

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN CENTURY INFLATION-ADJUSTED BOND RET OPT
1b Three-digit plan number (PN): 266
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

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

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

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

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

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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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> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>AMERICAN CENTURY INFLATION-ADJUSTED BOND RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>266</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<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)
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**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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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 CUMBERLAND RIVER BEHAVIORAL HEALTH RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CUMBERLAND RIVER BEHAVIORAL HEALTH, INC.	<b>c</b> EIN-PN 23-7313241-001
<b>a</b>	Plan name CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	<b>c</b> EIN-PN 23-7198801-001
<b>a</b>	Plan name ECHO BAY MARINA, LLC PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ECHO BAY MARINA, LLC	<b>c</b> EIN-PN 06-1385013-001
<b>a</b>	Plan name ECLIPSE ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECLIPSE ENGINEERING, INC.	<b>c</b> EIN-PN 84-1477890-001
<b>a</b>	Plan name ECOMARK ENERGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECOMARK ENERGY, INC.	<b>c</b> EIN-PN 47-2681037-001
<b>a</b>	Plan name FALCON BRIDGE CAPITAL 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor FALCON BRIDGE CAPITAL, LLC	<b>c</b> EIN-PN 32-0206781-001
<b>a</b>	Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FAMILY RESOURCE CENTER	<b>c</b> EIN-PN 36-3532803-001
<b>a</b>	Plan name GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GORMAN INDUSTRIAL SUPPLY	<b>c</b> EIN-PN 74-1064184-001
<b>a</b>	Plan name J GOOD-IN INC. - 401(K) PLAN	
<b>b</b>	Name of plan sponsor J GOOD-IN INC.	<b>c</b> EIN-PN 95-4100491-001
<b>a</b>	Plan name MARC ALAN ASSOCIATES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MARC ALAN ASSOCIATES, INC.	<b>c</b> EIN-PN 22-1801653-003
<b>a</b>	Plan name PACIFIC DESIGN AND SOURCING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PACIFIC DESIGN AND SOURCING	<b>c</b> EIN-PN 27-2403668-001
<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

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 SAGE PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAGE PARTNERS, LLC	<b>c</b> EIN-PN 46-3113665-001
<b>a</b>	Plan name SAINT JOE DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	<b>c</b> EIN-PN 44-0565944-001
<b>a</b>	Plan name SALESMaster 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PACKAGING SPECIALTY INC. DBA SALESMaster CORP.	<b>c</b> EIN-PN 23-2547189-001
<b>a</b>	Plan name SIGNMEDIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIGNMEDIA, INC.	<b>c</b> EIN-PN 54-1254298-001
<b>a</b>	Plan name STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STERLING ENERGY OPERATIONS, LLC	<b>c</b> EIN-PN 33-0969595-001
<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 XERION ADVANCED BATTERY CORP. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor XERION ADVANCED BATTERY CORP.	<b>c</b> EIN-PN 45-3516563-001
<b>a</b>	Plan name YARBROUGH ELECTRONICS SALES, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor YARBROUGH ELECTRONICS SALES	<b>c</b> EIN-PN 86-0911466-001
<b>a</b>	Plan name YARBROUGH ELECTRONICS SALES, LLC CASH BALANCE PENSION PLAN	
<b>b</b>	Name of plan sponsor YARBROUGH ELECTRONICS SALES	<b>c</b> EIN-PN 86-0911466-002
<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 B & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B & B TRADING CORPORATION	<b>c</b> EIN-PN 04-3055768-001
<b>a</b>	Plan name GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	<b>c</b> EIN-PN 95-4126355-001

