 45-4846058-001 |

| 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 COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP | c EIN-PN 59-3426104-001 |
| a | Plan name D.E.S., INC. 401(K) PLAN | |
| b | Name of plan sponsor DIVERSIFIED ENVIRONMENTAL SERVICES, INC. | c EIN-PN 59-3055432-001 |
| a | Plan name D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor D.I.J. CONSTRUCTION, INC. | c EIN-PN 74-2291006-001 |
| a | Plan name DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DAHME HEATING AND AIRCONDITIONING, INC. | c EIN-PN 77-0250781-001 |
| 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 ELDER & SPENCER LLP 401(K) PLAN | |
| b | Name of plan sponsor ELDER & SPENCER LLP | c EIN-PN 46-3485814-001 |
| a | Plan name GRANVILLE HOMES, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor GRANVILLE HOMES, INC. | c EIN-PN 77-0236102-002 |
| a | Plan name KIM & LAVOY, S.C. 401(K) PLAN | |
| b | Name of plan sponsor KIM & LAVOY, S.C. | c EIN-PN 20-0771810-001 |
| 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 MARLETTE ROOFING & SHEET METAL COMPANY EMPLOYEES' PROFIT SHARING TRUST | |
| b | Name of plan sponsor MARLETTE ROOFING & SHEET METAL COMPANY | c EIN-PN 38-2102172-001 |
| a | Plan name MIAMI-CAST, INC. 401(K) PLAN | |
| b | Name of plan sponsor MIAMI-CAST, INC. | c EIN-PN 31-1379313-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name MICHAEL L. FITZGERALD INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MICHAEL L. FITZGERALD INSURANCE SERVICES, INC. | c EIN-PN 20-2103543-001 |
| a | Plan name MICHAEL R COWART & ASSOCIATES 401(K) PLAN | |
| b | Name of plan sponsor MICHAEL R. COWART & ASSOCIATES | c EIN-PN 20-1641169-001 |
| a | Plan name NADER DAKAK, M.D., P.A. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor NADER DAKAK, M.D., P.A. | c EIN-PN 51-0492533-001 |
| a | Plan name PARAMOUNT REHABILITATION SERVICES 401(K) PLAN | |
| b | Name of plan sponsor PARAMOUNT REHABILITATION SERVICES | c EIN-PN 38-3378702-001 |
| a | Plan name Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor Q3 TECHNOLOGIES LLC | c EIN-PN 20-4855347-001 |
| a | Plan name RIOUX EYE CENTER, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor RIOUX EYE CENTER, INC. | c EIN-PN 87-4253844-001 |
| 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 SCHULTZ PROCESS SERVICES 401(K) PLAN | |
| b | Name of plan sponsor SCHULTZ PROCESS SERVICES, INC. | c EIN-PN 45-4118372-001 |
| a | Plan name SLIM CHICKENS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SLIM CHICKENS | c EIN-PN 45-3985800-001 |
| a | Plan name TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor TOM AHL CHRYSLER-BUICK, INC. | c EIN-PN 34-1151496-001 |
| a | Plan name VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN | |
| b | Name of plan sponsor VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY | c EIN-PN 38-1917556-001 |
| a | Plan name CCALA CORP. RETIREMENT PLAN | |
| b | Name of plan sponsor CCALA CORP. | c EIN-PN 66-0430969-001 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name LAGUNA SOURCE SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor LAGUNA SOURCE LLC | c EIN-PN 41-2223213-002 |
| a | Plan name CISCO SYSTEMS, INC. PUERTO RICO - SALARY DEFERRAL PLAN | |
| b | Name of plan sponsor CISCO SYSTEMS, INC. | c EIN-PN 77-0473719-001 |
| 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 THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE FINANCIAL GROUP OF PHILADELPHIA, LLC | c EIN-PN 20-2128204-001 |
| a | Plan name THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor FIRST TRUST HOLDINGS, INC. | c EIN-PN 37-1307139-222 |
| a | Plan name COACTIVE WEALTH STRATEGISTS, LLC 401(K) PLAN | |
| b | Name of plan sponsor COACTIVE WEALTH STRATEGISTS, LLC | c EIN-PN 45-3909949-001 |
| a | Plan name COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN | |
| b | Name of plan sponsor COD & CAPERS SEAFOOD | c EIN-PN 59-2349811-001 |
| a | Plan name PRIORITY MORTGAGE CORP. 401(K) PLAN | |
| b | Name of plan sponsor PRIORITY MORTGAGE CORP. | c EIN-PN 31-1088264-001 |
| a | Plan name THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN | |
| b | Name of plan sponsor ROUND ROCK BASEBALL CLUB, LP | c EIN-PN 77-0646382-001 |
| a | Plan name CONNERY CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor CONNERY CONSTRUCTION, INC. | c EIN-PN 39-1845420-001 |
| a | Plan name GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN | |
| b | Name of plan sponsor SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON | c EIN-PN 20-2458255-001 |
| a | Plan name TTI LOGISTICS, LLC PROFIT SHARING 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor TTI LOGISTICS, LLC | c EIN-PN 22-3461921-002 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | |
| a | Plan name ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ANDRADE GONZALEZ LLP | c EIN-PN 46-2892257-001 |
| a | Plan name ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN | |
| b | Name of plan sponsor ANDRADE GONZALEZ LLP | c EIN-PN 46-2892257-003 |
| a | Plan name CPS SACRAMENTO 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor LAWRENCE B. LONG INSURANCE SERVICES, INC. DBA CPS SACRAMENTO | c EIN-PN 68-0046629-001 |
| a | Plan name CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN | |
| b | Name of plan sponsor CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN | c EIN-PN 47-2388058-001 |
| a | Plan name MCR SERVICES LLC 401(K) PLAN | |
| b | Name of plan sponsor MCR SERVICES LLC | c EIN-PN 39-1969575-002 |
| a | Plan name MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN | |
| b | Name of plan sponsor MED ONE FAMILY MEDICAL GROUP, INC. | c EIN-PN 33-0776463-001 |
| a | Plan name MID-SOUTH INDUSTRIES 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor MID-SOUTH INDUSTRIES, INC. | c EIN-PN 63-0495884-001 |
| a | Plan name DEJNO'S, INC. 401(K) PLAN | |
| b | Name of plan sponsor DEJNO'S, INC. | c EIN-PN 39-1335924-001 |
| a | Plan name NASHVILLE TENT & AWNING 401(K) PLAN PROFIT SHARING PLAN | |
| b | Name of plan sponsor NASHVILLE TENT & AWNING CO., INC. | c EIN-PN 85-3079357-001 |
| a | Plan name DOWNEY & COMPANY, LLP 401(K) PLAN | |
| b | Name of plan sponsor DOWNEY & COMPANY, LLP | c EIN-PN 04-3106302-001 |
| a | Plan name DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE 401(K) PLAN | |
| b | Name of plan sponsor DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE | c EIN-PN 74-2497117-001 |
| 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 |

