

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) P

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information —enter all requested information
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1a Name of plan <u>STATE STREET S&P 500 INDEX RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>102</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	08/21/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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>STATE STREET S&P 500 INDEX RET OPT</u>	B Three-digit plan number (PN)	<u>102</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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 CONTRACTORS AND EMPLOYEES RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.	c EIN-PN 74-2485508-001
a	Plan name THE CONTRACTORS AND EMPLOYEES RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.	c EIN-PN 74-2485507-001
a	Plan name BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BNL INDUSTRIES, INC.	c EIN-PN 06-1226220-001
a	Plan name CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CAMRETT LOGISTICS, INC.	c EIN-PN 54-1747281-001
a	Plan name CHAMPION 401(K) PLAN	
b	Name of plan sponsor CHAMPION EMPLOYER SERVICES	c EIN-PN 35-2178929-333
a	Plan name DIAGNOSTIC MRI, L.L.C. 401(K) PLAN	
b	Name of plan sponsor DIAGNOSTIC MRI, L.L.C.	c EIN-PN 76-0617060-001
a	Plan name J & J HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
b	Name of plan sponsor J & J HEATING & AIR CONDITIONING, INC.	c EIN-PN 04-2488433-001
a	Plan name KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor KENNEDY AUTOMOTIVE GROUP, INC.	c EIN-PN 23-2545536-001
a	Plan name MARBLE WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARBLE WORKS, INC.	c EIN-PN 65-0069516-001
a	Plan name MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MESSAGEBROADCAST.COM, LLC	c EIN-PN 77-0480271-001
a	Plan name RICHARD BROS. ELECTRIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RICHARD BROTHERS COMPANY, INC.	c EIN-PN 04-2889819-001
a	Plan name SAEED ASSOCIATES, CHARTERED PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor SAEED ASSOCIATES, CHARTERED	c EIN-PN 52-1280199-002

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	TIAM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T.I. ASSET MANAGEMENT, INC.	c EIN-PN 58-2178755-001
a	Plan name	UPHAM OIL & GAS COMPANY 401(K) PLAN	
b	Name of plan sponsor	UPHAM OIL & GAS COMPANY, L. P.	c EIN-PN 75-0960746-001
a	Plan name	VREELAND ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	VREELAND ENGINEERS, INCORPORATED	c EIN-PN 62-1480752-001
a	Plan name	W. M. DILLARD & ASSOCIATES, L. P. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	W. M. DILLARD & ASSOCIATES, L. P.	c EIN-PN 76-0175692-001
a	Plan name	W.S. UNEMORI ENGINEERING, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	WARREN S. UNEMORI ENGINEERING, INC.	c EIN-PN 99-0149848-002
a	Plan name	AIRCRAFT SYSTEMS DIVISION OF COM-JET CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIRCRAFT SYSTEMS DIVISION OF COM-JET CORPORATION	c EIN-PN 59-2051580-001
a	Plan name	APPROVED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	APPROVED ELECTRIC COMPANY OF FLORIDA	c EIN-PN 59-1112865-001
a	Plan name	EISENBERG & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EISENBERG & ASSOCIATES, INC.	c EIN-PN 75-1573412-001
a	Plan name	FREDEBAUGH WELL DRILLING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FREDEBAUGH WELL DRILLING COMPANY, INC.	c EIN-PN 34-1080852-001
a	Plan name	HEALTHCARE VENTURES ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	HEALTHCARE VENTURES ALLIANCE	c EIN-PN 23-2877142-001
a	Plan name	HUESCHEN AND SAGE PLLC RETIREMENT PLAN	
b	Name of plan sponsor	HUESCHEN AND SAGE, PLLC ATTORNEYS AND COUNSELORS	c EIN-PN 38-3574838-001
a	Plan name	LEADING EDGE GROUP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	LEADING EDGE GROUP, INC.	c EIN-PN 36-2679145-001