<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	GRANITE STATE ACOUSTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRANITE STATE ACOUSTICS, INC.	<b>c</b> EIN-PN 02-0276885-001
<b>a</b>	Plan name	HUFFMAN, KELLEY & BROCK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUFFMAN, KELLEY & BROCK, LLC	<b>c</b> EIN-PN 30-0237801-001
<b>a</b>	Plan name	LEADING EDGE GROUP, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEADING EDGE GROUP, INC.	<b>c</b> EIN-PN 36-2679145-001
<b>a</b>	Plan name	MARK D. WOOD, DDS, MS, PC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARK D. WOOD, DDS, MS, PC	<b>c</b> EIN-PN 80-0026824-001
<b>a</b>	Plan name	MARK J. REDD DDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARK J. REDD DDS, INC.	<b>c</b> EIN-PN 72-1519503-001
<b>a</b>	Plan name	NORTHWEST EYE PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.	<b>c</b> EIN-PN 38-1861527-002
<b>a</b>	Plan name	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIMPSON SPENCE YOUNG	<b>c</b> EIN-PN 13-5395270-001
<b>a</b>	Plan name	STRATEGIC CONTRACTING SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STRATEGIC CONTRACTING SERVICES INC.	<b>c</b> EIN-PN 20-8612710-001
<b>a</b>	Plan name	TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TILLERY CHEVROLET/GMC	<b>c</b> EIN-PN 85-0281064-001
<b>a</b>	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALERT-O-LITE, INC.	<b>c</b> EIN-PN 94-2752915-001
<b>a</b>	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AREA AMBULANCE SERVICE	<b>c</b> EIN-PN 20-3693455-001
<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

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>BACKERWORKS MANUFACTURING, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BACKERWORKS MANUFACTURING, LLC</b>	<b>c</b> EIN-PN <b>85-0481972-001</b>
<b>a</b>	Plan name <b>BOATMATE TRAILERS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOATMATE TRAILERS, LLC</b>	<b>c</b> EIN-PN <b>20-8965178-001</b>
<b>a</b>	Plan name <b>CHARLES RIVER BOAT COMPANY 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CHARLES RIVER BOAT COMPANY, INC.</b>	<b>c</b> EIN-PN <b>04-3084148-001</b>
<b>a</b>	Plan name <b>RALPHS - PUGH CO., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RALPHS - PUGH CO., INC.</b>	<b>c</b> EIN-PN <b>94-0791950-001</b>
<b>a</b>	Plan name <b>SAUGUS CONSTRUCTION CORPORATION PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SAUGUS CONSTRUCTION CORPORATION</b>	<b>c</b> EIN-PN <b>04-3131744-001</b>
<b>a</b>	Plan name <b>TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRINITY DIRECT, LLC</b>	<b>c</b> EIN-PN <b>22-3499334-001</b>
<b>a</b>	Plan name <b>TRIS PHARMA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRIS PHARMA, INC.</b>	<b>c</b> EIN-PN <b>22-3747409-001</b>
<b>a</b>	Plan name <b>WARNER CONSTRUCTION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WARNER CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>82-0524180-001</b>
<b>a</b>	Plan name <b>A-1 SERVICE INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>A-1 SERVICE INC.</b>	<b>c</b> EIN-PN <b>72-0692706-001</b>
<b>a</b>	Plan name <b>BUILDERS IRON SAVINGS AND RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BUILDERS IRON</b>	<b>c</b> EIN-PN <b>38-3128186-001</b>
<b>a</b>	Plan name <b>DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DODDS BODYWORKS, INC.</b>	<b>c</b> EIN-PN <b>31-1018566-001</b>
<b>a</b>	Plan name <b>AMERICAN TELEPHONE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DESIGN BUSINESS COMMUNICATIONS, INC.</b>	<b>c</b> EIN-PN <b>86-0736656-001</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 AMERITEC MACHINING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERITEC MACHINING, INC.	<b>c</b> EIN-PN 42-1393974-001
<b>a</b>	Plan name BULVERDE GLASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BULVERDE GLASS, INC	<b>c</b> EIN-PN 74-2941775-001
<b>a</b>	Plan name ESSNER MANUFACTURING, L.P. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ESSNER MANUFACTURING, L.P.	<b>c</b> EIN-PN 52-2439789-001
<b>a</b>	Plan name ESTATE & PENSION ADVISORY BOARD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor M PENSION GROUP LIMITED, D.B.A. ESTATE & PENSION ADVISORY BOARD	<b>c</b> EIN-PN 27-0475956-001
<b>a</b>	Plan name GARDEN CITY EYE CARE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GARDEN CITY EYE CARE, INC.	<b>c</b> EIN-PN 05-0464416-001
<b>a</b>	Plan name H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	<b>c</b> EIN-PN 33-0842894-001
<b>a</b>	Plan name HAGEN INSURANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HO'O ILINA, INC. DBA HAGEN INSURANCE	<b>c</b> EIN-PN 51-0640656-001
<b>a</b>	Plan name JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHNSON PRODUCTS, INC.	<b>c</b> EIN-PN 95-3412748-001
<b>a</b>	Plan name MCDERMOTT-COSTA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCDERMOTT-COSTA CO., INC.	<b>c</b> EIN-PN 94-1375883-002
<b>a</b>	Plan name MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCGREGOR & ASSOCIATES, INC.	<b>c</b> EIN-PN 61-1211399-001
<b>a</b>	Plan name MCM 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCM CONSTRUCTION, INC.	<b>c</b> EIN-PN 31-1223854-001
<b>a</b>	Plan name OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor OREGON COLLEGE OF ORIENTAL MEDICINE	<b>c</b> EIN-PN 93-0845182-001

