

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) P
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- 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 <u>WELLS FARGO PRECIOUS METALS RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>276</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 2d Business code (see instructions)

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

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

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

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

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

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

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

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

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

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>WELLS FARGO PRECIOUS METALS RET OPT</u>		B Three-digit plan number (PN) ▶ <u>276</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>39-0989781</u>

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

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLAHNIK INVESTMENT GROUP	c EIN-PN 46-0495940-001
a	Plan name COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
a	Plan name COMCARE, INC. 401(K) PLAN	
b	Name of plan sponsor COMCARE, INC.	c EIN-PN 62-1019649-004
a	Plan name DIAMOND EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor DIAMOND EQUIPMENT, INC.	c EIN-PN 35-1161961-001
a	Plan name FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRANK MARTIN SONS, INC.	c EIN-PN 01-0279609-003
a	Plan name GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor GOOD TIMES RESTAURANTS, INC.	c EIN-PN 84-1133368-001
a	Plan name HAUCK BROS, INC. 401(K) PLAN	
b	Name of plan sponsor HAUCK BROTHERS, INC.	c EIN-PN 31-0599870-001
a	Plan name MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MENCHIE'S GLOBAL HEADQUARTERS	c EIN-PN 26-1658984-777
a	Plan name PACIFIC DESIGN AND SOURCING 401(K) PLAN	
b	Name of plan sponsor PACIFIC DESIGN AND SOURCING	c EIN-PN 27-2403668-001
a	Plan name PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name REYNOLDS & ROWELLA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor REYNOLDS & ROWELLA, LLP	c EIN-PN 06-1143555-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor	RFNR, LLP	c EIN-PN 95-4664923-001
a	Plan name	SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	SABOT TECHNOLOGIES, INC.	c EIN-PN 68-0462138-001
a	Plan name	STEVENS TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	STEVENS TRANSPORTATION, INC.	c EIN-PN 77-0009655-001
a	Plan name	THOMAS R. PATACCA, D.D.S., INC. RETIREMENT SAVINGS TRUST AND PLAN	
b	Name of plan sponsor	THOMAS R. PATACCA, D.D.S., INC.	c EIN-PN 34-1133350-001
a	Plan name	THREAD INFORMATION DESIGN 401(K) PLAN	
b	Name of plan sponsor	THREAD INFORMATION DESIGN	c EIN-PN 34-1537882-001
a	Plan name	APS 401(K) PLAN	
b	Name of plan sponsor	ADVANCED POWDER SOLUTIONS OF TEXAS	c EIN-PN 20-3150581-001
a	Plan name	AYERS & BROWN, P.C. RETIREMENT PLAN	
b	Name of plan sponsor	AYERS & BROWN, P.C.	c EIN-PN 86-0541873-001
a	Plan name	AZTECS TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor	AZTECS TELECOM, INC.	c EIN-PN 33-0915556-001
a	Plan name	DIDAX, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIDAX, INC.	c EIN-PN 04-2599602-001
a	Plan name	EDUCATIUS GROUP 401(K) PLAN	
b	Name of plan sponsor	EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	c EIN-PN 26-4005699-001
a	Plan name	FARROW CORPORATION 401(K) PLAN	
b	Name of plan sponsor	FARROW CORPORATION	c EIN-PN 95-4536736-001
a	Plan name	FRAZIER & SABIN, LLP 401(K) PLAN	
b	Name of plan sponsor	FRAZIER & SABIN, LLP	c EIN-PN 37-1137275-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FRC 401(K) PLAN	