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	MARIANS CATERING 401(K) PLAN	
b	Name of plan sponsor	MARIAN HARADA ENTERPRISES, LTD.	c EIN-PN 99-0087304-002
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	METALMASTER, INC. 401(K) PLAN	
b	Name of plan sponsor	METALMASTER, INC.	c EIN-PN 33-0308823-001
a	Plan name	METROLIST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METROLIST, INC.	c EIN-PN 84-0943682-001
a	Plan name	NOT-FOR-PROFIT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COMMUNITY LIVING OPTIONS, INC.	c EIN-PN 37-1079626-001
a	Plan name	NUOZ CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NUOZ CORPORATION	c EIN-PN 91-1927010-001
a	Plan name	PALM BEACH AGGREGATES, LLC 401(K) PLAN	
b	Name of plan sponsor	PALM BEACH AGGREGATES, LLC	c EIN-PN 90-0503744-001
a	Plan name	PINNACLE ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PINNACLE ADVISORY GROUP, INC.	c EIN-PN 04-3134580-001
a	Plan name	PSCI 401(K) PLAN	
b	Name of plan sponsor	PACIFIC SPECIALTY CONSTRUCTION, INC.	c EIN-PN 91-1599598-001
a	Plan name	TEXAS CITY ARMATURE WORKS, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor	TEXAS CITY ARMATURE WORKS	c EIN-PN 74-1195929-001
a	Plan name	TIC BUSINESS CONSULTANTS LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TIC BUSINESS CONSULTANTS LTD	c EIN-PN 04-3174789-001
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

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 YOUNG ELECTRICAL CONTRACTORS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor YOUNG ELECTRICAL CONTRACTORS, INC.	c EIN-PN 52-1646564-001
a	Plan name YTY LLC DBA INSURANCE PLANNING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor YTY LLC DBA INSURANCE PLANNING SERVICES	c EIN-PN 46-3641373-001
a	Plan name ALBANY OB-GYN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALBANY OB-GYN	c EIN-PN 58-1971169-001
a	Plan name ALBERS & COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ALBERS & COMPANY	c EIN-PN 52-1470240-001
a	Plan name BOOS & CHAN INC. 401(K) PLAN	
b	Name of plan sponsor BOOS & CHAN, INC.	c EIN-PN 04-3493211-001
a	Plan name CAPELLA TECHNOLOGIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor CAPELLA TECHNOLOGIES, INC.	c EIN-PN 04-3616849-001
a	Plan name CAPESPAN NORTH AMERICA LLC RETIREMENT PLAN	
b	Name of plan sponsor CAPESPAN NORTH AMERICA LLC	c EIN-PN 52-2208915-001
a	Plan name CAPITAL RESEARCH CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CAPITAL RESEARCH CENTER	c EIN-PN 52-1289734-001
a	Plan name CYTIMMUNE SCIENCES 401(K) PLAN	
b	Name of plan sponsor CYTIMMUNE SCIENCES, INC.	c EIN-PN 52-1591273-001
a	Plan name D & F, LOBO CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor D & F CONSTRUCTION, INC.	c EIN-PN 54-1206616-001
a	Plan name LESLIE T. HASKINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LESLIE T. HASKINS DBA HASKINS OLDS, INC.	c EIN-PN 04-1425210-001
a	Plan name LETOFSKY & MCCLAIN 401(K) PLAN AND TRUST	
b	Name of plan sponsor LETOFSKY & MCCLAIN	c EIN-PN 33-0895471-001

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 MCBERG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCBERG, INC.	c EIN-PN 75-2411243-001
a	Plan name OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
b	Name of plan sponsor OPEN MRI OF NEW ENGLAND, INC.	c EIN-PN 05-0495348-002
a	Plan name SANTA FE RUBBER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SANTA FE RUBBER PRODUCTS, INC.	c EIN-PN 95-3864316-001
a	Plan name SOUTHERN METAL PROCESSING COMPANY, INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHERN METAL PROCESSING COMPANY, INC.	c EIN-PN 63-0644456-002
a	Plan name SPATARO PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor SPATARO PLUMBING & HEATING, INC.	c EIN-PN 04-3095746-001
a	Plan name WARNERS MOTOR EXPRESS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor WARNERS MOTOR EXPRESS, INC.	c EIN-PN 23-1303827-001
a	Plan name A. LOUIS ROSADO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A. LOUIS ROSADO, INC. C/O HRI	c EIN-PN 04-2517982-001
a	Plan name AMERICAN HXSYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN HXSYSTEMS LLC	c EIN-PN 93-4817220-001
a	Plan name BAN-GAR CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor BAN-GAR CONSTRUCTION COMPANY, INC.	c EIN-PN 34-1628127-001
a	Plan name BUILDERS GROUP CONSTRUCTION CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDERS GROUP CONSTRUCTION CORP.	c EIN-PN 45-5107509-001
a	Plan name CHILDREN'S VILLAGE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor V.V.P. & ASSOCIATES, INC.	c EIN-PN 33-0500749-001
a	Plan name CORNERSTONE CLINIC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CORNERSTONE CLINIC, LTD.	c EIN-PN 36-4116386-001

