

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: INVESCO INTERNATIONAL GROWTH RET OPT; 1b Three-digit plan number (PN): 195; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

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

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

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

|  |  |
|--|--|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

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

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|   |  |  |
|---|--|--|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><hr/> <b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|--|

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

|  |  |                     |
|--|--|---------------------|
| <b>A</b> Name of plan<br><u>INVESCO INTERNATIONAL GROWTH RET OPT</u>   | <b>B</b> Three-digit plan number (PN)                              | <u>▶</u> <u>195</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TRANSAMERICA LIFE INSURANCE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>39-0989781</u> |                     |

|               |  |
|---------------|--|
| <b>Part I</b> | <b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b><br>(Complete as many entries as needed to report all interests in DFEs) |
|---------------|--|

|   |                      |   |
|---|----------------------|---|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:    |                      |   |
| <b>b</b> Name of sponsor of entity listed in (a): |                      |   |
| <b>c</b> EIN-PN                                   | <b>d</b> Entity code | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) |



| <b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>   |                      |   |
|--|----------------------|---|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |   |
| <b>a</b>   | Plan name            | EPHY'S DRUG 401(K)  |
| <b>b</b>   | Name of plan sponsor | EPHY'S DRUG STORE, INC.   |
| <b>c</b>   | EIN-PN               | 55-0607772-001  |
| <b>a</b>   | Plan name            | MARENGO THERAPEUTICS, INC. 401(K) PLAN                          |
| <b>b</b>   | Name of plan sponsor | MARENGO THERAPEUTICS, INC.                                      |
| <b>c</b>   | EIN-PN               | 47-5622851-001  |
| <b>a</b>   | Plan name            | STRATEGIC LINK CONSULTING LP 401(K) & PROFIT SHARING PLAN       |
| <b>b</b>   | Name of plan sponsor | STRATEGIC LINK CONSULTING LP                                    |
| <b>c</b>   | EIN-PN               | 20-8833786-001  |
| <b>a</b>   | Plan name            | WOODBINE 401(K) PLAN  |
| <b>b</b>   | Name of plan sponsor | WOODBINE DEVELOPMENT I, LTD.                                    |
| <b>c</b>   | EIN-PN               | 75-2574239-001  |
| <b>a</b>   | Plan name            | CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN   |
| <b>b</b>   | Name of plan sponsor | CONCRETE POLISHING & RESTORATION ACQUISITION, LLC               |
| <b>c</b>   | EIN-PN               | 82-1776313-001  |
| <b>a</b>   | Plan name            | BLUE Q 401(K) PROFIT SHARING PLAN                               |
| <b>b</b>   | Name of plan sponsor | BLUE Q CORPORATION  |
| <b>c</b>   | EIN-PN               | 04-3521482-001  |
| <b>a</b>   | Plan name            | BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN                        |
| <b>b</b>   | Name of plan sponsor | BNL INDUSTRIES, INC.  |
| <b>c</b>   | EIN-PN               | 06-1226220-001  |
| <b>a</b>   | Plan name            | COLORADO MEDICAL SOCIETY RETIREMENT PLAN                        |
| <b>b</b>   | Name of plan sponsor | COLORADO MEDICAL SOCIETY  |
| <b>c</b>   | EIN-PN               | 84-0174440-001  |
| <b>a</b>   | Plan name            | COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST |
| <b>b</b>   | Name of plan sponsor | COLORADO SURGICAL AFFILIATES, LLC                               |
| <b>c</b>   | EIN-PN               | 81-3228396-001  |
| <b>a</b>   | Plan name            | CULVER GROUP PROFIT SHARING & 401(K) PLAN                       |
| <b>b</b>   | Name of plan sponsor | THE CULVER GROUP  |
| <b>c</b>   | EIN-PN               | 33-0789218-001  |
| <b>a</b>   | Plan name            | FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN                   |
| <b>b</b>   | Name of plan sponsor | FRAZER DENTAL CARE  |
| <b>c</b>   | EIN-PN               | 23-3077648-001  |
| <b>a</b>   | Plan name            | MARBLE WORKS, INC. 401(K) PROFIT SHARING PLAN                   |
| <b>b</b>   | Name of plan sponsor | MARBLE WORKS, INC.  |
| <b>c</b>   | EIN-PN               | 65-0069516-001  |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |   |                                |
| <b>a</b>   | Plan name MENEWASSER MARTIN LALL & CLARK PC PROFIT SHARING PLAN & TRUST       |                                |
| <b>b</b>   | Name of plan sponsor MENEWASSER, MARTIN, LALL, & CLARK PC                     | <b>c</b> EIN-PN 43-1564913-001 |
| <b>a</b>   | Plan name MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN                        |                                |