b	Name of plan sponsor THE FINANCIAL RESOURCE CENTER, INC.	c EIN-PN 35-1883522-001
a	Plan name HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.	c EIN-PN 88-0161856-001
a	Plan name J.R. LENNEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LENNEN CONSTRUCTION	c EIN-PN 94-3399511-001
a	Plan name LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAWRENCE TRACTOR COMPANY, INC.	c EIN-PN 94-1713405-001
a	Plan name MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
a	Plan name METROLIST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor METROLIST, INC.	c EIN-PN 84-0943682-001
a	Plan name MG CONSULTING, INCORPORATED FINANCIAL FREEDOM 401(K) PLAN	
b	Name of plan sponsor MG CONSULTING, INCORPORATED	c EIN-PN 35-2070247-001
a	Plan name PALMETTO REHABILITATION SPECIALISTS LLC 401(K) PLAN	
b	Name of plan sponsor PALMETTO REHABILITATION SPECIALISTS	c EIN-PN 20-4474119-001
a	Plan name PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor PIENTA ENTERPRISES, INC.	c EIN-PN 38-2434419-001
a	Plan name RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a	Plan name RINEY RONQUILLO SOULE, PLLC 401(K) PLAN	
b	Name of plan sponsor RINEY RONQUILLO SOULE, PLLC	c EIN-PN 20-4072167-001
a	Plan name SAN JOSE SHARKS 401(K) PLAN	
b	Name of plan sponsor SAN JOSE SHARKS, LLC	c EIN-PN 73-1638357-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name STONINGTON SERVICES, LLC 401(K) PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor STONINGTON SERVICES, LLC	c EIN-PN 04-3805262-002
a	Plan name STREET KITCHENS, INC. 401(K) PLAN	
b	Name of plan sponsor STREET KITCHENS, INC.	c EIN-PN 26-4082769-001
a	Plan name THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002
a	Plan name VALLEY BULK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VALLEY BULK, INC.	c EIN-PN 33-0674207-001
a	Plan name 401(K) & PROFIT SHARING PLAN FOR KYLE HUNT & PARTNERS, INC.	
b	Name of plan sponsor KYLE HUNT & PARTNERS, INC.	c EIN-PN 41-1800701-001
a	Plan name AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
a	Plan name BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor BOB RIDINGS, INC.	c EIN-PN 37-0994988-001
a	Plan name CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANNON MEDICAL, INC.	c EIN-PN 94-3251623-001
a	Plan name CHANNEL FUSION 401(K) PLAN	
b	Name of plan sponsor CHANNEL FUSION	c EIN-PN 45-4018060-777
a	Plan name CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.	c EIN-PN 85-0210055-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL WATERPROOFING, INC.	c EIN-PN 23-2589948-001
a	Plan name COMMUNITY CARE NURSES 401(K) PLAN	
b	Name of plan sponsor COMMUNITY CARE NURSES, INC.	c EIN-PN 05-0410613-001
a	Plan name D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor D R SUMMIT WEALTH MANAGEMENT, INC.	c EIN-PN 27-1552262-001
a	Plan name MBPIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION	c EIN-PN 38-1956049-002
a	Plan name MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCCLELLAND LAW GROUP	c EIN-PN 26-0787424-001
a	Plan name OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
b	Name of plan sponsor OPEN MRI OF NEW ENGLAND, INC.	c EIN-PN 05-0495348-002
a	Plan name RALPHS - PUGH CO., INC. 401(K) PLAN	
b	Name of plan sponsor RALPHS - PUGH CO., INC.	c EIN-PN 94-0791950-001
a	Plan name SANDHILLS STATE BANK 401(K) PLAN	
b	Name of plan sponsor SANDHILLS STATE BANK	c EIN-PN 47-0130530-001
a	Plan name SAUGUS CONSTRUCTION CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor SAUGUS CONSTRUCTION CORPORATION	c EIN-PN 04-3131744-001
a	Plan name SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor SOUTHWEST 66 CREDIT UNION	c EIN-PN 75-0815084-002
