

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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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 the DFVC program

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>BLACKROCK GLOBAL ALLOCATION RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>281</u></p>
<p>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></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>BLACKROCK GLOBAL ALLOCATION RET OPT</u>	B Three-digit plan number (PN)	<u>281</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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d Entity code

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

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	CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS	c EIN-PN 94-6252725-001
a	Plan name	CAMELBACK PEDIATRIC DENTISTRY & ORTHODONTICS, P.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CAMELBACK PEDIATRIC DENTISTRY & ORTHODONTICS, P.L.C.	c EIN-PN 20-0902280-001
a	Plan name	CERTEX USA 401(K) PLAN	
b	Name of plan sponsor	CERTEX USA, INC.	c EIN-PN 20-1211126-001
a	Plan name	DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DEVINE ORGANICS LLC	c EIN-PN 46-1867921-001
a	Plan name	DIABLO COUNTRY CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DIABLO COUNTRY CLUB	c EIN-PN 94-0699700-003
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	EDES CUSTOM MEATS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOTTOMLAND PRIME, LLC	c EIN-PN 87-3797281-001
a	Plan name	HOWARD FINISHING, LLC RETIREMENT PLAN	
b	Name of plan sponsor	HOWARD FINISHING, LLC	c EIN-PN 03-0383740-001
a	Plan name	J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J & P PAVING MASONRY & SEALANT, INC.	c EIN-PN 31-1121622-001
a	Plan name	KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNEDY AUTOMOTIVE GROUP, INC.	c EIN-PN 23-2545536-001
a	Plan name	KENNETH O. KARP, MD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KENNETH O. KARP, MD, PA	c EIN-PN 20-0112151-001
a	Plan name	PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PACIFIC HEALTHCARE GROUP LLC	c EIN-PN 88-4181241-777

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	PACIFIC MEDICAL 401(K) PLAN	
b	Name of plan sponsor	PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	c EIN-PN 56-2321193-001
a	Plan name	PROMAN STAFFING GROUP 401(K) PLAN	
b	Name of plan sponsor	PROMAN GROUP, INC	c EIN-PN 82-2540923-001
a	Plan name	PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROPOINT TECHNOLOGY, INC	c EIN-PN 20-2925475-001
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	RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor	RFNR, LLP	c EIN-PN 95-4664923-001
a	Plan name	SALIL TREHAN MD PA 401(K) PLAN	
b	Name of plan sponsor	SALIL TREHAN MD PA	c EIN-PN 75-2894667-001
a	Plan name	SIGNMEDIA, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGNMEDIA, INC.	c EIN-PN 54-1254298-001
a	Plan name	SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMON CHANG, MD, LLC	c EIN-PN 80-0112427-001
a	Plan name	TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC.	c EIN-PN 84-2050914-001
a	Plan name	TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	TENNESSEE ASSOCIATED ELECTRIC, LLC	c EIN-PN 46-1537499-001
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	UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSITY ELECTRIC CO., INC.	c EIN-PN 94-1493225-002

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	AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	AIRMAX LLC	c EIN-PN 84-1440204-001
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	DIERDRE L. TERLEP, DDS, PLC PROFIT SHARING AND 401(K) PLAN	
b Name of plan sponsor	DIERDRE L. TERLEP, DDS, PLC	c EIN-PN 83-3289370-003
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	FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
b Name of plan sponsor	FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	c EIN-PN 32-0012113-001
a Plan name	FRAZIER & SABIN, LLP 401(K) PLAN	
b Name of plan sponsor	FRAZIER & SABIN, LLP	c EIN-PN 37-1137275-001
a Plan name	GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	GOTEC PLUS SUN, LLC	c EIN-PN 20-4320976-001
a Plan name	GRAHAM REAL ESTATE, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	GRAHAM REAL ESTATE, INC.	c EIN-PN 38-3442079-001
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	JACK YATES DRYWALL PROFIT SHARING PLAN	
b Name of plan sponsor	JACK YATES DRYWALL	c EIN-PN 27-1959275-001
a Plan name	JAH ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	JAH ENTERPRISES, INC.	c EIN-PN 72-1250656-001
a Plan name	KENWOOD FENCE CO., INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KENWOOD FENCE CO., INC.	c EIN-PN 68-0423518-001