| <b>b</b>   | Name of plan sponsor MESSAGEBROADCAST.COM, LLC                                | <b>c</b> EIN-PN 77-0480271-001 |
| <b>a</b>   | Plan name PHOENIX INTERNATIONAL PUBLICATIONS, INC. SAVINGS PLAN               |                                |
| <b>b</b>   | Name of plan sponsor PHOENIX INTERNATIONAL PUBLICATIONS, INC.                 | <b>c</b> EIN-PN 47-1100568-001 |
| <b>a</b>   | Plan name PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY, LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY LLC     | <b>c</b> EIN-PN 26-1612259-001 |
| <b>a</b>   | Plan name SAKOR TECHNOLOGIES PROFIT SHARING PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor SAKOR TECHNOLOGIES, INC.                                 | <b>c</b> EIN-PN 38-2712885-001 |
| <b>a</b>   | Plan name UPHAM OIL & GAS COMPANY 401(K) PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor UPHAM OIL & GAS COMPANY, L. P.                           | <b>c</b> EIN-PN 75-0960746-001 |
| <b>a</b>   | Plan name WACKER PLUMBING 401(K) PROFIT SHARING PLAN                          |                                |
| <b>b</b>   | Name of plan sponsor WACKER PLUMBING  | <b>c</b> EIN-PN 54-1279697-001 |
| <b>a</b>   | Plan name AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST                       |                                |
| <b>b</b>   | Name of plan sponsor AIRMAX LLC   | <b>c</b> EIN-PN 84-1440204-001 |
| <b>a</b>   | Plan name APPROVED ELECTRIC 401(K) PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor APPROVED ELECTRIC COMPANY OF FLORIDA                     | <b>c</b> EIN-PN 59-1112865-001 |
| <b>a</b>   | Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN                       |                                |
| <b>b</b>   | Name of plan sponsor ARCHITECTURE, INC.                                       | <b>c</b> EIN-PN 54-1371604-001 |
| <b>a</b>   | Plan name AXXIOME USA LLC RETIREMENT PLAN                                     |                                |
| <b>b</b>   | Name of plan sponsor AXXIOME USA LLC  | <b>c</b> EIN-PN 90-1017436-001 |
| <b>a</b>   | Plan name HEALTHCARE VENTURES ALLIANCE 401(K) PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor HEALTHCARE VENTURES ALLIANCE                             | <b>c</b> EIN-PN 23-2877142-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs) |                                |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |   |                                |
| <b>a</b>   | Plan name HUESCHEN AND SAGE PLLC RETIREMENT PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor HUESCHEN AND SAGE, PLLC ATTORNEYS AND COUNSELORS         | <b>c</b> EIN-PN 38-3574838-001 |
| <b>a</b>   | Plan name NORWALK COMMUNITY HEALTH CENTER 401(K) PLAN                         |                                |
| <b>b</b>   | Name of plan sponsor NORWALK COMMUNITY HEALTH CENTER, INC.                    | <b>c</b> EIN-PN 06-1436620-001 |
| <b>a</b>   | Plan name PALM BEACH AGGREGATES, LLC 401(K) PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor PALM BEACH AGGREGATES, LLC                               | <b>c</b> EIN-PN 90-0503744-001 |
| <b>a</b>   | Plan name SALVATORE ANGELO DMD, PC 401(K) PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor SALVATORE ANGELO II DMD, PC                              | <b>c</b> EIN-PN 04-3214907-001 |
| <b>a</b>   | Plan name WAILEA GOLF LLC 401(K) PLAN FOR HOURLY BARGAINING EMPLOYEES         |                                |
| <b>b</b>   | Name of plan sponsor WAILEA GOLF LLC  | <b>c</b> EIN-PN 76-0741485-002 |
| <b>a</b>   | Plan name WAILEA OLD BLUE NON-UNION 401(K) PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor WAILEA OLD BLUE, LLC                                     | <b>c</b> EIN-PN 87-0777083-002 |
| <b>a</b>   | Plan name ZAHARONI INDUSTRIES, INC. 401(K) PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor ZAHARONI INDUSTRIES, INC.                                | <b>c</b> EIN-PN 95-3768219-001 |
| <b>a</b>   | Plan name A & L COORS, INC. PROFIT SHARING 401(K) PLAN                        |                                |
| <b>b</b>   | Name of plan sponsor A & L COORS, INC.  | <b>c</b> EIN-PN 84-0534580-001 |
| <b>a</b>   | Plan name ALBANY OB-GYN 401(K) PROFIT SHARING PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor ALBANY OB-GYN  | <b>c</b> EIN-PN 58-1971169-001 |
| <b>a</b>   | Plan name ALBERS & COMPANY 401(K) PROFIT SHARING PLAN & TRUST                 |                                |
| <b>b</b>   | Name of plan sponsor ALBERS & COMPANY   | <b>c</b> EIN-PN 52-1470240-001 |
| <b>a</b>   | Plan name ARGENT FEDERAL CREDIT UNION 401(K) PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor ARGENT FEDERAL CREDIT UNION                              | <b>c</b> EIN-PN 54-0623641-002 |
| <b>a</b>   | Plan name BACKERWORKS MANUFACTURING, LLC 401(K) PLAN                          |                                |
| <b>b</b>   | Name of plan sponsor BACKERWORKS MANUFACTURING, LLC                           | <b>c</b> EIN-PN 85-0481972-001 |