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	DMA HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	DMA HOLDINGS, INC.	c EIN-PN 26-1547833-001
a	Plan name	EPOCH.COM SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	EPOCH.COM, LLC	c EIN-PN 56-2432338-001
a	Plan name	GULF COAST VALVE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GULF COAST VALVE, INC.	c EIN-PN 74-1792339-001
a	Plan name	HYPERDIGM RESEARCH 401(K) PLAN	
b	Name of plan sponsor	HYPERDIGM RESEARCH, LLC	c EIN-PN 55-4173511-001
a	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	c EIN-PN 13-3592138-001
a	Plan name	JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
b	Name of plan sponsor	HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-001
a	Plan name	JOHN'S FUEL SERVICE PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN'S FUEL SERVICE, INC.	c EIN-PN 04-2743687-001
a	Plan name	ABBEVILLE NURSING HOME 401(K) PLAN	
b	Name of plan sponsor	ABBEVILLE NURSING HOME, INC.	c EIN-PN 57-0485376-001
a	Plan name	AMERICAN TIRE & AUTO 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN TIRE & AUTO CARE, INC.	c EIN-PN 47-5563950-001
a	Plan name	BASNEY DEALER GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BASNEY IMPORTS, INC.	c EIN-PN 35-1283526-001
a	Plan name	DOTHAN CHRYSLER 401(K) PLAN	
b	Name of plan sponsor	DOTHAN CHRYSLER-DODGE, INC.	c EIN-PN 63-0971478-001
a	Plan name	G & W MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	G & W MACHINE, INC.	c EIN-PN 61-1312476-001

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 G.C.S. SALES & MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor G.C.S. SALES & MARKETING, INC.	c EIN-PN 04-3268496-001
a	Plan name H&R OPERATOR SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor H&R OPERATOR SERVICES, INC.	c EIN-PN 76-0000842-002
a	Plan name IFE 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL FIRE EQUIPMENT	c EIN-PN 68-0124960-001
a	Plan name JOHNSON ELECTRIC SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor JOHNSON ELECTRIC SUPPLY, INC.	c EIN-PN 04-3367863-001
a	Plan name JOHNSON'S MECHANICAL 401(K) PLAN	
b	Name of plan sponsor JOHNSON'S MECHANICAL, INC.	c EIN-PN 59-3155826-001
a	Plan name MCKEE COURT REPORTING, INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor MCKEE COURT REPORTING, INC.	c EIN-PN 58-1975623-001
a	Plan name MULTIVIEW CORPORATION 401(K) PLAN	
b	Name of plan sponsor MULTIVIEW CORPORATION	c EIN-PN 04-3085671-002
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 MUSSEY, SARBER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor MUSSEY, SARBER & ASSOCIATES, P.C.	c EIN-PN 75-3025214-001
a	Plan name RAY SMITH INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor RAY SMITH INSURANCE AGENCY, INC.	c EIN-PN 41-1389486-001
a	Plan name REALTECH 401(K) PLAN	
b	Name of plan sponsor REALTECH CONSTRUCTION CO., LLC	c EIN-PN 95-4709478-001
a	Plan name SPECTRUM MEDICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPECTRUM MEDICAL, INC.	c EIN-PN 52-1310470-001

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	SPRINGFIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor	MCCARTHY LEGAL SERVICES, LLC	c EIN-PN 04-3445519-001
a	Plan name	TRUSTCO, INC. TAX-FAVORED SAVINGS PLAN	
b	Name of plan sponsor	TRUSTCO, INC.	c EIN-PN 87-0295837-001
a	Plan name	ARIZONA RURAL COMMUNITY HEALTH SERVICES PROFIT SHARING PLAN	
b	Name of plan sponsor	ARIZONA RURAL COMMUNITY HEALTH SERVICES	c EIN-PN 86-0325061-001
a	Plan name	CAPITOL 401(K) PLAN	
b	Name of plan sponsor	CAPITOL PROCESS SERVICES, INC.	c EIN-PN 52-2283731-001
a	Plan name	DADE DISCOUNTS DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor	DADE DISCOUNTS DISTRIBUTORS	c EIN-PN 59-1847930-001
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	DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN	
b	Name of plan sponsor	DOUGHBOY RESTAURANT GROUP, LLC	c EIN-PN 47-2447231-001
a	Plan name	EL POLLO LOCO, INC. 401(K) PLAN	
b	Name of plan sponsor	EL POLLO LOCO, INC.	c EIN-PN 33-0377527-777
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	ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	THE ELDREDGE COMPANIES, INC.	c EIN-PN 23-2372461-001
a	Plan name	ELECTRICAL GENERAL CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ELECTRICAL GENERAL CORPORATION	c EIN-PN 52-0739834-001
a	Plan name	ELECTRO-MECHANICAL INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ELECTRO-MECHANICAL INDUSTRIES, INC.	c EIN-PN 76-0626218-002