a	Plan name THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name THE CARLTON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor THE CARLTON LAW FIRM, P.L.L.C.	c EIN-PN 27-5059291-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRINITY DIRECT, LLC	c EIN-PN 22-3499334-001
a	Plan name WARNER CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor WARNER CONSTRUCTION, INC.	c EIN-PN 82-0524180-001
a	Plan name BARLEVI & CO., ACCOUNTANCY CORPORATION 401(K) PSP	
b	Name of plan sponsor BARLEVI & CO., ACCOUNTANCY CORPORATION	c EIN-PN 54-2081513-001
a	Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor BARNARD MANUFACTURING CO., INC.	c EIN-PN 38-1842231-001
a	Plan name CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHILDREN'S RECEIVING HOME OF SACRAMENTO	c EIN-PN 94-1322166-001
a	Plan name CORRA 401(K) PLAN	
b	Name of plan sponsor CORRA	c EIN-PN 04-3819932-001
a	Plan name DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DODDS BODYWORKS, INC.	c EIN-PN 31-1018566-001
a	Plan name EPOCH.COM SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor EPOCH.COM, LLC	c EIN-PN 56-2432338-001
a	Plan name JOHN P. FRANGIE, M.D., P.C. RETIREMENT PLAN	
b	Name of plan sponsor JOHN P. FRANGIE, M.D., P.C.	c EIN-PN 46-0538578-001
a	Plan name A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor A/E GRAPHICS, INC.	c EIN-PN 39-1252452-001
a	Plan name BULVERDE GLASS 401(K) PLAN	
b	Name of plan sponsor BULVERDE GLASS, INC	c EIN-PN 74-2941775-001
a	Plan name BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor BURCH COURT DENTAL	c EIN-PN 61-1338337-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COSTA BROTHERS MASONRY 401(K)/PREVAILING WAGE PLAN	
b	Name of plan sponsor COSTA BROTHERS MASONRY, INC.	c EIN-PN 04-3054314-003
a	Plan name ESSNER MANUFACTURING, L.P. 401(K) PLAN	
b	Name of plan sponsor ESSNER MANUFACTURING, L.P.	c EIN-PN 52-2439789-001
a	Plan name ESTATE & PENSION ADVISORY BOARD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor M PENSION GROUP LIMITED, D.B.A. ESTATE & PENSION ADVISORY BOARD	c EIN-PN 27-0475956-001
a	Plan name ETOLOGY, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor ETOLOGY, INC.	c EIN-PN 20-2947536-001
a	Plan name GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor GAINLINE FINANCIAL PARTNERS, LLC	c EIN-PN 87-2523664-001
a	Plan name HAGOOD HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor HAGOOD HOMES, INC.	c EIN-PN 56-1965580-001
a	Plan name JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JOHNSON COUNTY DERMATOLOGY, P.A.	c EIN-PN 04-3586031-002
a	Plan name JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor JOHNSON FINANCIAL SOLUTIONS, INC.	c EIN-PN 20-8464483-001
a	Plan name JOHNSON QUARRIES 401(K) PLAN	
b	Name of plan sponsor JOHNSON QUARRIES, INC.	c EIN-PN 23-2976143-001
a	Plan name LIBB COMPANY 401(K) PLAN	
b	Name of plan sponsor LIBB COMPANY, INC.	c EIN-PN 34-1115976-001
a	Plan name MCDOUGALL & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor MCDOUGALL & SONS, INC.	c EIN-PN 91-0978839-001
a	Plan name RAY HENSLEY, INC. RET. PLAN	
b	Name of plan sponsor RAY HENSLEY, INC.	c EIN-PN 31-0889689-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	REALTECH 401(K) PLAN	
b	Name of plan sponsor	REALTECH CONSTRUCTION CO., LLC	c EIN-PN 95-4709478-001
a	Plan name	THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CEDAR RAPIDS DENTAL CENTER	c EIN-PN 42-1012892-002
a	Plan name	THE CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CITIZENS BANK	c EIN-PN 61-0156390-002
a	Plan name	TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE LINE, INC.	c EIN-PN 55-0651663-001
a	Plan name	TRUSTCO, INC. TAX-FAVORED SAVINGS PLAN	
b	Name of plan sponsor	TRUSTCO, INC.	c EIN-PN 87-0295837-001
a	Plan name	TRUTECH, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	TRUTECH, L.L.C.	c EIN-PN 82-0509464-001