| <b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>   |                      |  |
|--|----------------------|--|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |
| <b>a</b>   | Plan name            | BALEMET EMPLOYEE BENEFIT PLAN  |
| <b>b</b>   | Name of plan sponsor | BALEMET RECYCLING METALS, INC.                                       |
| <b>c</b>   | EIN-PN               | 22-2907788-001   |
| <b>a</b>   | Plan name            | CANIZARO CAWTHON DAVIS, APA PROFIT SHARING & 401(K) PLAN             |
| <b>b</b>   | Name of plan sponsor | CANIZARO CAWTHON DAVIS, APA  |
| <b>c</b>   | EIN-PN               | 64-0651290-001   |
| <b>a</b>   | Plan name            | CANYON MEDICAL CENTER 401(K) RETIREMENT PLAN                         |
| <b>b</b>   | Name of plan sponsor | R. MUTHAIAH, M.D., P.C. DBA CANYON MEDICAL CENTER                    |
| <b>c</b>   | EIN-PN               | 20-3215319-001   |
| <b>a</b>   | Plan name            | CYTIMMUNE SCIENCES 401(K) PLAN                                       |
| <b>b</b>   | Name of plan sponsor | CYTIMMUNE SCIENCES, INC.   |
| <b>c</b>   | EIN-PN               | 52-1591273-001   |
| <b>a</b>   | Plan name            | LERMAN CORPORATION 401(K) PROFIT SHARING PLAN                        |
| <b>b</b>   | Name of plan sponsor | LERMAN CORPORATION   |
| <b>c</b>   | EIN-PN               | 38-1776786-001   |
| <b>a</b>   | Plan name            | MCBERG, INC. 401(K) PROFIT SHARING PLAN                              |
| <b>b</b>   | Name of plan sponsor | MCBERG, INC.   |
| <b>c</b>   | EIN-PN               | 75-2411243-001   |
| <b>a</b>   | Plan name            | OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN                            |
| <b>b</b>   | Name of plan sponsor | OPEN MRI OF NEW ENGLAND, INC.  |
| <b>c</b>   | EIN-PN               | 05-0495348-002   |
| <b>a</b>   | Plan name            | PMLG 401(K)  |
| <b>b</b>   | Name of plan sponsor | PROJECT MANAGEMENT LEADERSHIP GROUP, INC.                            |
| <b>c</b>   | EIN-PN               | 91-1885751-002   |
| <b>a</b>   | Plan name            | SOUTHERN METAL PROCESSING COMPANY, INC. 401(K) / PROFIT SHARING PLAN |
| <b>b</b>   | Name of plan sponsor | SOUTHERN METAL PROCESSING COMPANY, INC.                              |
| <b>c</b>   | EIN-PN               | 63-0644456-002   |
| <b>a</b>   | Plan name            | THE BLACK HAWK CASINO 401(K) PLAN                                    |
| <b>b</b>   | Name of plan sponsor | SAUK BUSINESS ENTERPRISES  |
| <b>c</b>   | EIN-PN               | 02-0713814-001   |
| <b>a</b>   | Plan name            | THE CARING CENTER 401(K) RETIREMENT PLAN                             |
| <b>b</b>   | Name of plan sponsor | THE CARING CENTER, INC.  |
| <b>c</b>   | EIN-PN               | 23-2623819-001   |
| <b>a</b>   | Plan name            | BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN                     |
| <b>b</b>   | Name of plan sponsor | BARBICH HOOPER KING DILL HOFFMAN                                     |
| <b>c</b>   | EIN-PN               | 95-3705481-001   |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name BUILDERS GROUP CONSTRUCTION CORP. PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor BUILDERS GROUP CONSTRUCTION CORP.   | <b>c</b> EIN-PN 45-5107509-001 |
| <b>a</b> | Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE  | <b>c</b> EIN-PN 27-0047953-001 |
| <b>a</b> | Plan name EPOCH.COM SAFE HARBOR 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor EPOCH.COM, LLC  | <b>c</b> EIN-PN 56-2432338-001 |
| <b>a</b> | Plan name HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor HYPOTENUSE, INC. DBA SURVEYUSA  | <b>c</b> EIN-PN 13-3592138-001 |
| <b>a</b> | Plan name HYUNDAI DYMOS 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor HYUNDAI DYMOS MICHIGAN, LLC   | <b>c</b> EIN-PN 32-0423491-001 |
| <b>a</b> | Plan name AACTION RENTS PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor GRILL BROTHERS PARTNERSHIP DBA AACTION RENTS  | <b>c</b> EIN-PN 94-2373673-001 |
| <b>a</b> | Plan name AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor AMERICAN SOCIETY FOR SURGERY OF THE HAND  | <b>c</b> EIN-PN 31-6051199-001 |
| <b>a</b> | Plan name BASNEY DEALER GROUP 401(K) RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor BASNEY IMPORTS, INC.  | <b>c</b> EIN-PN 35-1283526-001 |
| <b>a</b> | Plan name BULLDOG RACK HOLDING COMPANY 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor BULLDOG RACK HOLDING COMPANY  | <b>c</b> EIN-PN 46-1606192-001 |
| <b>a</b> | Plan name H3O, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor H3O, INC.   | <b>c</b> EIN-PN 26-3221103-001 |
| <b>a</b> | Plan name OREGON FISH GUYS 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor OREGON FISH GUYS, INC.  | <b>c</b> EIN-PN 20-3065360-001 |
| <b>a</b> | Plan name SCARBROUGH MEDLIN & ASSOCIATES RETIREMENT & PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor SCARBROUGH MEDLIN & ASSOCIATES  | <b>c</b> EIN-PN 75-1787225-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | THE CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN                                      |                                |
| <b>b</b>   | Name of plan sponsor | THE CITIZENS BANK  | <b>c</b> EIN-PN 61-0156390-002 |
| <b>a</b>   | Plan name            | TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN                     |                                |
| <b>b</b>   | Name of plan sponsor | TRUE GRIT REDI-MIX LTD   | <b>c</b> EIN-PN 20-2018457-001 |
| <b>a</b>   | Plan name            | TRUECONTEXT 401(K) & PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | TRUECONTEXT  | <b>c</b> EIN-PN 98-0474577-001 |
| <b>a</b>   | Plan name            | BC2 ENVIRONMENTAL 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BC2 ENVIRONMENTAL, LLC   | <b>c</b> EIN-PN 83-2585853-001 |
| <b>a</b>   | Plan name            | DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN                        |                                |