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	GELBER & ASSOCIATES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GELBER & ASSOCIATES CORP.	c EIN-PN 76-0572605-001
a	Plan name	HERITAGE CUSTOM KITCHENS, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	HERITAGE CUSTOM KITCHENS, INC.	c EIN-PN 38-3220963-001
a	Plan name	JANITORS SUPPLY CO., INC. EMPLOYEES' SAVINGS AND RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	THE JANITORS SUPPLY CO., INC.	c EIN-PN 35-0981768-001
a	Plan name	MARKETING & RESEARCH RESOURCES 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MARKETING & RESEARCH RESOURCES, LLC	c EIN-PN 52-1665278-003
a	Plan name	MARTIN'S NURSERY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTIN'S NURSERY, INC.	c EIN-PN 63-1133490-001
a	Plan name	MARTY'S PIZZA 401(K) PLAN	
b	Name of plan sponsor	MARTY'S BROOKFIELD, INC.	c EIN-PN 39-1647623-001
a	Plan name	MICHAEL BATES CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor	MICHAEL BATES CHEVROLET, INC.	c EIN-PN 82-1909065-001
a	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION	c EIN-PN 54-1879031-001
a	Plan name	OAKLAND COMMUNITY NURSERY SCHOOL RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	OAKLAND COMMUNITY NURSING SCHOOL	c EIN-PN 22-2210714-001
a	Plan name	POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POWER SOLUTIONS, LLC.	c EIN-PN 52-2100793-222
a	Plan name	RITCHIE & PARTNERS, L.L.C. MONEY PURCHASE PLAN	
b	Name of plan sponsor	RITCHIE & PARTNERS, L.L.C.	c EIN-PN 76-0624213-001
a	Plan name	RIVERBEND INTERNATIONAL CORPORATION TAX FAVORED SAVINGS PLAN	
b	Name of plan sponsor	RIVERBEND INTERNATIONAL CORPORATION TAX-FAVORED SAVINGS PLAN	c EIN-PN 77-0129115-001

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 SUBURBAN & TRI-STATE SUBARU 401(K) PLAN	
b	Name of plan sponsor SUBURBAN & TRI-STATE SUBARU, INC.	c EIN-PN 06-1210980-001
a	Plan name SULLIVAN COUNTER TOPS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SULLIVAN COUNTER TOPS, INC.	c EIN-PN 94-3020284-001
a	Plan name SULLIVAN HAYES COMPANIES NORTHEAST 401(K) SAVINGS PLAN	
b	Name of plan sponsor SULLIVAN HAYES COMPANIES NORTHEAST LIMITED PARTNERSHIP	c EIN-PN 06-1325986-001
a	Plan name SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC	c EIN-PN 58-2519444-002
a	Plan name VAN DYKE LANDSCAPE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VAN DYKE, LLP	c EIN-PN 71-0997792-001
a	Plan name WEGENER WELDING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEGENER WELDING, LLC	c EIN-PN 20-4664586-001
a	Plan name FOCUS IMAGING GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor FOCUS IMAGING GROUP INC.	c EIN-PN 65-0910156-001
a	Plan name FOOD 4 LESS SALARY SAVINGS PLAN	
b	Name of plan sponsor PAQ, INC. DBA FOOD 4 LESS	c EIN-PN 68-0363934-002
a	Plan name TAPPE ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor TAPPE ARCHITECTS, INC.	c EIN-PN 04-2721071-001
a	Plan name TARGET SERVICES PEST CONTROL PROFIT SHARING PLAN	
b	Name of plan sponsor TARGET SERVICES PEST CONTROL, INC.	c EIN-PN 58-2072379-001
a	Plan name ACCU-LINE INVESTIGATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor ACCU-LINE INVESTIGATIONS, INC.	c EIN-PN 52-2034251-001
a	Plan name ACCURATUS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor ACCURATUS CORPORATION	c EIN-PN 22-2469468-002