a	Plan name	ABEL'S EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor	ABEL'S EXPRESS, INC.	c EIN-PN 23-2245413-001
a	Plan name	ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ARRASMITH, JUDD, RAPP, CHOVAN INC.	c EIN-PN 16-1627907-001
a	Plan name	BAY TRADERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BAY TRADERS, INC.	c EIN-PN 92-0140124-002
a	Plan name	BCP SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	BCP SYSTEMS, INC.	c EIN-PN 33-0753105-001
a	Plan name	CHSU 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA HEALTH SCIENCES UNIVERSITY	c EIN-PN 45-4846058-001
a	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	COMPUTHINK, INC. 401(K) PLAN	
b	Name of plan sponsor	COMPUTHINK, INC.	c EIN-PN 36-3953691-001
a	Plan name	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name	FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor	FEDERAL MACHINERY & EQUIPMENT COMPANY	c EIN-PN 34-0811973-001
a	Plan name	GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	c EIN-PN 77-0489033-001
a	Plan name	GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor	GEMINI CORP.	c EIN-PN 45-2731123-001
a	Plan name	GRANVILLE HOMES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GRANVILLE HOMES, INC.	c EIN-PN 77-0236102-002
a	Plan name	HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	HENNESSEY ENGINEERS, INC.	c EIN-PN 38-2047389-004
a	Plan name	HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HENSLEY LAMKIN RACHEL, INC.	c EIN-PN 75-2377361-001
a	Plan name	IMPACT LABEL CORPORATION EMPLOYEE'S 401(K) SAVINGS PLAN	
b	Name of plan sponsor	IMPACT LABEL CORPORATION	c EIN-PN 38-1746654-002
a	Plan name	IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IMPORT LOGISTICS, INC.	c EIN-PN 36-3798354-001
a	Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.	c EIN-PN 42-1191386-001
a	Plan name	KIA OF LAGRANGE 401(K) PLAN	
b	Name of plan sponsor	KIA OF LAGRANGE	c EIN-PN 27-0980531-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MIAMI-CAST, INC. 401(K) PLAN	
b	Name of plan sponsor MIAMI-CAST, INC.	c EIN-PN 31-1379313-001
a	Plan name NAKAE & ASSOCIATES INC. 401(K) PLAN	
b	Name of plan sponsor NAKAE & ASSOCIATES INC.	c EIN-PN 77-0216520-002
a	Plan name NANIA ENERGY 401(K) PLAN	
b	Name of plan sponsor NANIA ENERGY	c EIN-PN 36-4273465-001
a	Plan name PARAGON SOFTWARE GROUP CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PARAGON SOFTWARE GROUP CORPORATION	c EIN-PN 26-2745098-001
a	Plan name PWA RETIREMENT PLAN	
b	Name of plan sponsor PERHATS WENSTROM ASSOCIATES, INC.	c EIN-PN 36-3611103-002
a	Plan name Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor Q3 TECHNOLOGIES LLC	c EIN-PN 20-4855347-001
a	Plan name RIVCRETE READY MIX LLC 401(K) PLAN	
b	Name of plan sponsor RIVCRETE READY MIX LLC	c EIN-PN 81-3593378-001
a	Plan name SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMC CONSTRUCTION CO.	c EIN-PN 88-0319132-001
a	Plan name SUCESION J. SERRALLES, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor SUCESION J. SERRALLES, INC.	c EIN-PN 66-0378432-001
a	Plan name SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC	c EIN-PN 58-2519444-002
a	Plan name VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	c EIN-PN 22-3220586-001
a	Plan name WELSH-HAGEN 401(K) PLAN	
b	Name of plan sponsor WELSH HAGEN	c EIN-PN 45-4918589-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ZIMMER FAMILY LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ZIMMER FAMILY LAW, LLC	c EIN-PN 93-1242574-001
a	Plan name	FMF RACING EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	FMF RACING	c EIN-PN 33-0667541-001
a	Plan name	LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	LAFATA MANAGEMENT, INC.	c EIN-PN 20-1965835-001
a	Plan name	PELEMAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PELEMAN INDUSTRIES, INC.	c EIN-PN 58-2412784-003