| <b>b</b>   | Name of plan sponsor | DAHME HEATING AND AIRCONDITIONING, INC.  | <b>c</b> EIN-PN 77-0250781-001 |
| <b>a</b>   | Plan name            | GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN               |                                |
| <b>b</b>   | Name of plan sponsor | GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.  | <b>c</b> EIN-PN 20-8143829-001 |
| <b>a</b>   | Plan name            | MARKETING & RESEARCH RESOURCES 401(K) PLAN AND TRUST                                 |                                |
| <b>b</b>   | Name of plan sponsor | MARKETING & RESEARCH RESOURCES, LLC  | <b>c</b> EIN-PN 52-1665278-003 |
| <b>a</b>   | Plan name            | O'CONNOR'S DECORATING CENTER 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | O'CONNOR'S DECORATING CENTER, INC.   | <b>c</b> EIN-PN 83-2712021-001 |
| <b>a</b>   | Plan name            | OAKLAND COMMUNITY NURSERY SCHOOL RETIREMENT AND 401(K) PLAN                          |                                |
| <b>b</b>   | Name of plan sponsor | OAKLAND COMMUNITY NURSING SCHOOL   | <b>c</b> EIN-PN 22-2210714-001 |
| <b>a</b>   | Plan name            | SMARTBILL, LTD. 401(K) PROFIT SHARING PLAN & TRUST                                   |                                |
| <b>b</b>   | Name of plan sponsor | SMARTBILL, LTD.  | <b>c</b> EIN-PN 31-1806543-001 |
| <b>a</b>   | Plan name            | SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC 401(K)/PROFIT SHARING PLAN                   |                                |
| <b>b</b>   | Name of plan sponsor | SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC  | <b>c</b> EIN-PN 58-2519444-002 |
| <b>a</b>   | Plan name            | CBW AUTOMATION, INC. 401(K) PROFIT SHARING PLAN AND RETIREMENT TRUST                 |                                |
| <b>b</b>   | Name of plan sponsor | MULLER TECHNOLOGY COLORADO   | <b>c</b> EIN-PN 48-0775210-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | CDS MECHANICAL SERVICES, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CDS MECHANICAL SERVICES, INC.  | <b>c</b> EIN-PN 20-1407450-001 |
| <b>a</b>   | Plan name            | LAGESTEE INSURANCE SAVINGS AND RETIREMENT PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor | LAGESTEE INSURANCE AGENCY, LTD.  | <b>c</b> EIN-PN 62-1081657-001 |
| <b>a</b>   | Plan name            | PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN                           |                                |
| <b>b</b>   | Name of plan sponsor | PELION ACTUARIAL SERVICES, INC.  | <b>c</b> EIN-PN 45-2927368-001 |
| <b>a</b>   | Plan name            | TAG INTERNATIONAL, L.L.P. PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TAG INTERNATIONAL, L.L.P.  | <b>c</b> EIN-PN 74-2862644-001 |
| <b>a</b>   | Plan name            | LORIO ROSS STERLING ENTERTAINMENT 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | LORIO ROSS STERLING ENTERTAINMENT  | <b>c</b> EIN-PN 38-1995713-001 |
| <b>a</b>   | Plan name            | GKY DENTAL ARTS 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | GKY DENTAL ARTS INC.   | <b>c</b> EIN-PN 88-4323547-001 |
| <b>a</b>   | Plan name            | THE PRODUCERS GROUP 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | FREUNDT & ASSOCIATES INSURANCE SERVICES, INC.  | <b>c</b> EIN-PN 33-0746599-001 |
| <b>a</b>   | Plan name            | CONNERY CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST                        |                                |
| <b>b</b>   | Name of plan sponsor | CONNERY CONSTRUCTION, INC.   | <b>c</b> EIN-PN 39-1845420-001 |
| <b>a</b>   | Plan name            | MASFAB, INC. 401(K) AND PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MASFAB, INC. T/A FORMIT STEEL, INC.  | <b>c</b> EIN-PN 23-2065665-002 |
| <b>a</b>   | Plan name            | QUALITY AUTO BODY 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | QUALITY AUTO BODY  | <b>c</b> EIN-PN 22-2130034-001 |
| <b>a</b>   | Plan name            | QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor | QUIK TRAVEL STAFFING, INC.   | <b>c</b> EIN-PN 95-4826235-001 |
| <b>a</b>   | Plan name            | QUINCY DONUTS & AFFILIATES 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | QUINCY DONUTS, INC   | <b>c</b> EIN-PN 04-2664992-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | ARTISTIC TILE PROFIT SHARING AND 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ARTISTIC TILE, INC.  | <b>c</b> EIN-PN 22-3247240-001 |
| <b>a</b>   | Plan name            | DARK CORNER SOFTWARE 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DARK CORNER SOFTWARE, LLC  | <b>c</b> EIN-PN 20-2559570-001 |
| <b>a</b>   | Plan name            | HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN                                      |                                |
| <b>b</b>   | Name of plan sponsor | HI-TECH LABELS, INC.   | <b>c</b> EIN-PN 95-3836900-001 |
| <b>a</b>   | Plan name            | HK HOLBEIN, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HK HOLBEIN, INC.   | <b>c</b> EIN-PN 03-0271444-001 |
| <b>a</b>   | Plan name            | MISKO, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MISKO, INC.  | <b>c</b> EIN-PN 23-2506409-001 |
| <b>a</b>   | Plan name            | NATIONAL PORTFOLIO NETWORK 401(K) PROFIT SHARING PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor | NATIONAL PORTFOLIO NETWORK   | <b>c</b> EIN-PN 33-0288775-001 |
| <b>a</b>   | Plan name            | BEC SYSTEMS LLC 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BEC SYSTEMS LLC  | <b>c</b> EIN-PN 88-1082676-001 |
| <b>a</b>   | Plan name            | WEST SIDE MARKET SAVINGS AND RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ROMEO'S INC. DBA WEST SIDE MARKET  | <b>c</b> EIN-PN 06-1026857-001 |
| <b>a</b>   | Plan name            | SGA DESIGN GROUP 401(K) RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | SGA DESIGN GROUP, P.C.   | <b>c</b> EIN-PN 73-1466773-001 |