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 ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001
a	Plan name ADVANCED EXCAVATING, INC. EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor ADVANCED ESCAVATING, INC.	c EIN-PN 91-1955729-001
a	Plan name COASTAL BANCSHARES, INC. 401(K) PLAN	
b	Name of plan sponsor COASTAL BANCSHARES, INC.	c EIN-PN 76-0421550-001
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 GKY DENTAL ARTS 401(K) PLAN	
b	Name of plan sponsor GKY DENTAL ARTS INC.	c EIN-PN 88-4323547-001
a	Plan name MAGE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAGE, LLC	c EIN-PN 04-3448554-001
a	Plan name PRINCIPLE PLASTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRINCIPLE PLASTICS, INC.	c EIN-PN 95-1578575-001
a	Plan name TOOH DINEH INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor TOOH DINEH INDUSTRIES, INCORPORATED	c EIN-PN 86-0442648-001
a	Plan name ALLTECH BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ALLTECH BUSINESS SYSTEMS, INC.	c EIN-PN 22-2697496-001
a	Plan name COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMSTOCK JOHNSON ARCHITECTS, INC.	c EIN-PN 68-0039251-003
a	Plan name MASFAB, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor MASFAB, INC. T/A FORMIT STEEL, INC.	c EIN-PN 23-2065665-002
a	Plan name QUALITY CASING & NETTING COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor QUALITY CASING & NETTING COMPANY, INC.	c EIN-PN 31-1365171-001

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	ANDRE FURNITURE INDUSTRIES RETIREMENT PLAN	
b	Name of plan sponsor	ANDRE FURNITURE INDUSTRIES	c EIN-PN 06-0993468-001
a	Plan name	CRAZY HOUSE, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	CRAZY HOUSE, INC.	c EIN-PN 48-0693849-001
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	MIDDLE GEORGIA MEDICAL ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	MIDDLE GEORGIA MEDICAL ASSOCIATES	c EIN-PN 58-2319012-001
a	Plan name	ATSUMI CAR EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ATSUMI CAR EQUIPMENT, INC.	c EIN-PN 54-2044418-001
a	Plan name	HOLIDAY FORD LINCOLN-MERCURY, INC. 401(K) PLAN	
b	Name of plan sponsor	HOLIDAY FORD LINCOLN-MERCURY, INC.	c EIN-PN 77-0267771-001
a	Plan name	ROSS ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSS ENGINEERING COMPANY, INC.	c EIN-PN 04-3006362-001
a	Plan name	RSHT 401(K) PLAN	
b	Name of plan sponsor	RICHMOND SCHOOL OF HEALTH AND TECHNOLOGY, INC.	c EIN-PN 54-1836928-001
a	Plan name	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINVISION, INC.	c EIN-PN 77-0315550-001
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	INLAND FIRE BRICK, LLC 401(K) PLAN	
b	Name of plan sponsor	INLAND FIRE BRICK, LLC	c EIN-PN 36-4287561-001
a	Plan name	SEABOLD GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SEABOLD CONSTRUCTION CO., INC.	c EIN-PN 93-0876271-001

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	SGF MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SGF MANAGEMENT, INC.	c EIN-PN 34-1850857-001
a	Plan name	SHANACHIE ENTERTAINMENT CORP. 401(K) PLAN	
b	Name of plan sponsor	SHANACHIE ENTERTAINMENT CORP.	c EIN-PN 13-2986258-001
a	Plan name	BERNIE GRUNDMAN MASTERING STUDIO 401(K) PLAN	
b	Name of plan sponsor	BERNIE GRUNDMAN MASTERING STUDIO	c EIN-PN 95-3839051-003
a	Plan name	BHE 401(K) PLAN	
b	Name of plan sponsor	BHE ENTERPRISES, INC.	c EIN-PN 04-3216827-001
a	Plan name	NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW HAMPSHIRE HYDRAULICS, INC.	c EIN-PN 02-0338098-001
a	Plan name	WILD IRIS STUDIO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WILD IRIS STUDIO	c EIN-PN 77-0513898-001
a	Plan name	JAX CAFE, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	JAX CAFE, INC.	c EIN-PN 41-0887103-001
a	Plan name	BYRD AUTOMOTIVE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BYRD AUTOMOTIVE, INC.	c EIN-PN 76-0296359-001
a	Plan name	JSC REALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JSC REALTY SERVICES, INC.	c EIN-PN 75-2319565-001
a	Plan name	CARING ENTERPRISES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	CARING ENTERPRISES INCORPORATED	c EIN-PN 42-1461742-001
a	Plan name	CARNEY, ALEXANDER, MAROLD, & CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CARNEY, ALEXANDER, MAROLD, & CO.	c EIN-PN 42-0728423-001
a	Plan name	CARRANO TRANSPORTATION AND LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	CARRANO TRANSPORTATION AND LOGISTICS, LLC	c EIN-PN 06-0995395-001