a	Plan name	ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name	ACCUTRACK SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ACCUTRACK SERVICES, LLC	c EIN-PN 27-2912487-001
a	Plan name	GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
b	Name of plan sponsor	GENERAL TRANSERVICE, INC.	c EIN-PN 23-1717902-001
a	Plan name	GENERATIONS 401(K) PLAN	
b	Name of plan sponsor	JWALANT K. VADALIA, MD, PC	c EIN-PN 02-0474068-001
a	Plan name	THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FINANCIAL GROUP OF PHILADELPHIA, LLC	c EIN-PN 20-2128204-001
a	Plan name	THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST TRUST HOLDINGS, INC.	c EIN-PN 37-1307139-222
a	Plan name	THE FRATE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FRATE GROUP	c EIN-PN 20-5168941-001
a	Plan name	COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	COD & CAPERS SEAFOOD	c EIN-PN 59-2349811-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor	GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
a	Plan name	PRIORITY MOTOR GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PRIORITY MOTOR GROUP, INC.	c EIN-PN 47-2044656-001
a	Plan name	THE REALTIME GROUP 401(K) PLAN	
b	Name of plan sponsor	RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC	c EIN-PN 46-0876004-001
a	Plan name	COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMSTOCK JOHNSON ARCHITECTS, INC.	c EIN-PN 68-0039251-003
a	Plan name	TURBO TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TURBO TRANSPORTATION, INC.	c EIN-PN 47-2895452-001
a	Plan name	TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	TURNBRIDGE CAPITAL MANAGEMENT, LLC	c EIN-PN 47-0963603-001
a	Plan name	AMPAC 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name	MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCZ CONSTRUCTION, INC.	c EIN-PN 20-0634943-001
a	Plan name	DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	DATA PATH, INC.	c EIN-PN 90-0242296-001
a	Plan name	HEXADYNE 401(K) PLAN	
b	Name of plan sponsor	HEXADYNE CORPORATION	c EIN-PN 20-2774386-001
a	Plan name	HI-LINE ELECTRIC CO. PROFIT SHARING PLAN	
b	Name of plan sponsor	HI-LINE ELECTRIC CO.	c EIN-PN 94-1709994-002
a	Plan name	HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NATIONAL AUTO LENDERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NATIONAL AUTO LENDERS, INC.	c EIN-PN 65-0660723-001
a	Plan name NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA	c EIN-PN 36-6001991-001
a	Plan name BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEACON TRI-STATE SOLUTIONS, INC.	c EIN-PN 32-0277555-001
a	Plan name BECK COMPANIES INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor BECK READYMIX CONCRETE COMPANY, INC.	c EIN-PN 74-2341756-001
a	Plan name BECK LEASING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BECK LEASING, INC.	c EIN-PN 26-1793936-001
a	Plan name INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor INNOVATION EDGE	c EIN-PN 20-8196742-002
a	Plan name SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001
a	Plan name WEST COAST FIRESTOPPING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEST COAST FIRESTOPPING, INC.	c EIN-PN 20-8550680-001
a	Plan name WEST COAST TRIAL LAWYERS, APLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEST COAST TRIAL LAWYERS, APLC	c EIN-PN 46-3026380-001
a	Plan name SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SEWINGMACHINESPLUS.COM, INC.	c EIN-PN 26-4413184-001
a	Plan name SGA DESIGN GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SGA DESIGN GROUP, P.C.	c EIN-PN 73-1466773-001
a	Plan name DURABOOK 401(K) PLAN	
b	Name of plan sponsor DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name WILEY SANDERS TRUCK LINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WILEY SANDERS TRUCK LINES, INC.	c EIN-PN 63-0630434-001