| <b>a</b>   | Plan name            | BHP MANAGEMENT 401(K) RETIREMENT SAVINGS PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BHP MANAGEMENT CORP.   | <b>c</b> EIN-PN 26-1404372-001 |
| <b>a</b>   | Plan name            | NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor | NEW HAMPSHIRE HYDRAULICS, INC.   | <b>c</b> EIN-PN 02-0338098-001 |
| <b>a</b>   | Plan name            | OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor | OUTAGAMIE CO-OP SERVICES, INC.   | <b>c</b> EIN-PN 39-1316865-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name BYRD AUTOMOTIVE 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor BYRD AUTOMOTIVE, INC.   | <b>c</b> EIN-PN 76-0296359-001 |
| <b>a</b> | Plan name JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO. 401(K) SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor JOSEPH LAMPARELLI, INC. DBA SUPREME FUEL CO.  | <b>c</b> EIN-PN 04-2679773-001 |
| <b>a</b> | Plan name SPRINGFIELD SERVICES 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor MCCARTHY LEGAL SERVICES, LLC  | <b>c</b> EIN-PN 04-3445519-001 |
| <b>a</b> | Plan name PASTERKAMP HEATING & AIR CONDITIONING COMPANY 401(K)   |                                |
| <b>b</b> | Name of plan sponsor PASTERKAMP HEATING & AIR CONDITIONING   | <b>c</b> EIN-PN 84-0568191-001 |
| <b>a</b> | Plan name PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor PATRICK COUNTY FAMILY PRACTICE  | <b>c</b> EIN-PN 54-1583691-001 |
| <b>a</b> | Plan name CARNEY, ALEXANDER, MAROLD, & CO. 401(K) RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor CARNEY, ALEXANDER, MAROLD, & CO.  | <b>c</b> EIN-PN 42-0728423-001 |
| <b>a</b> | Plan name KINETIC MARKETING COMMUNICATIONS 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor KINETIC MARKETING COMMUNICATIONS LLC  | <b>c</b> EIN-PN 20-0778734-001 |
| <b>a</b> | Plan name KING CHIROPRACTIC RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor KING CHIROPRACTIC INSTITUTE   | <b>c</b> EIN-PN 52-2210480-001 |
| <b>a</b> | Plan name ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor ADVERTISING CONSULTANTS, INC.   | <b>c</b> EIN-PN 95-2465409-001 |
| <b>a</b> | Plan name AEDIFICE 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor AEDIFICE ARCHITECTURAL  | <b>c</b> EIN-PN 33-0903178-001 |
| <b>a</b> | Plan name PRO WINE, INC. DBA JULIO'S LIQUORS 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor PRO WINE, INC. DBA JULIO'S LIQUORS  | <b>c</b> EIN-PN 64-3526205-001 |
| <b>a</b> | Plan name MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor MATIKON AMERICA INC.  | <b>c</b> EIN-PN 38-3498737-002 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                |
|----------|--|--------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                |
| <b>a</b> | Plan name MATRIX VISUAL SOLUTIONS 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS  | <b>c</b> EIN-PN 33-0773727-001 |
| <b>a</b> | Plan name ANNIE B. JONES COMMUNITY SERVICES, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor ANNIE B. JONES CIVIC ARTS CENTER  | <b>c</b> EIN-PN 36-3883523-001 |
| <b>a</b> | Plan name CREATIVE MARKETING GRAPHICS, INC. RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor CMGWT, INC.   | <b>c</b> EIN-PN 91-2039059-001 |
| <b>a</b> | Plan name UCOPB, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor UNDERWOOD CHEVROLET OLDS PONTIAC BUICK  | <b>c</b> EIN-PN 38-1887779-001 |
| <b>a</b> | Plan name HIGHGATE RETIREMENT LIVING 401(K)/PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor BURON, INC.   | <b>c</b> EIN-PN 91-1644879-001 |
| <b>a</b> | Plan name VAUGHN A. VICTORINO 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor VAUGHN A. VICTORINO   | <b>c</b> EIN-PN 81-0866840-001 |
| <b>a</b> | Plan name AVA ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN AND TRUST  |                                |
| <b>b</b> | Name of plan sponsor AVA ELECTRIC COMPANY INCORPORATED   | <b>c</b> EIN-PN 52-1711437-001 |
| <b>a</b> | Plan name DEMAIO'S INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor DEMAIO'S INC.   | <b>c</b> EIN-PN 22-3038197-001 |
| <b>a</b> | Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor MJD TRUCKING, INC.  | <b>c</b> EIN-PN 65-0831291-001 |
| <b>a</b> | Plan name DR. TROY A. HEUER SAFE HARBOR 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor DR. TROY A. HEUER   | <b>c</b> EIN-PN 23-2724478-001 |
| <b>a</b> | Plan name WESTERN FILAMENT, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor WESTERN FILAMENT, INC.  | <b>c</b> EIN-PN 95-3672588-001 |
| <b>a</b> | Plan name BILLET & ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor BILLET & ASSOCIATES, LLC  | <b>c</b> EIN-PN 23-2637057-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                       |
|----------|--|---------------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                       |
| <b>a</b> | Plan name <b>BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>BIRCKHEAD ELECTRIC, INC.</b>   | <b>c</b> EIN-PN <b>52-1614154-001</b> |
| <b>a</b> | Plan name <b>SHAY WATER COMPANY, INC. 401(K) PROFIT SHARING PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>SHAY WATER COMPANY, INC.</b>   | <b>c</b> EIN-PN <b>38-2835041-001</b> |
| <b>a</b> | Plan name <b>WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>WMX LOGISTICS</b>  | <b>c</b> EIN-PN <b>82-0570015-001</b> |
| <b>a</b> | Plan name <b>BRICK CITY PRIMARY CARE PLLC 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>BRICK CITY PRIMARY CARE</b>  | <b>c</b> EIN-PN <b>26-4778038-001</b> |
| <b>a</b> | Plan name <b>JENKINS ENTERPRISES 401(K) PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>JENKINS ENTERPRISES</b>  | <b>c</b> EIN-PN <b>88-0191006-001</b> |
| <b>a</b> | Plan name <b>ODESUS, INC. 401(K) RETIREMENT PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>ODESUS, INC.</b>   | <b>c</b> EIN-PN <b>95-4864544-001</b> |
| <b>a</b> | Plan name <b>STAR ELECTRIC, LLC 401(K) SALARY REDUCTION PLAN &amp; TRUST</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>STAR ELECTRIC, LLC</b>   | <b>c</b> EIN-PN <b>46-4073312-001</b> |