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	FERRUM GROUP COMPANIES PROFIT SHARING PLAN	
b	Name of plan sponsor	FERRUM PROCESS SYSTEMS INC.	c EIN-PN 52-2198061-001
a	Plan name	KIRLEY MASONRY SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor	KIRLEY MASONRY SUPPLY CO., INC.	c EIN-PN 04-3247031-001
a	Plan name	KJLA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COSTA DE ORO MEDIA, LLC	c EIN-PN 77-0139492-001
a	Plan name	THE LIFELINK OF PUERTO RICO SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor	LIFELINK FOUNDATION, INC. D/B/A LIFELINK OF PUERTO RICO	c EIN-PN 59-2193032-001
a	Plan name	ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	ACME ENGRAVING COMPANY, INC.	c EIN-PN 22-2136958-001
a	Plan name	ADVANTAGE PEST RELATED SERVICES, INC. RETIREMENT PROGRAM	
b	Name of plan sponsor	ADVANTAGE PEST RELATED SERVICES, INC.	c EIN-PN 65-0380484-001
a	Plan name	COHN RESTAURANT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	COHN RESTAURANT GROUP, INC.	c EIN-PN 33-0709920-777
a	Plan name	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES	c EIN-PN 23-7433927-001
a	Plan name	THE SPAULDING FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	THE SPAULDING FOUNDATION	c EIN-PN 31-1096254-001
a	Plan name	CONROE GREENHOUSE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	CONROE GREENHOUSE, INC.	c EIN-PN 74-1982448-001
a	Plan name	R & R WARREN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	R & R WARREN, INC.	c EIN-PN 04-2937148-001
a	Plan name	R.F.M.S., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	R.F.M.S., INC.	c EIN-PN 36-3114893-001

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	TRAVELERS RENTAL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PARK SHUTTLE & FLY, INC.	c EIN-PN 04-2628087-001
a	Plan name	MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDIA STAGE, INC.	c EIN-PN 65-0221317-001
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	CREATIVE MARKETING GRAPHICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CMGWT, INC.	c EIN-PN 91-2039059-001
a	Plan name	CRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CRESS INSURANCE CONSULTANTS, INC.	c EIN-PN 85-0324896-001
a	Plan name	HIGHGATE RETIREMENT LIVING 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	BURON, INC.	c EIN-PN 91-1644879-001
a	Plan name	MIJA INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	MIJA INDUSTRIES, INC.	c EIN-PN 04-2496402-001
a	Plan name	AUSTON DESIGN GROUP 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	AUSTON DESIGN GROUP	c EIN-PN 38-3988810-001
a	Plan name	DELUCA HOMES, LP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DELUCA HOMES, LP	c EIN-PN 23-1892084-001
a	Plan name	DEMAIO'S INC. 401(K) PLAN	
b	Name of plan sponsor	DEMAIO'S INC.	c EIN-PN 22-3038197-001
a	Plan name	DR. PRICE DDS RETIREMENT PLAN	
b	Name of plan sponsor	DANIEL J. PRICE DDS, P.C.	c EIN-PN 38-2600561-001
a	Plan name	DRISCOLL & GIBSON PROFIT SHARING PLAN	
b	Name of plan sponsor	DRISCOLL & GIBSON ATTORNEYS AT LAW	c EIN-PN 04-3171623-001

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	DRS. HARPER AND GILMORE, INC. 401(K) PLAN	
b	Name of plan sponsor	DRS. HARPER AND GILMORE, INC.	c EIN-PN 34-1399603-001
a	Plan name	SELECT MANAGEMENT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SELECT MANAGEMENT, INC.	c EIN-PN 30-0013644-333
a	Plan name	WESTERN PENNSYLVANIA EYE PHYSICIANS & SURGEONS 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN PENNSYLVANIA EYE PHYSICIANS & SURGEONS, INC.	c EIN-PN 25-1343837-002
a	Plan name	BILCO TOOLS, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	BILCO TOOLS, INC.	c EIN-PN 72-0828604-001
a	Plan name	BILLET & ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BILLET & ASSOCIATES, LLC	c EIN-PN 23-2637057-001
a	Plan name	IOWA DRAINAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	IOWA DRAINAGE, INC.	c EIN-PN 42-0999823-003
a	Plan name	SHAY WATER COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHAY WATER COMPANY, INC.	c EIN-PN 38-2835041-001
a	Plan name	WINDFALL ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WINDFALL ASSOCIATES, INC.	c EIN-PN 04-3474966-001
a	Plan name	BRISTOL BROADCASTING CO. INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	BRISTOL BROADCASTING CO., INC.	c EIN-PN 54-0491651-001
a	Plan name	JENNIE G. BYRD, M.D. 401(K) PLAN	
b	Name of plan sponsor	JENNIE G. BYRD, M.D.	c EIN-PN 68-0145096-001
a	Plan name	ODYSSEY TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ODYSSEY TECHNOLOGIES, INC.	c EIN-PN 52-2055201-001
a	Plan name	EXECUTIVE DESTINATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE DESTINATIONS, INC.	c EIN-PN 04-3407170-001