| Part II | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | |
| a | Plan name WEST COAST TRIAL LAWYERS, APLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor WEST COAST TRIAL LAWYERS, APLC | c EIN-PN 46-3026380-001 |
| a | Plan name DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN | |
| b | Name of plan sponsor DYNAMIC DOWNHOLE SERVICES, LLC | c EIN-PN 26-2612443-001 |
| a | Plan name INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor INTERPRET, LLC | c EIN-PN 20-4554232-002 |
| a | Plan name INTERPRINT INCORPORATED SAVINGS PLAN | |
| b | Name of plan sponsor INTERPRINT, INC. | c EIN-PN 59-0871253-001 |
| a | Plan name INTREIS 401(K) PLAN | |
| b | Name of plan sponsor INTREIS | c EIN-PN 46-0855494-001 |
| a | Plan name WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC. | c EIN-PN 46-3012973-001 |
| a | Plan name BRASSFIELD ESTATE WINERY 401(K) PLAN | |
| b | Name of plan sponsor BRASSFIELD ESTATE WINERY, LLC | c EIN-PN 41-2103926-001 |
| a | Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC. | c EIN-PN 74-1179149-002 |
| a | Plan name ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ELLEFSON TRANSPORTATION GROUP, INC. | c EIN-PN 58-1654796-001 |
| a | Plan name JCL SERVICE COMPANY 401(K) PLAN | |
| b | Name of plan sponsor JCL SERVICE COMPANY LLC | c EIN-PN 46-0577895-001 |
| a | Plan name OSAMU CORPORATION RETIREMENT PLAN | |
| b | Name of plan sponsor OSAMU CORPORATION | c EIN-PN 95-4529389-001 |
| a | Plan name OTOGENETICS CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor OTOGENETICS CORPORATION | c EIN-PN 26-1343895-001 |