| <b>a</b> | Plan name <b>FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>FINANCIAL NETWORK FID WEST, LLC</b>  | <b>c</b> EIN-PN <b>26-2039224-001</b> |
| <b>a</b> | Plan name <b>FINELINES SAVINGS AND RETIREMENT PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>KSG ENTERPRISES, INC.</b>  | <b>c</b> EIN-PN <b>04-3291695-001</b> |
| <b>a</b> | Plan name <b>KOBER/HANSSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>KOBER/HANSSEN/MITCHELL ARCHITECTS</b>  | <b>c</b> EIN-PN <b>99-0237714-001</b> |
| <b>a</b> | Plan name <b>PAYROLL EXPRESS, LLC 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>PAYROLL EXPRESS, LLC</b>   | <b>c</b> EIN-PN <b>45-3517823-001</b> |
| <b>a</b> | Plan name <b>SURVEYING CONSULTANTS 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>SURVEYING CONSULTANTS OF HILTON HEAD ISLAND, INC.</b>  | <b>c</b> EIN-PN <b>57-0756824-001</b> |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)  |                                       |
|----------|--|---------------------------------------|
|          | (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                                       |
| <b>a</b> | Plan name <b>TEAM REHAB, INC. SALARY SAVINGS PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>TEAM REHAB, INC.</b>   | <b>c</b> EIN-PN <b>33-0272547-002</b> |
| <b>a</b> | Plan name <b>AXXIOME AMERICAS, INC. RETIREMENT PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>AXXIOME AMERICAS, INC.</b>   | <b>c</b> EIN-PN <b>74-3213150-001</b> |
| <b>a</b> | Plan name <b>BROWARD HOUSE 401(K) PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>BROWARD HOUSE, INC.</b>  | <b>c</b> EIN-PN <b>59-2913416-001</b> |
| <b>a</b> | Plan name <b>BUCHHOLZ TRANSPORT 401(K) &amp; PSP</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>BUCHHOLZ TRANSPORT INC.</b>  | <b>c</b> EIN-PN <b>38-2497552-001</b> |
| <b>a</b> | Plan name <b>CLEAR CREEK SKIING CORP., INC. 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>CLEAR CREEK SKIING CORPORATION, INC.</b>   | <b>c</b> EIN-PN <b>84-0619358-001</b> |
| <b>a</b> | Plan name <b>COLLEGIUM HOLDINGS, INC. 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>COLLEGIUM HOLDINGS, INC.</b>   | <b>c</b> EIN-PN <b>22-3221879-001</b> |
| <b>a</b> | Plan name <b>COOLING &amp; HERBERS PROFIT SHARING &amp; 401(K) PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>COOLING &amp; HERBERS, P.C.</b>  | <b>c</b> EIN-PN <b>43-1093669-001</b> |
| <b>a</b> | Plan name <b>CROY CONTRACTING, INC. 401(K) RETIREMENT SAVINGS PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>CROY CONTRACTING, INC.</b>   | <b>c</b> EIN-PN <b>54-1616963-001</b> |
| <b>a</b> | Plan name <b>CRYSTALASER PROFIT SHARING PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>CRYSTALASER</b>  | <b>c</b> EIN-PN <b>86-0889160-002</b> |
| <b>a</b> | Plan name <b>F.N. CUTHBERT, INC. 401(K) PROFIT SHARING PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>F. N. CUTHBERT, INC.</b>   | <b>c</b> EIN-PN <b>34-4412513-001</b> |
| <b>a</b> | Plan name <b>FAIRMONT DESIGNS RETIREMENT PLAN</b>  |                                       |
| <b>b</b> | Name of plan sponsor <b>CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS</b>  | <b>c</b> EIN-PN <b>94-2930113-001</b> |
| <b>a</b> | Plan name <b>FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN</b>   |                                       |
| <b>b</b> | Name of plan sponsor <b>FIRST STOP URGENT CARE</b>   | <b>c</b> EIN-PN <b>84-1649267-001</b> |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | FOSTER THOMAS RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | FOSTER THOMAS, INC.  | <b>c</b> EIN-PN 52-1826441-001 |
| <b>a</b>   | Plan name            | FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN                                 |                                |
| <b>b</b>   | Name of plan sponsor | LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY                                    | <b>c</b> EIN-PN 95-4467199-001 |
| <b>a</b>   | Plan name            | GLOBALEDGE TECHNOLOGIES, INC. SECTION 401(K) PLAN AND TRUST                          |                                |
| <b>b</b>   | Name of plan sponsor | GLOBALEDGE TECHNOLOGIES, INC.  | <b>c</b> EIN-PN 20-0264454-001 |
| <b>a</b>   | Plan name            | GMT, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | GMT, INC.  | <b>c</b> EIN-PN 36-3348706-001 |
| <b>a</b>   | Plan name            | GROUP CTI 401(K) & PROFIT SHARING PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | GROUP CTI  | <b>c</b> EIN-PN 54-1960500-001 |
| <b>a</b>   | Plan name            | GUILFORD PAIN MANAGEMENT RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | GUILFORD PAIN MANAGEMENT   | <b>c</b> EIN-PN 56-2193727-001 |
| <b>a</b>   | Plan name            | KEEL ENTERPRISES OF LA LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | KEEL ENTERPRISES OF LA LLC   | <b>c</b> EIN-PN 72-1158560-001 |
| <b>a</b>   | Plan name            | KOSTER INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor | KOSTER INSURANCE AGENCY, INC.  | <b>c</b> EIN-PN 04-3244788-001 |
| <b>a</b>   | Plan name            | LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | LAURAS INTERNATIONAL USA LLP   | <b>c</b> EIN-PN 26-1603445-002 |
| <b>a</b>   | Plan name            | LUIS SANCHEZ MD 401(K) RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | LUIS SANCHEZ MD PC   | <b>c</b> EIN-PN 88-0439684-001 |
| <b>a</b>   | Plan name            | MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST          |                                |
| <b>b</b>   | Name of plan sponsor | MANTUCKET CAPITAL MANAGEMENT CORPORATION   | <b>c</b> EIN-PN 47-0880782-001 |
| <b>a</b>   | Plan name            | NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST                                |                                |
| <b>b</b>   | Name of plan sponsor | NEW ENGLAND DENTAL CENTER, P.C.  | <b>c</b> EIN-PN 06-1001051-001 |