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 P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor P. & S. CONSTRUCTION CO., INC.	c EIN-PN 57-0721109-001
a	Plan name P. AGNES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor P. AGNES, INC.	c EIN-PN 23-1583648-888
a	Plan name STAR ELECTRIC, LLC 401(K) SALARY REDUCTION PLAN & TRUST	
b	Name of plan sponsor STAR ELECTRIC, LLC	c EIN-PN 46-4073312-001
a	Plan name KNOWLOGY GOLDMINE	
b	Name of plan sponsor KNOWLOGY CORPORATION	c EIN-PN 13-3848008-001
a	Plan name KONISHI DENTAL LABORATORY, INC. RETIREMENT 401(K) PLAN	
b	Name of plan sponsor KONISHI DENTAL LABORATORY, INC.	c EIN-PN 95-3962089-003
a	Plan name SURVEYING CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor SURVEYING CONSULTANTS OF HILTON HEAD ISLAND, INC.	c EIN-PN 57-0756824-001
a	Plan name PERFORMANCE TECHNOLOGY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERFORMANCE TECHNOLOGY ASSOCIATES, INC.	c EIN-PN 45-4858320-001
a	Plan name TEAM REHAB, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor TEAM REHAB, INC.	c EIN-PN 33-0272547-002
a	Plan name TECHNICAL CHEMICAL COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TECHNICAL CHEMICAL COMPANY	c EIN-PN 75-1002472-001
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 WRITTEN DEPOSITION SERVICE, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor WRITTEN DEPOSITION SERVICE, LLC	c EIN-PN 73-1497732-001
a	Plan name CATALYST RETIREMENT PLAN	
b	Name of plan sponsor CATALYST COMMUNICATIONS NETWORK LLC	c EIN-PN 92-1890010-001

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	CLEAR CREEK SKIING CORP., INC. 401(K) PLAN	
b	Name of plan sponsor	CLEAR CREEK SKIING CORPORATION, INC.	c EIN-PN 84-0619358-001
a	Plan name	CONTEMPORARY WOMEN'S CARE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	CONTEMPORARY WOMEN'S CARE, P.A.	c EIN-PN 75-2822774-001
a	Plan name	COOLING & HERBERS PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	COOLING & HERBERS, P.C.	c EIN-PN 43-1093669-001
a	Plan name	DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
b	Name of plan sponsor	DUBOIS COUNTY BLOCK & BRICK, INC.	c EIN-PN 35-2083897-001
a	Plan name	FISCHER CUNNANE & ASSOCIATES LTD. TAX FAVORED SAVINGS PLAN	
b	Name of plan sponsor	FISCHER CUNNANE & ASSOCIATES LTD.	c EIN-PN 23-3060583-001
a	Plan name	GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GERRITY'S SUPERMARKET, INC.	c EIN-PN 23-2150407-777
a	Plan name	GLOBAL ORTHOPAEDIC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GLOBAL ORTHOPAEDIC SOLUTIONS, L.L.C.	c EIN-PN 76-0691266-001
a	Plan name	GLOBALEDGE TECHNOLOGIES, INC. SECTION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GLOBALEDGE TECHNOLOGIES, INC.	c EIN-PN 20-0264454-001
a	Plan name	GMT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GMT, INC.	c EIN-PN 36-3348706-001
a	Plan name	HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001
a	Plan name	INTERNATIONAL PARKING DESIGN, INC. 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL PARKING DESIGN, INC.	c EIN-PN 95-2696753-003
a	Plan name	KPT PHYSICAL THERAPY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KPT PHYSICAL THERAPY	c EIN-PN 52-1796165-001