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 PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PORT PUBLICATIONS, INC.	<b>c</b> EIN-PN 39-1017137-001
<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 THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CLASSIC CATERING PEOPLE, INC.	<b>c</b> EIN-PN 52-1715183-001
<b>a</b>	Plan name WASSERMAN & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor WASSERMAN & ASSOCIATES	<b>c</b> EIN-PN 46-1597804-001
<b>a</b>	Plan name BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOWEN INDUSTRIAL CONTRACTORS, INC.	<b>c</b> EIN-PN 74-2326815-222
<b>a</b>	Plan name CHRISTIAN HOME SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHRISTIAN HOME SERVICES, INC.	<b>c</b> EIN-PN 38-3369745-001
<b>a</b>	Plan name COMPOSITE LINING SYSTEMS LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPOSITE LINING SYSTEMS LP	<b>c</b> EIN-PN 20-2691597-001
<b>a</b>	Plan name COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMPREHENSIVE DENTAL SERVICES, LTD.	<b>c</b> EIN-PN 39-1154725-001
<b>a</b>	Plan name DOWN RIVER OBSTETRICS AND GYNECOLOGY PLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOWN RIVER OBSTETRICS AND GYNECOLOGY, PLC	<b>c</b> EIN-PN 51-0417353-001
<b>a</b>	Plan name GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	<b>c</b> EIN-PN 77-0489033-001
<b>a</b>	Plan name GEMINI CORP. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor GEMINI CORP.	<b>c</b> EIN-PN 45-2731123-001
<b>a</b>	Plan name GRAYCO ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRAYCO ENTERPRISES, INC.	<b>c</b> EIN-PN 36-4322896-001

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 HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HENNESSEY ENGINEERS, INC.	<b>c</b> EIN-PN 38-2047389-004
<b>a</b>	Plan name INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENCE BANCSHARES, INC.	<b>c</b> EIN-PN 42-1191386-001
<b>a</b>	Plan name JAN-PRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRI-VISION CORPORATION II	<b>c</b> EIN-PN 47-5110107-001
<b>a</b>	Plan name MARKETING SOLUTIONS INC. & DESIGN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARKETING SOLUTIONS INC. & DESIGN	<b>c</b> EIN-PN 46-5300350-001
<b>a</b>	Plan name MIAMI-CAST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIAMI-CAST, INC.	<b>c</b> EIN-PN 31-1379313-001
<b>a</b>	Plan name MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN NEUROLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 38-3258019-001
<b>a</b>	Plan name NWGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST GENERAL ENGINEERING	<b>c</b> EIN-PN 68-0454297-001
<b>a</b>	Plan name O'BRIEN BROS. BUSINESS FORMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor O'BRIEN BROS. BUSINESS FORMS, INC.	<b>c</b> EIN-PN 36-2796459-001
<b>a</b>	Plan name PASADENA SENIOR CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor PASADENA SENIOR CENTER	<b>c</b> EIN-PN 95-2085393-001
<b>a</b>	Plan name RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVERMOOR ENGINEERING, LLC	<b>c</b> EIN-PN 20-0597795-001
<b>a</b>	Plan name SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SMC CONSTRUCTION CO.	<b>c</b> EIN-PN 88-0319132-001
<b>a</b>	Plan name SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor SUCESION J. SERRALLES, INC.	<b>c</b> EIN-PN 66-0378432-001