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

|          |                      |  |          |        |                |
|----------|----------------------|--|----------|--------|----------------|
| <b>a</b> | Plan name            | PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM RETIREMENT PLAN | <b>c</b> | EIN-PN | 13-3140621-001 |
| <b>b</b> | Name of plan sponsor | PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM                 | <b>c</b> | EIN-PN | 13-3140621-001 |
| <b>a</b> | Plan name            | RON WILLIAMS CONSTRUCTION, INC. 401(K) PLAN              | <b>c</b> | EIN-PN | 72-1296459-001 |
| <b>b</b> | Name of plan sponsor | RON WILLIAMS CONSTRUCTION, INC.                          | <b>c</b> | EIN-PN | 72-1296459-001 |
| <b>a</b> | Plan name            | STEMATIC INDUSTRIES, INC. 401(K)                         | <b>c</b> | EIN-PN | 38-1802127-001 |
| <b>b</b> | Name of plan sponsor | STEMATIC INDUSTRIES, INC.                                | <b>c</b> | EIN-PN | 38-1802127-001 |
| <b>a</b> | Plan name            | TREE OF LIFE NURSERY PROFIT SHARING 401(K) SAVINGS PLAN  | <b>c</b> | EIN-PN | 33-0940948-002 |
| <b>b</b> | Name of plan sponsor | TREE OF LIFE NURSERY                                     | <b>c</b> | EIN-PN | 33-0940948-002 |
| <b>a</b> | Plan name            | UNICORN HRO LLC EMPLOYEE SAVINGS PLAN                    | <b>c</b> | EIN-PN | 27-1441892-001 |
| <b>b</b> | Name of plan sponsor | UNICORN HRO LLC  | <b>c</b> | EIN-PN | 27-1441892-001 |
| <b>a</b> | Plan name            | AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN  | <b>c</b> | EIN-PN | 66-0274215-002 |
| <b>b</b> | Name of plan sponsor | AON RISK SOLUTIONS OF PUERTO RICO, INC.                  | <b>c</b> | EIN-PN | 66-0274215-002 |
| <b>a</b> | Plan name            | APANTEC, LLC 401(K) PLAN                                 | <b>c</b> | EIN-PN | 20-2119506-001 |
| <b>b</b> | Name of plan sponsor | APANTEC, LLC   | <b>c</b> | EIN-PN | 20-2119506-001 |
| <b>a</b> | Plan name            | AST SPORTS SCIENCE, INC. PROFIT SHARING PLAN             | <b>c</b> | EIN-PN | 64-0823871-001 |
| <b>b</b> | Name of plan sponsor | AST SPORTS SCIENCE, INC.                                 | <b>c</b> | EIN-PN | 64-0823871-001 |
| <b>a</b> | Plan name            | VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN           | <b>c</b> | EIN-PN | 36-2109945-001 |
| <b>b</b> | Name of plan sponsor | VOSS BELTING & SPECIALTY CO., INC.                       | <b>c</b> | EIN-PN | 36-2109945-001 |
| <b>a</b> | Plan name            |  | <b>c</b> | EIN-PN |                |
| <b>b</b> | Name of plan sponsor |  | <b>c</b> | EIN-PN |                |
| <b>a</b> | Plan name            |  | <b>c</b> | EIN-PN |                |
| <b>b</b> | Name of plan sponsor |  | <b>c</b> | EIN-PN |                |
| <b>a</b> | Plan name            |  | <b>c</b> | EIN-PN |                |
| <b>b</b> | Name of plan sponsor |  | <b>c</b> | EIN-PN |                |