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	LAPORTE INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	LAPORTE INTERNATIONAL, INC.	c EIN-PN 04-3510202-001
a	Plan name	LAURA V. KWIATKOWSKI RETIREMENT PLAN	
b	Name of plan sponsor	LAURA V. KWIATKOWSKI, ATTORNEY AT LAW	c EIN-PN 33-0572642-001
a	Plan name	MANDERFIELD PLUMBING, HEATING & ELECTRICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MANDERFIELD PLUMBING, HEATING & ELECTRICAL, INC.	c EIN-PN 20-3920592-003
a	Plan name	MAX STAF, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAX STAF, INC.	c EIN-PN 72-1342485-333
a	Plan name	MELTON, ESPY & WILLIAMS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MELTON, ESPY & WILLIAMS P.C.	c EIN-PN 63-0720022-001
a	Plan name	P.S. GREETINGS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	P.S. GREETINGS, INC.	c EIN-PN 36-2995710-001
a	Plan name	PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC BRIDGE INSURANCE SERVICES, INC.	c EIN-PN 95-4618495-001
a	Plan name	PROFESSIONAL EMPLOYMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL EMPLOYMENT SERVICES, INC.	c EIN-PN 54-1747161-001
a	Plan name	RAGGIO, CAPPEL, CHOZEN & BERNIARD PROFIT SHARING PLAN	
b	Name of plan sponsor	RAGGIO, CAPPEL, CHOZEN & BERNIARD	c EIN-PN 72-0390548-001
a	Plan name	RALPH J. SERPA & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	RALPH J. SERPA & SONS, INC.	c EIN-PN 94-2456234-001
a	Plan name	ROME INDUSTRIES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ROME INDUSTRIES	c EIN-PN 35-1721464-001
a	Plan name	RON WILLIAMS CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	RON WILLIAMS CONSTRUCTION, INC.	c EIN-PN 72-1296459-001

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	STEFURA ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	STEFURA ASSOCIATES, INC.	c EIN-PN 04-3544620-001
a	Plan name	T.M.C. POWER EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T.M.C. POWER EQUIPMENT, INC.	c EIN-PN 95-2862221-001
a	Plan name	TEJAS MANAGEMENT SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	TEJAS MANAGEMENT SYSTEMS, INC.	c EIN-PN 74-2375569-001
a	Plan name	THE NURSE SOURCE, LTD. 401(K) PLAN	
b	Name of plan sponsor	THE NURSE SOURCE, LTD.	c EIN-PN 36-3687686-001
a	Plan name	ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001
a	Plan name	THINK TWICE 401(K) PLAN	
b	Name of plan sponsor	THINK TWICE, INC.	c EIN-PN 94-3246206-001
a	Plan name	UNITED OIL HEAT, INC. 401(K) PLAN	
b	Name of plan sponsor	UNITED OIL HEAT, INC.	c EIN-PN 04-2729039-001
a	Plan name	UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNITY MANUFACTURING COMPANY	c EIN-PN 36-1899680-001
a	Plan name	APEX GLOBAL LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APEX GLOBAL LOGISTICS, INC.	c EIN-PN 94-3343037-001
a	Plan name	APEX PLUMBING, HEATING & PIPING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	APEX PLUMBING, HEATING & PIPING, INC.	c EIN-PN 73-1132059-001
a	Plan name	VERMONT AEROSPACE 401(K) PLAN	
b	Name of plan sponsor	VERMONT AEROSPACE INDUSTRIES, LLC	c EIN-PN 03-3582117-001
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

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	ATLANTIC CHEVROLET 401(K) RETIREMENT PLAN	
b Name of plan sponsor	ATLANTIC CHEVROLET	c EIN-PN 56-2114117-001

a Plan name	VIVIAN O. RODRIGUEZ, M.D. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	VIVIAN O. RODRIGUEZ, M.D. PA	c EIN-PN 76-0674431-001

a Plan name	VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN	
b Name of plan sponsor	VOSS BELTING & SPECIALTY CO., INC.	c EIN-PN 36-2109945-001

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

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

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

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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.	<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 STATE STREET S&P 500 INDEX RET OPT	B Three-digit plan number (PN) ▶ 102
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.

Assets	(a) Beginning of Year	(b) End of Year
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)	61222815
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	65073756

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	61222815	65073756
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2	1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	61222813	65073755

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)		
(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)	14284706	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		14284706

		(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		14284706

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)	581434	
(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)		581434
j Total expenses. Add all expense amounts in column (b) and enter total	2j		581434

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		13703272
l Transfers of assets:			
(1) To this plan	2l(1)		6754701
(2) From this plan	2l(2)		16607031

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 _____.