| 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 | EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN | |
| b | Name of plan sponsor | EVERGREEN AVIATION & SPACE MUSEUM | c EIN-PN 93-1069203-001 |
| 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 | PATHFINDER SOFTWARE, LLC 401(K) PLAN | |
| b | Name of plan sponsor | PATHFINDER SOFTWARE, LLC | c EIN-PN 45-1068132-001 |
| a | Plan name | PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PATRICK COUNTY FAMILY PRACTICE | c EIN-PN 54-1583691-001 |
| a | Plan name | THE JIM O'NEAL FORD 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | JIM O'NEAL FORD | c EIN-PN 35-1091372-001 |
| a | Plan name | CLARITY TELECOM, LLC 401(K) PLAN | |
| b | Name of plan sponsor | CLARITY TELECOM LLC DBA BLUEPEAK | c EIN-PN 46-2667900-001 |
| a | Plan name | PRECISION SMALL ENGINE CO., INC. 401(K) PLAN | |
| b | Name of plan sponsor | PRECISION SMALL ENGINE CO., INC. | c EIN-PN 59-1985940-001 |
| a | Plan name | COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN | |
| b | Name of plan sponsor | COLEGIO PUERTORRIQUENO DE NINAS | c EIN-PN 66-0204435-001 |
| a | Plan name | COLLEGIUM HOLDINGS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | COLLEGIUM HOLDINGS, INC. | c EIN-PN 22-3221879-001 |
| a | Plan name | GLEN CARBIDE, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | GLEN CARBIDE, INC. | c EIN-PN 25-1065069-004 |
| a | Plan name | PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PROFESSIONAL BROKERAGE WEST, INC. | c EIN-PN 88-0222304-001 |
| a | Plan name | ALTERNATIVE CAREERS & TRANSITIONS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ALTERNATIVE CAREERS & TRANSITIONS, INC. | c EIN-PN 23-2906033-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| <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 | MATOSANTOS COMMERCIAL CORP. CODA PROFIT SHARING RETIREMENT PLAN | |
| b | Name of plan sponsor | MATOSANTOS COMMERCIAL CORPORATION | c EIN-PN 66-0206888-001 |
| a | Plan name | MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor | MATTHEW L. BRIDGES DDS PLLC | c EIN-PN 82-1972625-001 |
| a | Plan name | GREENSBORO FARMER'S CO-OP RETIREMENT PLAN | |
| b | Name of plan sponsor | GREENSBORO FARMER'S CO-OP | c EIN-PN 63-0645197-001 |
| a | Plan name | R & M EQUIPMENT COMPANY 401(K) PLAN | |
| b | Name of plan sponsor | TRIBMS, LLC DBA R & M EQUIPMENT COMPANY | c EIN-PN 23-3084608-001 |
| a | Plan name | R&F, INC. EMPLOYEES BENEFIT PLAN | |
| b | Name of plan sponsor | R&F, INC. | c EIN-PN 34-1016464-001 |
| a | Plan name | R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | R.C. FINE FOODS, INC. | c EIN-PN 22-2136686-002 |
| a | Plan name | MEDIATAVERN 401(K)/PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MEDIATAVERN, LLC | c EIN-PN 65-1168031-001 |
| 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 | HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | HARPREET SAINI DDS, INC. | c EIN-PN 27-4236646-001 |
| 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 | ASSURANCE LABS RETIREMENT READINESS PLAN | |
| b | Name of plan sponsor | ASSURANCE DRUG TESTING LABORATORIES, LLC | c EIN-PN 20-4013455-001 |
| a | Plan name | DAVET ROOFING'S 401(K) PLAN | |
| b | Name of plan sponsor | DAVET ROOFING INC. | c EIN-PN 80-0012440-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | DAVID R. KOEHLER, CPA, SOLE PROPRIETOR 401(K) PLAN | |
| b | Name of plan sponsor | DAVID R. KOEHLER, CPA, SOLE PROPRIETOR | c EIN-PN 77-0420020-001 |
| a | Plan name | HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN | |
| b | Name of plan sponsor | HIGHPOINT SOLUTIONS, INC. | c EIN-PN 22-3462774-002 |
| a | Plan name | MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C. | c EIN-PN 39-1832237-002 |
| a | Plan name | VITAL RETIREMENT PLAN | |
| b | Name of plan sponsor | VITAL VENTURES | c EIN-PN 81-0972460-001 |
| a | Plan name | NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | NAUTILUS INTERNATIONAL HOLDING CORPORATION | c EIN-PN 20-1833642-003 |
| a | Plan name | NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN | |
| b | Name of plan sponsor | NAUTILUS INTERNATIONAL HOLDING CORPORATION | c EIN-PN 20-1833642-002 |
| a | Plan name | BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN | |
| b | Name of plan sponsor | BIO-MED BEHAVIORAL HEALTH CARE, P.C. | c EIN-PN 38-3469611-001 |
| a | Plan name | E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | E.S. EVANS & COMPANY | c EIN-PN 34-1717857-001 |
| a | Plan name | EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | EARLEY & ASSOCIATES, INC. | c EIN-PN 38-3480813-001 |
| a | Plan name | NIHC UNION 401(K) PLAN | |
| b | Name of plan sponsor | METROPOLITAN STEVEDORE I.A.M. | c EIN-PN 95-1002286-004 |
| 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 | SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN | |
| b | Name of plan sponsor | SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C. | c EIN-PN 20-0048495-001 |