a	Plan name WILLIAM J.T. COULMAN, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DR. BILL COULMAN, D.D.S., INC.	c EIN-PN 31-1643764-001
a	Plan name WILLIAMS, DECLARK & TUSCHMAN CO., LPA PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAMS, DECLARK & TUSCHMAN CO., LPA	c EIN-PN 34-1311244-001
a	Plan name OASYS 401(K) PLAN	
b	Name of plan sponsor OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001
a	Plan name OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name ELECTRONIC CHROME CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRONIC CHROME & GRINDING COMPANY, INC.	c EIN-PN 95-2489408-001
a	Plan name JCJ, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JCJ, LLP	c EIN-PN 27-4442059-001
a	Plan name OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OUTAGAMIE CO-OP SERVICES, INC.	c EIN-PN 39-1316865-001
a	Plan name OVERLAKE GOLF & COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OVERLAKE GOLF & COUNTRY CLUB	c EIN-PN 91-0588580-002
a	Plan name BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 88-0401243-002
a	Plan name JS CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor JS CONSTRUCTION MT LLC	c EIN-PN 86-2261409-001
a	Plan name JSC REALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JSC REALTY SERVICES, INC.	c EIN-PN 75-2319565-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PAT BRUCH EXCAVATING 401(K) PLAN	
b	Name of plan sponsor PAT BRUCH EXCAVATING, INC.	c EIN-PN 47-1140233-005
a	Plan name FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name FFTT, LLC 401 (K) PLAN	
b	Name of plan sponsor FFTT, LLC	c EIN-PN 81-0860100-001
a	Plan name FINANCIAL BALANCE GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FINANCIAL BALANCE GROUP, LLC	c EIN-PN 26-2990407-001
a	Plan name KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KLEIN PRODUCTS, INC.	c EIN-PN 95-2105141-001
a	Plan name ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name ACOUSTIC CEILING & PARTITION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ACOUSTIC CEILING & PARTITION CO., INC.	c EIN-PN 38-2627627-006
a	Plan name ACRC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN CONTINENTAL RESOURCES CORP.	c EIN-PN 86-0470553-001
a	Plan name CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001
a	Plan name CLARKE PACKING 401(K) PLAN	
b	Name of plan sponsor CLARKE PACKING & CRATING COMPANY	c EIN-PN 36-3828267-001
a	Plan name COLEMAN FROST LLP 401(K) PLAN	
b	Name of plan sponsor COLEMAN FROST LLP	c EIN-PN 20-0807972-001
a	Plan name PROACTIVE WEST 401(K) PLAN	
b	Name of plan sponsor PROACTIVE ENGINEERING CONSULTANTS WEST, INC.	c EIN-PN 45-1479995-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES	c EIN-PN 23-7433927-001
a	Plan name THE SPAULDING FOUNDATION 401(K) PLAN	
b	Name of plan sponsor THE SPAULDING FOUNDATION	c EIN-PN 31-1096254-001
a	Plan name THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEDIA STAGE, INC.	c EIN-PN 65-0221317-001
a	Plan name RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name U.S. HI-TECH INDUSTRIES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U.S. HI-TECH INDUSTRIES CORPORATION	c EIN-PN 33-0377739-001
a	Plan name ULTRAGLOW 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TANGLEWOOD SOLAR & ELECTRIC LLC	c EIN-PN 47-1163713-001
a	Plan name MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name DELUCA HOMES, LP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor DELUCA HOMES, LP	c EIN-PN 23-1892084-001
a	Plan name DEMAIO'S INC. 401(K) PLAN	
b	Name of plan sponsor DEMAIO'S INC.	c EIN-PN 22-3038197-001
a	Plan name MIXER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor MIXER SYSTEMS, INC.	c EIN-PN 39-1322266-222