<b>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	VALOR, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VALOR, LLC	<b>c</b> EIN-PN 61-1370293-001
<b>a</b>	Plan name	CDSS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CENTER FOR DISEASES & SURGERY OF THE SPINE	<b>c</b> EIN-PN 88-0340195-001
<b>a</b>	Plan name	PEAK PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEAK PEDIATRICS, PLLC	<b>c</b> EIN-PN 84-1567538-001
<b>a</b>	Plan name	THE EMF COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE EMF COMPANY, INC.	<b>c</b> EIN-PN 75-1552044-001
<b>a</b>	Plan name	THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIRST TRUST HOLDINGS, INC.	<b>c</b> EIN-PN 37-1307139-222
<b>a</b>	Plan name	THE REALTIME GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC	<b>c</b> EIN-PN 46-0876004-001
<b>a</b>	Plan name	ALLIED BUILDING MATERIALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLIED BUILDING MATERIALS, INC.	<b>c</b> EIN-PN 88-0068520-001
<b>a</b>	Plan name	ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALPHA CONSULTING ENGINEERS, INC.	<b>c</b> EIN-PN 25-1719838-001
<b>a</b>	Plan name	GREAT LAKES WAREHOUSING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES WAREHOUSING, LLC	<b>c</b> EIN-PN 38-3352246-002
<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	TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURNBRIDGE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 47-0963603-001
<b>a</b>	Plan name	ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C.	<b>c</b> EIN-PN 57-1122288-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CRAFT HOUSE PIZZA, LLC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CRAFT HOUSE PIZZA, LLC	<b>c</b> EIN-PN 27-3274820-001
<b>a</b>	Plan name	CRAIG MCMANAMAN, DO, PLLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CRAIG MCMANAMAN, DO, PLLC	<b>c</b> EIN-PN 61-1410341-001
<b>a</b>	Plan name	CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	<b>c</b> EIN-PN 47-2388058-001
<b>a</b>	Plan name	MDSAVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MDSAVE, INC.	<b>c</b> EIN-PN 45-4596654-001
<b>a</b>	Plan name	MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MED-FAST PHARMACY, INC.	<b>c</b> EIN-PN 25-1631348-001
<b>a</b>	Plan name	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	<b>c</b> EIN-PN 95-2846605-001
<b>a</b>	Plan name	DANNY DAVIS CONTRACTORS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DANNY DAVIS CONTRACTORS, INC.	<b>c</b> EIN-PN 62-1392604-001
<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	AURORA PROJECT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AURORA PROJECT, INC.	<b>c</b> EIN-PN 34-1517827-001
<b>a</b>	Plan name	DELL-COMM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELL-COMM, INC.	<b>c</b> EIN-PN 41-1660280-001
<b>a</b>	Plan name	HOGE LUMBER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOGE LUMBER COMPANY	<b>c</b> EIN-PN 34-1819246-002
<b>a</b>	Plan name	ROTO-ROOTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROOTER SEWER CLEANERS, INC.	<b>c</b> EIN-PN 39-0989392-222