| Part II | | Information on Participating Plans (to be completed by DFEs, other than DCGs) | |
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| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) | | | |
| a | Plan name | BROADMOOR DRUG CENTER RETIREMENT PLAN | |
| b | Name of plan sponsor | BROADMOOR DRUG CENTER, INC. | c EIN-PN 72-0754023-001 |
| 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 | JENNIFER A. KENNEDY, DDS., LLC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | JENNIFER A. KENNEDY, DDS., LLC. | c EIN-PN 37-1101326-001 |
| a | Plan name | K KERN PAINTING LLC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | K KERN PAINTING LLC | c EIN-PN 54-2101884-001 |
| a | Plan name | OWATONNA COUNTRY CLUB 401(K) AND TRUST | |
| b | Name of plan sponsor | OWATONNA COUNTRY CLUB | c EIN-PN 26-0010665-001 |
| 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 | FIRST QUALITY HOME CARE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FIRST QUALITY HOME CARE, INC | c EIN-PN 65-0478803-001 |
| a | Plan name | CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | CARTER STREET CORPORATION | c EIN-PN 62-1125122-001 |
| a | Plan name | KNS INTERNATIONAL RETIREMENT PLAN | |
| b | Name of plan sponsor | KNS INTERNATIONAL | c EIN-PN 42-1539365-001 |
| a | Plan name | SUPERSTORE 401(K) PLAN | |
| b | Name of plan sponsor | FURNITURE SUPERSTORE LLC | c EIN-PN 87-0698757-001 |
| 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 | CEM COLLEGE RETIREMENT PLAN | |
| b | Name of plan sponsor | CENTRO DE EDUCACION MULTIDISCIPLINARIA, INC. DBA CEM COLLEGE | c EIN-PN 66-0377342-001 |

| 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 | LAMATTINA'S 401(K) PLAN |
| b | Name of plan sponsor | LAMATTINA'S PLUMBING & HEATING CORP. |
| c | EIN-PN | 80-0007649-001 |
| 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 | TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA |
| c | EIN-PN | 81-4118651-001 |
| a | Plan name | WHITE BRENNER LLP 401(K) PLAN |
| b | Name of plan sponsor | WHITE BRENNER LLP |
| c | EIN-PN | 46-1799572-001 |
| a | Plan name | WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | WHITEHEAD & ASSOCIATES, INC. |
| c | EIN-PN | 58-1096001-001 |
| a | Plan name | WHITSON HOTEL INVESTORS, LLC 401(K) PROFIT SHARING PLAN |
| b | Name of plan sponsor | WHITSON HOTEL INVESTORS, LLC |
| c | EIN-PN | 46-2342594-001 |
| a | Plan name | WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN |
| b | Name of plan sponsor | WOLVERINE POWER SUPPLY COOPERATIVE, INC. |
| c | EIN-PN | 38-1326766-002 |
| 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 | CAHFC 401(K) PLAN |
| b | Name of plan sponsor | CAPITAL AREA HOUSING FINANCE CORPORATION |
| c | EIN-PN | 42-1550637-001 |
| a | Plan name | CALIBER SOLUTIONS 401(K) PLAN |
| b | Name of plan sponsor | PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS |
| c | EIN-PN | 26-4751651-001 |
| a | Plan name | CASTILLO & WEST ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST |
| b | Name of plan sponsor | CASTILLO & WEST ACCOUNTANCY CORPORATION |
| c | EIN-PN | 56-2433686-001 |
| a | Plan name | CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN |
| b | Name of plan sponsor | CLEVELAND CITY FORGE, INC. |
| c | EIN-PN | 34-1972972-001 |