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 LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LAWYERS FOR JUSTICE PC	c EIN-PN 27-4652068-001
a	Plan name LEADER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor LEADER ENTERPRISES, INC.	c EIN-PN 59-3754529-001
a	Plan name MARION MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor MARION TOOL & DIE, INC. DBA MARION MANUFACTURING	c EIN-PN 35-2010769-001
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 MOUNTAIN VALLEY LIVESTOCK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOUNTAIN VALLEY LIVESTOCK, INC.	c EIN-PN 83-0220671-001
a	Plan name PAKOIL COMPANY EMPLOYEES' PROFIT-SHARING TRUST	
b	Name of plan sponsor PAKOIL COMPANY	c EIN-PN 23-1940681-002
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 PULMONARY & CRITICAL CARE ASSOCIATES, S.C. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor PULMONARY & CRITICAL CARE ASSOCIATES, S.C.	c EIN-PN 39-1830838-002
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 SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SKL PRIME SERVICES, LLC	c EIN-PN 01-0551573-001
a	Plan name THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ART OF MANAGEMENT, LLP	c EIN-PN 47-2620180-001

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	WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
b	Name of plan sponsor	WAILEA GOLF LLC	c EIN-PN 76-0741485-001
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	A & K EARTH MOVERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	A & K EARTH MOVERS, INC.	c EIN-PN 88-0097157-002
a	Plan name	AKJOHNSTON GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	AKJOHNSTON GROUP, LLC	c EIN-PN 47-4760375-001
a	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor	ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
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	CYPRESS POINTE SURGICAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	HAMMOND SURGICAL HOSPITAL, L.L.C. DBA CYPRESS POINT SURGICAL HOSPIT	c EIN-PN 27-2765802-777
a	Plan name	LESLY KAHN & COMPANY 401(K) PLAN	
b	Name of plan sponsor	LESLY KAHN & COMPANY	c EIN-PN 95-4820708-001
a	Plan name	MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MS INTERNATIONAL, INC.	c EIN-PN 35-1562013-003
a	Plan name	MSI, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MSI, LLC	c EIN-PN 20-4533025-001
a	Plan name	ONEGENERATION 401(K) PLAN	
b	Name of plan sponsor	ONEGENERATION	c EIN-PN 95-4066979-001
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

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	RATPAC ENTERTAINMENT 401(K) PLAN	
b	Name of plan sponsor	RATPAC ENTERTAINMENT, LLC	c EIN-PN 46-2627641-001
a	Plan name	RAVEN RESOURCES, LLC 401(K) PLAN	
b	Name of plan sponsor	RAVEN RESOURCES, LLC	c EIN-PN 36-4618634-001
a	Plan name	SAPO RETIREMENT PLAN	
b	Name of plan sponsor	SAPO, LLC	c EIN-PN 33-0978783-001
a	Plan name	SAV-MORE DRUG, LLC PHARMACISTS AND MANAGERS PLAN	
b	Name of plan sponsor	SAV-MORE DRUG, LLC	c EIN-PN 75-2047264-002
a	Plan name	TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIPLE H FOOD PROCESSORS, LLC.	c EIN-PN 47-4431714-001
a	Plan name	A WISIALKO AND COMPANY 401(K) PLAN	
b	Name of plan sponsor	A WISIALKO AND COMPANY LLC	c EIN-PN 46-1598908-001
a	Plan name	A. N. ABELL CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A. N. ABELL AUCTION CO.	c EIN-PN 95-1872203-001
a	Plan name	BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN	
b	Name of plan sponsor	BARBICH HOOPER KING DILL HOFFMAN	c EIN-PN 95-3705481-001
a	Plan name	BUCS ANALYTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUCS, LLC DBA BUCS ANALYTICS	c EIN-PN 68-0641573-001
a	Plan name	BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BUILDERS IRON	c EIN-PN 38-3128186-001
a	Plan name	CHILD CARE COUNCIL OF KENTUCKY, INC. 401(K) PLAN	
b	Name of plan sponsor	CHILD CARE COUNCIL OF KENTUCKY, INC.	c EIN-PN 31-1102545-001
a	Plan name	CORETRUST MANAGEMENT, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CORETRUST MANAGEMENT, LP	c EIN-PN 32-0475371-001