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 DR. ASHRAF W. SEDHOM BDS, MD, PC DEFINED BENEFIT	
<b>b</b>	Name of plan sponsor DR. ASHRAF W. SEDHOM - BDS MD PC	<b>c</b> EIN-PN 84-1594826-002
<b>a</b>	Plan name INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INNOVATION EDGE	<b>c</b> EIN-PN 20-8196742-002
<b>a</b>	Plan name SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHUMANN HANLON LLC	<b>c</b> EIN-PN 20-1967882-001
<b>a</b>	Plan name WENCO MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WENCO MANAGEMENT, LLC	<b>c</b> EIN-PN 81-0971670-003
<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 DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DUVALL FORD COMPANY, INC.	<b>c</b> EIN-PN 58-1538949-001
<b>a</b>	Plan name DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC DOWNHOLE SERVICES, LLC	<b>c</b> EIN-PN 26-2612443-001
<b>a</b>	Plan name INTREIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTREIS	<b>c</b> EIN-PN 46-0855494-001
<b>a</b>	Plan name NEW TITLE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEW TITLE SERVICES	<b>c</b> EIN-PN 20-0337649-001
<b>a</b>	Plan name WILLIAM J.T. COULMAN, D.D.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DR. BILL COULMAN, D.D.S., INC.	<b>c</b> EIN-PN 31-1643764-001
<b>a</b>	Plan name WILLOW ST INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WILLOW ST INC.	<b>c</b> EIN-PN 22-3242365-001
<b>a</b>	Plan name OC AUTO TEAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	<b>c</b> EIN-PN 16-1690678-002

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 BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	<b>c</b> EIN-PN 74-1179149-002
<b>a</b>	Plan name ELKHORN CREEK CO., LLC DBA DARBY DAN FARM 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELKHORN CREEK CO., LLC DBA DARBY DAN FARM	<b>c</b> EIN-PN 31-1529369-001
<b>a</b>	Plan name JCJ, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JCJ, LLP	<b>c</b> EIN-PN 27-4442059-001
<b>a</b>	Plan name OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OUTDOOR LIGHTING PERSPECTIVES, L.L.C.	<b>c</b> EIN-PN 62-1766403-001
<b>a</b>	Plan name OVERLAKE GOLF & COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OVERLAKE GOLF & COUNTRY CLUB	<b>c</b> EIN-PN 91-0588580-002
<b>a</b>	Plan name BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUSAN L. BURNETTE, P.C.	<b>c</b> EIN-PN 02-0625716-001
<b>a</b>	Plan name JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	<b>c</b> EIN-PN 94-2346172-001
<b>a</b>	Plan name FIDELITY BUILDERS SUPPLY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIDELITY BUILDERS SUPPLY INC.	<b>c</b> EIN-PN 34-4477025-001
<b>a</b>	Plan name FILOLI CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor FILOLI CENTER	<b>c</b> EIN-PN 95-2996648-001
<b>a</b>	Plan name KMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor KINETICS MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 77-0476369-001
<b>a</b>	Plan name SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR PAINT SUPPLY, INC.	<b>c</b> EIN-PN 87-0241620-001
<b>a</b>	Plan name THE FUN KIDS DENTIST, S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE FUN KIDS DENTIST, S.C.	<b>c</b> EIN-PN 39-1238470-001