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>    |  |
| <b>A</b> Name of plan<br><b>INVESCO INTERNATIONAL GROWTH RET OPT</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>195</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRANSAMERICA LIFE INSURANCE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>39-0989781</b> |

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

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

|  |                 | (a) Beginning of Year | (b) End of Year |
|--|-----------------|-----------------------|-----------------|
| <b>Assets</b>  |                 |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....  | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....  | <b>1b(1)</b>    |                       |                 |
| <b>(2)</b> Participant contributions .....   | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other .....   | <b>1b(3)</b>    | 4320                  | 5112            |
| <b>c</b> General investments:  |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | 222177                | 170547          |
| <b>(2)</b> U.S. Government securities .....  | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....   | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....   | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....  | <b>1c(4)(B)</b> | 9815705               | 9576413         |
| <b>(5)</b> Partnership/joint venture interests .....   | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....  | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....   | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   |                       |                 |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....  | <b>1c(15)</b>   |                       |                 |

| 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    | 10042202              | 9752072         |
| <b>Liabilities</b>  |       |                       |                 |
| g Benefit claims payable.....                                     | 1g    |                       |                 |
| h Operating payables.....   | 1h    |                       |                 |
| i Acquisition indebtedness.....                                   | 1i    |                       |                 |
| j Other liabilities.....  | 1j    | -100243               | -82781          |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k    | -100243               | -82781          |
| <b>Net Assets</b>   |       |                       |                 |
| l Net assets (subtract line 1k from line 1f).....                 | 1l    | 10142445              | 9834853         |

**Part II Income and Expense Statement**

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

| <b>Income</b>  |          | (a) Amount | (b) Total |
|--|----------|------------|-----------|
| <b>a Contributions:</b>  |          |            |           |
| (1) Received or receivable in cash from: (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>b Earnings on investments:</b>  |          |            |           |
| (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) | 2601       |           |
| (G) Total interest. Add lines 2b(1)(A) through (F).....                                      | 2b(1)(G) |            | 2601      |
| (2) Dividends:   |          |            |           |
| (A) Preferred stock.....   | 2b(2)(A) |            |           |
| (B) Common stock.....  | 2b(2)(B) | 173185     |           |
| (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) |            | 173185    |
| (3) Rents.....   | 2b(3)    |            |           |
| (4) Net gain (loss) on sale of assets:   |          |            |           |
| (A) Aggregate proceeds.....  | 2b(4)(A) | 427709     |           |
| (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) |            | 427709    |
| (5) Unrealized appreciation (depreciation) of assets:  |          |            |           |
| (A) Real estate.....   | 2b(5)(A) |            |           |
| (B) Other.....   | 2b(5)(B) | -386875    |           |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....                 | 2b(5)(C) |            | -386875   |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            |           |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....        | <b>2d</b>     |            | 216620    |

**Expenses**

|   |               |        |        |
|---|---------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                  |               |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....             | <b>2e(1)</b>  |        |        |
| (2) To insurance carriers for the provision of benefits .....                               | <b>2e(2)</b>  |        |        |
| (3) Other .....   | <b>2e(3)</b>  |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                 | <b>2e(4)</b>  |        |        |
| <b>f</b> Corrective distributions (see instructions) .....                                  | <b>2f</b>     |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions) .....         | <b>2g</b>     |        |        |
| <b>h</b> Interest expense .....   | <b>2h</b>     |        |        |
| <b>i</b> Administrative expenses:   |               |        |        |
| (1) Salaries and allowances .....   | <b>2i(1)</b>  |        |        |
| (2) Contract administrator fees .....   | <b>2i(2)</b>  |        |        |
| (3) Recordkeeping fees .....  | <b>2i(3)</b>  | 146019 |        |
| (4) IQPA audit fees .....   | <b>2i(4)</b>  |        |        |
| (5) Investment advisory and investment management fees .....                                | <b>2i(5)</b>  |        |        |
| (6) Bank or trust company trustee/custodial fees .....                                      | <b>2i(6)</b>  |        |        |
| (7) Actuarial fees .....  | <b>2i(7)</b>  |        |        |
| (8) Legal fees .....  | <b>2i(8)</b>  |        |        |
| (9) Valuation/appraisal fees .....  | <b>2i(9)</b>  |        |        |
| (10) Other trustee fees and expenses .....  | <b>2i(10)</b> |        |        |
| (11) Other expenses .....   | <b>2i(11)</b> |        |        |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....        | <b>2i(12)</b> |        | 146019 |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total ..... | <b>2j</b>     |        | 146019 |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 70601   |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan .....  | <b>2l(1)</b> |  | 1018395 |
| (2) From this plan .....  | <b>2l(2)</b> |  | 1396588 |

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> PN(s) |
|------------------------------|---------------------|--------------------|
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |
|                              |                     |                    |

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.