| 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 | COLORADO CREDIT UNION 401(K) PLAN & TRUST | |
| b | Name of plan sponsor | COLORADO CREDIT UNION | c EIN-PN 84-0660269-003 |
| a | Plan name | CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CROWN SEARCH SERVICES | c EIN-PN 31-1724430-001 |
| a | Plan name | CROY CONTRACTING, INC. 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | CROY CONTRACTING, INC. | c EIN-PN 54-1616963-001 |
| a | Plan name | CSRA 401(K) PLAN | |
| b | Name of plan sponsor | CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY | c EIN-PN 58-1369830-333 |
| a | Plan name | DTS RETIREMENT PLAN | |
| b | Name of plan sponsor | DARNELL TECHNICAL SERVICES, INC. | c EIN-PN 77-0622546-777 |
| a | Plan name | DUCTCO, LLC 401(K) PLAN | |
| b | Name of plan sponsor | DUCTCO, LLC | c EIN-PN 46-2763056-002 |
| a | Plan name | DUNLOP & JOHNSTON, INC. SALARIED EMPLOYEES' RETIREMENT SAVINGS TRUST & PLAN | |
| b | Name of plan sponsor | DUNLOP & JOHNSTON, INC. | c EIN-PN 34-0191480-001 |
| a | Plan name | EASTERN RADIOLOGY ASSOCIATES PC 401(K) PLAN | |
| b | Name of plan sponsor | EASTERN RADIOLOGY ASSOCIATES PC | c EIN-PN 81-0306627-001 |
| a | Plan name | F.N. CUTHBERT, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | F. N. CUTHBERT, INC. | c EIN-PN 34-4412513-001 |
| a | Plan name | FISHMAN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ROSS H. FISHMAN, D.M.D., M.S., P.A. | c EIN-PN 45-5429730-001 |
| a | Plan name | FLINT CHILDREN'S CENTER, P.C. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | FLINT CHILDREN'S CENTER, P.C. | c EIN-PN 38-1858407-009 |
| a | Plan name | FOSTER THOMAS RETIREMENT PLAN | |
| b | Name of plan sponsor | FOSTER THOMAS, INC. | c EIN-PN 52-1826441-001 |

| 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 | FOUNDATION FOR INTERNATIONAL SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | FOUNDATION FOR INTERNATIONAL SERVICES, INC. | c EIN-PN 91-1300363-001 |
| a | Plan name | HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN | |
| b | Name of plan sponsor | HARRISS & HARTMAN LAW FIRM, P.C. | c EIN-PN 58-1385781-001 |
| a | Plan name | HATTERAS PRINTING 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HATTERAS PRINTING, INC. | c EIN-PN 38-2168116-001 |
| a | Plan name | HISENSE PHOTONICS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | HISENSE PHOTONICS, INC. | c EIN-PN 33-0939548-001 |
| a | Plan name | HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HIT PRODUCTS CORPORATION | c EIN-PN 94-2823123-001 |
| a | Plan name | HITV 401(K) PLAN | |
| b | Name of plan sponsor | HITV OPERATING CO., INC. | c EIN-PN 20-8485379-001 |
| a | Plan name | ISOVOLTA, INC. 401(K) PLAN | |
| b | Name of plan sponsor | ISOVOLTA, INC. | c EIN-PN 13-4263768-001 |
| a | Plan name | LARICHE CHEVROLET CADILLAC RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | LARICHE CHEVROLET CADILLAC, INC. | c EIN-PN 34-1352811-001 |
| a | Plan name | LASHUA RETIREMENT PLAN | |
| b | Name of plan sponsor | LASHUA-LACHANCE & POLIKS INSURANCE AGENCY, INC. | c EIN-PN 04-2687189-001 |
| a | Plan name | LAURAS INTERNATIONAL LLP 401(K) PLAN | |
| b | Name of plan sponsor | LAURAS INTERNATIONAL USA LLP | c EIN-PN 26-1603445-001 |
| a | Plan name | LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN | |
| b | Name of plan sponsor | LAURAS INTERNATIONAL USA LLP | c EIN-PN 26-1603445-002 |
| 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 |