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>MAKETEWAH COUNTRY CLUB 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MAKETEWAH COUNTRY CLUB</b>	<b>c</b> EIN-PN <b>31-0308478-001</b>
<b>a</b>	Plan name <b>MALCOLM SMITH MOTORSPORTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MALCOLM SMITH MOTORCYCLES, INC.</b>	<b>c</b> EIN-PN <b>33-0118610-001</b>
<b>a</b>	Plan name <b>GLENWOOD HOT SPRINGS LODGE AND POOL SAVINGS &amp; RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLENWOOD HOT SPRINGS LODGE AND POOL, INC.</b>	<b>c</b> EIN-PN <b>84-0457400-001</b>
<b>a</b>	Plan name <b>PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRO-TEK MANUFACTURING, INC.</b>	<b>c</b> EIN-PN <b>94-2862885-002</b>
<b>a</b>	Plan name <b>ALTERNA-CARE EMPLOYEE'S PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALTERNA-CARE, INC</b>	<b>c</b> EIN-PN <b>37-1162589-001</b>
<b>a</b>	Plan name <b>MATRIX MANUFACTURING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MATRIX MANUFACTURING, INC.</b>	<b>c</b> EIN-PN <b>38-3622804-001</b>
<b>a</b>	Plan name <b>CONTACTUS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CONTACTUS,LLC</b>	<b>c</b> EIN-PN <b>45-4001073-001</b>
<b>a</b>	Plan name <b>R&amp;F, INC. EMPLOYEES BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>R&amp;F, INC.</b>	<b>c</b> EIN-PN <b>34-1016464-001</b>
<b>a</b>	Plan name <b>TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRADITIONAL BANK, INC.</b>	<b>c</b> EIN-PN <b>61-0284535-003</b>
<b>a</b>	Plan name <b>CREATIVE RETIREMENT SYSTEMS, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CREATIVE RETIREMENT SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>31-1299207-001</b>
<b>a</b>	Plan name <b>ROCHESTER TELEPHONE COMPANY INC EMPLOYEES' RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ROCHESTER TELEPHONE COMPANY INC</b>	<b>c</b> EIN-PN <b>35-0619275-777</b>
<b>a</b>	Plan name <b>VEHICLE ACCESSORIES RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VEHICLE ACCESSORIES</b>	<b>c</b> EIN-PN <b>38-3553465-001</b>

<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	VELOCITY STAFF 401(K) PLAN
<b>b</b>	Name of plan sponsor	VELOCITY STAFF, INC.
<b>c</b>	EIN-PN	20-1745461-001
<b>a</b>	Plan name	RUNNING AWAY INCORPORATED 401(K) PLAN
<b>b</b>	Name of plan sponsor	RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP
<b>c</b>	EIN-PN	61-0950094-001
<b>a</b>	Plan name	VITAL RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	VITAL VENTURES
<b>c</b>	EIN-PN	81-0972460-001
<b>a</b>	Plan name	INNOVATIVE INTEGRATION, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	INNOVATIVE INTEGRATION, INC.
<b>c</b>	EIN-PN	20-3393992-001
<b>a</b>	Plan name	SOUND HEALTH IMAGING, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SOUND HEALTH IMAGING, INC.
<b>c</b>	EIN-PN	81-0489518-002
<b>a</b>	Plan name	F & K DELVOTEC INDIVIDUAL PENSION PLAN 401(K)
<b>b</b>	Name of plan sponsor	F & K DELVOTEC, INC.
<b>c</b>	EIN-PN	33-0605091-001
<b>a</b>	Plan name	F.A. PEINADO, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	F.A. PEINADO, LLC
<b>c</b>	EIN-PN	77-0647820-001
<b>a</b>	Plan name	K KERN PAINTING LLC RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	K KERN PAINTING LLC
<b>c</b>	EIN-PN	54-2101884-001
<b>a</b>	Plan name	P. AGNES, INC. PROFIT SHARING AND 401(K) PLAN
<b>b</b>	Name of plan sponsor	P. AGNES, INC.
<b>c</b>	EIN-PN	23-1583648-888
<b>a</b>	Plan name	P.L.P.S. 401(K) PLAN
<b>b</b>	Name of plan sponsor	P.L.P.S. INC.
<b>c</b>	EIN-PN	76-0471058-001
<b>a</b>	Plan name	PAXTON VAN LINES 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PAXTON VAN LINES, INC.
<b>c</b>	EIN-PN	54-0585256-001
<b>a</b>	Plan name	SUZANNE YEE COSMETIC SURGERY CASH BALANCE PLAN
<b>b</b>	Name of plan sponsor	AMYPAY II, INC. DBA SUZANNE YEE COSMETIC SURGERY
<b>c</b>	EIN-PN	20-4374022-002