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MODERN DAIRY, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MODERN DAIRY, INC.	c EIN-PN 77-0499501-001
a	Plan name	RUPP SEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor	RUPP SEEDS, INC.	c EIN-PN 34-1384132-001
a	Plan name	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	c EIN-PN 76-0804445-001
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-003
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-002
a	Plan name	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name	BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BELGRADE STATE BANK	c EIN-PN 43-0177195-001
a	Plan name	INNOVATIVE 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE STAMPING CORP.	c EIN-PN 95-3018165-001
a	Plan name	INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE TURNAROUND CONTROLS	c EIN-PN 20-2435857-001
a	Plan name	INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTEGRI, LLC	c EIN-PN 20-2613358-001
a	Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
a	Plan name	INVESTMENT CENTER 401(K) PLAN	
b	Name of plan sponsor	INVESTMENT CENTER	c EIN-PN 42-1485034-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NIHC UNION 401(K) PLAN	
b	Name of plan sponsor	METROPOLITAN STEVEDORE I.A.M.	c EIN-PN 95-1002286-004
a	Plan name	WINCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BMS HOLDINGS, INC.	c EIN-PN 43-0634395-003
a	Plan name	WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WMX LOGISTICS	c EIN-PN 82-0570015-001
a	Plan name	EMERGENCY GROUPS' OFFICE 401(K) PLAN	
b	Name of plan sponsor	EGO, INC. DBA BRAULT	c EIN-PN 95-4278964-001
a	Plan name	EMG, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	EMG, INC.	c EIN-PN 94-2903016-001
a	Plan name	SONOMA GRAPHIC PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	SONOMA GRAPHIC PRODUCTS	c EIN-PN 68-0441691-001
a	Plan name	SOUND & SECURE, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUND & SECURE, INC.	c EIN-PN 88-0354066-001
a	Plan name	C. NICK DETURE, PA 401(K) PLAN	
b	Name of plan sponsor	C. NICK DETURE, P.A.	c EIN-PN 65-1077330-001
a	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor	C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name	EXPOTEL HOSPITALITY SERVICES 401K PLAN	
b	Name of plan sponsor	EXPOTEL HOSPITALITY SERVICES, INC.	c EIN-PN 72-1456101-001
a	Plan name	P.L.P.S. 401(K) PLAN	
b	Name of plan sponsor	P.L.P.S. INC.	c EIN-PN 76-0471058-001
a	Plan name	KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor	KNS INTERNATIONAL	c EIN-PN 42-1539365-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor KOMET USA, LLC	c EIN-PN 84-1719571-001
a	Plan name SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SUTTON SWIM SCHOOL, INC.	c EIN-PN 77-0624364-001
a	Plan name PENNY LANE SCHOOL, LTD. 401(K) PLAN	
b	Name of plan sponsor PENNY LANE SCHOOL, LTD.	c EIN-PN 36-3864693-001
a	Plan name AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor AVKARE, LLC	c EIN-PN 20-8622803-001
a	Plan name AVMEDICAL, LLC 401(K) PLAN	
b	Name of plan sponsor AVMEDICAL, LLC	c EIN-PN 83-2573744-001
a	Plan name AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
b	Name of plan sponsor AXIS FABRICATION & MACHINE COMPANY, LLC	c EIN-PN 26-3961265-001
a	Plan name AXIUM HEALTHCARE DE PUERTO RICO 1165(E) PLAN	
b	Name of plan sponsor FARMACIA DORAL, INC. DBA AXIUM HEALTHCARE DE PUERTO RICO	c EIN-PN 66-0616318-001
a	Plan name BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BDS HOLDINGS, INC.	c EIN-PN 54-1968963-001
a	Plan name CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALICO BUILDING SERVICES, INC.	c EIN-PN 33-0493568-001
a	Plan name CATALYST RETIREMENT PLAN	
b	Name of plan sponsor CATALYST COMMUNICATIONS NETWORK LLC	c EIN-PN 92-1890010-001
a	Plan name CAVINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAVINS, INC.	c EIN-PN 27-3977682-001
a	Plan name CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CLINTON BROWN FINANCIAL 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CLINTON BROWN FINANCIAL	c EIN-PN 45-4767294-001
a	Plan name COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001
a	Plan name COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor COLONIAL HEIGHTS VETERINARY HOSPITAL	c EIN-PN 54-2031691-001
a	Plan name COLORADO CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor COLORADO CREDIT UNION	c EIN-PN 84-0660269-003
a	Plan name DB SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor MERTZ ENTERPRISES, INC, DBA DB SALES & SERVICE	c EIN-PN 90-0627040-001
a	Plan name DTS RETIREMENT PLAN	
b	Name of plan sponsor DARNELL TECHNICAL SERVICES, INC.	c EIN-PN 77-0622546-777