| 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 | MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MANUFACTURING SOLUTIONS, INC. | c EIN-PN 48-1180359-001 |
| a | Plan name | MAYFAIR PLASTICS, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | MAYFAIR PLASTICS, INC. | c EIN-PN 38-2704694-001 |
| a | Plan name | MILLER LUMBER COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MILLER LUMBER COMPANY | c EIN-PN 34-1312270-001 |
| a | Plan name | MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor | MOHAWK CONSTRUCTION AND SUPPLY CO., INC. | c EIN-PN 25-1382848-001 |
| a | Plan name | NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | NEUMANN MONSON, INC. | c EIN-PN 42-1242646-222 |
| a | Plan name | NORTH SHORE MANUFACTURING CORP. RETIREMENT PLAN | |
| b | Name of plan sponsor | NORTH SHORE MANUFACTURING CORPORATION | c EIN-PN 38-1885372-001 |
| a | Plan name | ON-SITE TESTING SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ON-SITE TESTING SPECIALISTS, INC. | c EIN-PN 43-1950697-001 |
| a | Plan name | ONE SOURCE INDUSTRIES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | ONE SOURCE INDUSTRIES, LLC | c EIN-PN 33-0835151-001 |
| a | Plan name | PBHM 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PERSPECTIVE BEHAVIORAL HEALTH MANAGEMENT, LLC | c EIN-PN 33-1048513-001 |
| a | Plan name | PETERSON PIPELINE, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PETERSON PIPELINE, INC. | c EIN-PN 33-0615234-001 |
| a | Plan name | PETERSON, OLIVER & POLL 401(K) PLAN | |
| b | Name of plan sponsor | PETERSON, OLIVER & POLL | c EIN-PN 33-0551209-001 |
| a | Plan name | PGI PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THE PERSIMMON GROUP, INC. | c EIN-PN 75-2515316-001 |

| 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 | 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 | RAIL WORLD LLC 401(K) PLAN | |
| b Name of plan sponsor | RAIL WORLD LLC | c EIN-PN 52-2344008-001 |
| a Plan name | ROSCOE BROWN, INC. PROFIT SHARING PLAN | |
| b Name of plan sponsor | ROSCOE BROWN, INC. | c EIN-PN 62-0810017-001 |
| a Plan name | S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | S&S MANAGEMENT, INC. | c EIN-PN 31-1493783-001 |
| a Plan name | SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN | |
| b Name of plan sponsor | SEQUEL CONTRACTORS, INC. | c EIN-PN 95-4301424-002 |
| a Plan name | SID GRINKER RESTORATION, INC. EMPLOYEES' FLEXIBLE PROFIT SHARING PLAN | |
| b Name of plan sponsor | SID GRINKER RESTORATION, INC. | c EIN-PN 39-0983766-005 |
| a Plan name | SOUTH SHORE HEARING CENTER, LLC 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | SOUTH SHORE HEARING CENTER, LLC | c EIN-PN 47-4480052-001 |
| a Plan name | TRB + ASSOCIATES, INC. 401(K) PLAN & TRUST | |
| b Name of plan sponsor | TRB + ASSOCIATES, INC. | c EIN-PN 20-5865052-001 |
| a Plan name | AMANI ENGINEERING, INC. 401(K) PLAN | |
| b Name of plan sponsor | AMANI ENGINEERING, INC. | c EIN-PN 76-0614439-001 |
| 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 | VENTURE COMMERCIAL MANAGEMENT, LLC 401(K) PLAN | |
| b Name of plan sponsor | VENTURE COMMERCIAL MANAGEMENT, LLC | c EIN-PN 75-2947910-001 |
| 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 |
|--|--|---|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan AMERICAN FUNDS SMALLCAP WORLD RET OPT | B Three-digit plan number (PN) ▶ 069 |
| 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 |
|---------------|--------------------------------------|

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) | 20989985 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 17884025 |
| (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 | 20989985 | 17884025 |
| 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 | 20989985 | 17884025 |

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) | 156940 | |
| (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) | 412522 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | |

| | | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) | 2b(10) | | |
| c Other income | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total | 2d | | 569462 |

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) | 127331 | |
| (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) | | 127331 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 127331 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|---------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 442131 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 1900516 |
| (2) From this plan | 2l(2) | | 5448607 |

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 _____.