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 <a href="#">PERM MACHINE &amp; TOOL CO., INC. BASIC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PERM MACHINE &amp; TOOL CO., INC.</a>	<b>c</b> EIN-PN <a href="#">36-2817667-001</a>
<b>a</b>	Plan name <a href="#">TCB 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TYLER CORRUGATED BOX, INC.</a>	<b>c</b> EIN-PN <a href="#">75-1707434-001</a>
<b>a</b>	Plan name <a href="#">WHITSON HOTEL INVESTORS, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WHITSON HOTEL INVESTORS, LLC</a>	<b>c</b> EIN-PN <a href="#">46-2342594-001</a>
<b>a</b>	Plan name <a href="#">AXIUM HEALTHCARE DE PUERTO RICO 1165(E) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FARMACIA DORAL, INC. DBA AXIUM HEALTHCARE DE PUERTO RICO</a>	<b>c</b> EIN-PN <a href="#">66-0616318-001</a>
<b>a</b>	Plan name <a href="#">WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WOOD AG MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">81-4829814-001</a>
<b>a</b>	Plan name <a href="#">BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRUCE C. WINTERSTEEN, D.D.S.</a>	<b>c</b> EIN-PN <a href="#">37-1209635-002</a>
<b>a</b>	Plan name <a href="#">CENTROSOLAR AMERICA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CENTROSOLAR AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">20-8781598-001</a>
<b>a</b>	Plan name <a href="#">CLEAR CREEK SKIING CORP., INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLEAR CREEK SKIING CORPORATION, INC.</a>	<b>c</b> EIN-PN <a href="#">84-0619358-001</a>
<b>a</b>	Plan name <a href="#">CLEARWATER CONSULTING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLEARWATER CONSULTING, LLC</a>	<b>c</b> EIN-PN <a href="#">20-8661154-001</a>
<b>a</b>	Plan name <a href="#">COLLEGIUM HOLDINGS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLLEGIUM HOLDINGS, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3221879-001</a>
<b>a</b>	Plan name <a href="#">COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL</a>	<b>c</b> EIN-PN <a href="#">71-0577085-004</a>
<b>a</b>	Plan name <a href="#">COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLONIAL HEIGHTS VETERINARY HOSPITAL</a>	<b>c</b> EIN-PN <a href="#">54-2031691-001</a>

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 COOPER CONSULTING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor COOPER CONSULTING COMPANY	<b>c</b> EIN-PN 74-2723942-001
<b>a</b>	Plan name DEFINITIVE SOLUTIONS COMPANY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DEFINITIVE SOLUTIONS COMPANY, INC.	<b>c</b> EIN-PN 31-1490291-001
<b>a</b>	Plan name DENVER METRO ASSOCIATION OF REALTORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DENVER METRO ASSOCIATION OF REALTORS	<b>c</b> EIN-PN 84-0188045-002
<b>a</b>	Plan name DERMATOLOGY CENTER OF THE ROCKIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor DERMATOLOGY CENTER OF THE ROCKIES, P.C.	<b>c</b> EIN-PN 45-3008919-002
<b>a</b>	Plan name GIBSON OVERSEAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON OVERSEAS, INC.	<b>c</b> EIN-PN 95-3393699-002
<b>a</b>	Plan name GIBSON WINE COMPANY EMPLOYEE SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GIBSON WINE COMPANY	<b>c</b> EIN-PN 94-0840555-002
<b>a</b>	Plan name GIBSON WINE COMPANY EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON WINE COMPANY	<b>c</b> EIN-PN 94-0840555-003
<b>a</b>	Plan name HOME REWARDS GROUP INC., 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOME REWARDS GROUP INC.	<b>c</b> EIN-PN 81-5201340-001
<b>a</b>	Plan name HORSHAM SQUARE PHARMACY, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor HORSHAM SQUARE PHARMACY, INC.	<b>c</b> EIN-PN 23-2409251-002
<b>a</b>	Plan name HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOSTAR MARINE TRANSPORT SYSTEMS, INC.	<b>c</b> EIN-PN 04-2910283-001
<b>a</b>	Plan name INTELLISTREETS, INC. EMPLOYEES' PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor INTELLISTREETS, INC.	<b>c</b> EIN-PN 38-2424013-002
<b>a</b>	Plan name KAWAIOLOA DEVELOPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KAWAIOLOA DEVELOPMENT	<b>c</b> EIN-PN 99-0313071-001