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	CORRA 401(K) PLAN	
b	Name of plan sponsor	CORRA	c EIN-PN 04-3819932-001
a	Plan name	FULCRUM TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	FULCRUM TECHNOLOGIES, INC.	c EIN-PN 77-0357662-001
a	Plan name	FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name	GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001
a	Plan name	I & C ENGINEERING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	I & C ENGINEERING COMPANY, INC.	c EIN-PN 04-3059259-003
a	Plan name	I-TECH USA 401(K) PLAN	
b	Name of plan sponsor	I-TECH USA	c EIN-PN 32-0015143-001
a	Plan name	JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
b	Name of plan sponsor	HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-001
a	Plan name	JOHN MAGALHAES AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN MAGALHAES AND ASSOCIATES, INC.	c EIN-PN 04-3539096-001
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	A1 POLISHING & FINISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	A1 POLISHING & FINISHING, LLC	c EIN-PN 39-1920526-001
a	Plan name	AMERICAN TIRE & AUTO 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN TIRE & AUTO CARE, INC.	c EIN-PN 47-5563950-001
a	Plan name	BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor	BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001

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	DOOLEY, GEMBALA, MCLAUGHLIN & PECORA CO., LPA - CASH BALANCE	
b	Name of plan sponsor	DOOLEY, GEMBALA, MCLAUGHLIN & PECORA CO., LPA	c EIN-PN 31-1534954-002
a	Plan name	GAMBI DISPOSAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	GAMBI DISPOSAL, INC.	c EIN-PN 68-0137750-002
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	MCDERMOTT-COSTA, INC. 401(K) PLAN	
b	Name of plan sponsor	MCDERMOTT-COSTA CO., INC.	c EIN-PN 94-1375883-002
a	Plan name	MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	MUSKEGON COUNTY MUSEUM	c EIN-PN 38-1367319-001
a	Plan name	MUSSER FORESTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MUSSER FORESTS, INC.	c EIN-PN 25-0683190-001
a	Plan name	POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POINDEXTER NUT COMPANY	c EIN-PN 94-2074522-001
a	Plan name	SCHAEFFER DOUGLAS TITLE 401(K) PLAN	
b	Name of plan sponsor	SCHAEFFER DOUGLAS TITLE	c EIN-PN 20-3601896-001
a	Plan name	SPAY 401(K) PLAN	
b	Name of plan sponsor	SPAY, INC.	c EIN-PN 47-4011165-777
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	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	WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WATTS COPY SYSTEMS, INC.	c EIN-PN 37-1117989-001

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	ACADEMIA MENONITA RETIREMENT PLAN	
b	Name of plan sponsor	ACADEMIA MENONITA	c EIN-PN 66-0238935-001
a	Plan name	BOULDER HILLS LANDSCAPING RETIREMENT READINESS PLAN	
b	Name of plan sponsor	BOULDER HILLS LANDSCAPING, INC.	c EIN-PN 45-2747964-001
a	Plan name	CAR-X AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor	CAR-X AUTO SERVICE	c EIN-PN 74-3022523-001
a	Plan name	CARDIOLOGY & VASCULAR ASSOCIATES, P.C. 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	CARDIOLOGY & VASCULAR ASSOCIATES, P.C.	c EIN-PN 38-3468933-001
a	Plan name	CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTOPHER M. PENNISI, DDS, PLLC	c EIN-PN 26-3030636-001
a	Plan name	DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAIRY-MIX, INC.	c EIN-PN 59-0659640-001
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	FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FELDMAN & ASSOCIATES, INC.	c EIN-PN 95-4814253-001
a	Plan name	GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C.	c EIN-PN 30-0389300-001
a	Plan name	GEMINI SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	GEMINI SERVICES, LLC	c EIN-PN 35-2212355-001
a	Plan name	GRANITE STATE ACOUSTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	GRANITE STATE ACOUSTICS, INC.	c EIN-PN 02-0276885-001