a	Plan name DUNLOP & JOHNSTON, INC. SALARIED EMPLOYEES' RETIREMENT SAVINGS TRUST & PLAN	
b	Name of plan sponsor DUNLOP & JOHNSTON, INC.	c EIN-PN 34-0191480-001
a	Plan name EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor EAST MAIN DENTAL CENTER, LLP	c EIN-PN 93-0679201-001
a	Plan name ENGELHARDT DAIRY OF WISCONSIN, LLC 401(K) PLAN	
b	Name of plan sponsor ENGELHARDT DAIRY OF WISCONSIN, LLC	c EIN-PN 45-2174947-001
a	Plan name FOUNDATION FOR INTERNATIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FOUNDATION FOR INTERNATIONAL SERVICES, INC.	c EIN-PN 91-1300363-001
a	Plan name HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name HORSHAM SQUARE PHARMACY, INC. 401K PLAN	
b	Name of plan sponsor HORSHAM SQUARE PHARMACY, INC.	c EIN-PN 23-2409251-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ISOVOLTA, INC. 401(K) PLAN	
b	Name of plan sponsor ISOVOLTA, INC.	c EIN-PN 13-4263768-001
a	Plan name JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor JIM CRAWFORD CONSTRUCTION COMPANY, INC.	c EIN-PN 77-0072198-001
a	Plan name KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAANAPALI OPERATIONS ASSOCIATION, INC.	c EIN-PN 99-0323901-001
a	Plan name KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN	
b	Name of plan sponsor KORBER PHARMA PACKAGING MATERIALS LLC	c EIN-PN 47-5593447-001
a	Plan name MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MANTUCKET CAPITAL MANAGEMENT CORPORATION	c EIN-PN 47-0880782-001
a	Plan name MEL LANZER COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor MEL LANZER COMPANY	c EIN-PN 34-0965107-001
a	Plan name MILLER ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLER ENVIRONMENTAL, INC.	c EIN-PN 33-0878786-002
a	Plan name MONFORT MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONFORT MANAGEMENT, INC.	c EIN-PN 77-0012053-001
a	Plan name NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor NEW ENGLAND DENTAL CENTER, P.C.	c EIN-PN 06-1001051-001
a	Plan name NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	c EIN-PN 58-1633173-777
a	Plan name ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
a	Plan name PBHM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERSPECTIVE BEHAVIORAL HEALTH MANAGEMENT, LLC	c EIN-PN 33-1048513-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PDMA CORPORATION SAVINGS PLAN	
b	Name of plan sponsor PDMA CORPORATION	c EIN-PN 59-3191224-001
a	Plan name PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a	Plan name RESEARCH FOR BETTER TEACHING 401(K) PLAN	
b	Name of plan sponsor RESEARCH FOR BETTER TEACHING	c EIN-PN 04-3145000-003
a	Plan name RETIREMENT READINESS PLAN FOR EMPLOYEES OF ALVORD-POLK, INC.	
b	Name of plan sponsor ALVORD-POLK, INC.	c EIN-PN 23-2046694-001
a	Plan name SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SENECA PETROLEUM COMPANY, INC.	c EIN-PN 36-1755250-002
a	Plan name SENSOR MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor SENSOR MANUFACTURING COMPANY	c EIN-PN 38-2140109-001
a	Plan name SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	c EIN-PN 77-0000356-001
a	Plan name THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name AGUA CALIENTE BAND OF CAHUILLA INDIANS/SPA HOTEL & CASINO 401(K) PLAN	
b	Name of plan sponsor AGUA CALIENTE BAND OF CAHUILLA INDIANS	c EIN-PN 95-2549724-001
a	Plan name AMANI ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor AMANI ENGINEERING, INC.	c EIN-PN 76-0614439-001
a	Plan name VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	c EIN-PN 39-1085074-002

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
--	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WELLS FARGO PRECIOUS METALS RET OPT	B Three-digit plan number (PN) ▶ 276
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17484295
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20310817
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	17484295	20310817
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	17484294	20310816

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	169350	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3636390	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3805740

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)	48130	
(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)		48130
j Total expenses. Add all expense amounts in column (b) and enter total	2j		48130

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3757610
l Transfers of assets:			
(1) To this plan	2l(1)		6210589
(2) From this plan	2l(2)		7141677

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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