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>KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KRIEGSMAN TRANSFER COMPANY</b>	<b>c</b> EIN-PN <b>37-0635587-001</b>
<b>a</b>	Plan name <b>MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MANAGEMENT MATERIALS INC.</b>	<b>c</b> EIN-PN <b>38-2412976-001</b>
<b>a</b>	Plan name <b>MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MANTUCKET CAPITAL MANAGEMENT CORPORATION</b>	<b>c</b> EIN-PN <b>47-0880782-001</b>
<b>a</b>	Plan name <b>NORTH AMERICAN MONTESSORI CHILD CARE, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTH AMERICAN MONTESSORI CHILD CARE INC.</b>	<b>c</b> EIN-PN <b>43-1296220-001</b>
<b>a</b>	Plan name <b>NORTH POINT HEALTH &amp; WELLNESS CENTER CASH OR DEFERRED PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTH POINT HEALTH &amp; WELLNESS CENTER</b>	<b>c</b> EIN-PN <b>45-4030204-001</b>
<b>a</b>	Plan name <b>PETROLEUM INSTALLATION SPECIALISTS, LLC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PETROLEUM INSTALLATION SPECIALISTS, LLC</b>	<b>c</b> EIN-PN <b>87-0647114-001</b>
<b>a</b>	Plan name <b>PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRESTIGE RESIDENTIAL CONSTRUCTION</b>	<b>c</b> EIN-PN <b>91-1366230-001</b>
<b>a</b>	Plan name <b>PROFESSIONAL EMPLOYMENT SERVICES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROFESSIONAL EMPLOYMENT SERVICES, INC.</b>	<b>c</b> EIN-PN <b>54-1747161-001</b>
<b>a</b>	Plan name <b>REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>REPRODUCTIVE MEDICINE INSTITUTE, LLC</b>	<b>c</b> EIN-PN <b>27-1248611-001</b>
<b>a</b>	Plan name <b>S&amp;S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>S&amp;S MANAGEMENT, INC.</b>	<b>c</b> EIN-PN <b>31-1493783-001</b>
<b>a</b>	Plan name <b>SENSOR MANUFACTURING COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SENSOR MANUFACTURING COMPANY</b>	<b>c</b> EIN-PN <b>38-2140109-001</b>
<b>a</b>	Plan name <b>STEEL - FAB, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STEEL-FAB, INC.</b>	<b>c</b> EIN-PN <b>04-2396722-004</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	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	<b>c</b> EIN-PN 77-0000356-001

<b>a</b> Plan name	ADJ OF STAMFORD, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ADJ OF STAMFORD, INC.	<b>c</b> EIN-PN 13-7562991-004

<b>a</b> Plan name	AMALGA COMPOSITES RETIREMENT READINESS PLAN	
<b>b</b> Name of plan sponsor	AUTANA COMPOSITES, LLC.	<b>c</b> EIN-PN 92-0822225-001

<b>a</b> Plan name	AMANI ENGINEERING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMANI ENGINEERING, INC.	<b>c</b> EIN-PN 76-0614439-001

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERICAN CENTURY INFLATION-ADJUSTED BOND RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>266</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

		(a) Beginning of Year	(b) End of Year
<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>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	11487212	11683130
<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>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	11487212	11683130
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	1	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	1	
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11487211	11683130

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	250312	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-60030	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	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 <b>income</b> amounts in column (b) and enter total.....	2d		190282

**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)	66737	
(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)		66737
j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		66737

**Net Income and Reconciliation**

k Net income (loss). Subtract line 2j from line 2d.....	2k		123545
l Transfers of assets:			
(1) To this plan.....	2l(1)		1590358
(2) From this plan .....	2l(2)		1517984

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