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	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	KIA OF LAGRANGE 401(K) PLAN	
b	Name of plan sponsor	KIA OF LAGRANGE	c EIN-PN 27-0980531-001
a	Plan name	KIM & LAVOY, S.C. 401(K) PLAN	
b	Name of plan sponsor	KIM & LAVOY, S.C.	c EIN-PN 20-0771810-001
a	Plan name	MICHAEL L. FITZGERALD INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL L. FITZGERALD INSURANCE SERVICES, INC.	c EIN-PN 20-2103543-001
a	Plan name	PARK SPRINGS 401(K) PLAN	
b	Name of plan sponsor	PARK SPRINGS, LLC	c EIN-PN 58-2452928-001
a	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLIM CHICKENS	c EIN-PN 45-3985800-001
a	Plan name	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	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	CCEDA 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION	c EIN-PN 94-3080095-001
a	Plan name	CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	CEDAR VALLEY PEDIATRIC DENTISTRY	c EIN-PN 27-0521322-001
a	Plan name	TAMARA L. HIESTER, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	TAMARA L. HIESTER, D.D.S.	c EIN-PN 35-2051065-001
a	Plan name	ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001

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	ACE DATA STORAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	ACE DATA STORAGE, INC.	c EIN-PN 64-0826126-001
a	Plan name	LONE WOLF RESOURCES 401(K) PLAN	
b	Name of plan sponsor	LONE WOLF RESOURCES, LLC	c EIN-PN 75-2815928-001
a	Plan name	PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
a	Plan name	PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
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 FLAH 401(K) PLAN	
b	Name of plan sponsor	CORPORATE PLAN SERVICES, INC.	c EIN-PN 59-2832682-002
a	Plan name	ADROIT USA, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	ADROIT USA, INC.	c EIN-PN 27-2254964-001
a	Plan name	CNJ, INC. 401(K) PLAN	
b	Name of plan sponsor	CNJ, INC.	c EIN-PN 20-4459124-001
a	Plan name	COBRA MOTO LLC 401(K) PLAN	
b	Name of plan sponsor	COBRA MOTO, LLC	c EIN-PN 27-1784830-001
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	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	c EIN-PN 04-2178889-001
a	Plan name	MACOMB NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MACOMB NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3587490-001

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	MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor	MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001
a	Plan name	TTL AUTOMOTIVE ENTERPRISES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	TTL AUTOMOTIVE ENT. INC.	c EIN-PN 68-0461731-001
a	Plan name	ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-001
a	Plan name	ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
b	Name of plan sponsor	ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-003
a	Plan name	CPS SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAWRENCE B. LONG INSURANCE SERVICES, INC. DBA CPS SACRAMENTO	c EIN-PN 68-0046629-001
a	Plan name	HAI ALLEN QUOC VU, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAI ALLEN QUOC VU, D.D.S.	c EIN-PN 77-0533136-001
a	Plan name	HAN SCOBLE, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAN SCOBLE, DDS	c EIN-PN 95-4776558-001
a	Plan name	MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MED-FAST PHARMACY, INC.	c EIN-PN 25-1631348-001
a	Plan name	REFRICENTER 401(K) PLAN	
b	Name of plan sponsor	REFRICENTER OF MIAMI, INC.	c EIN-PN 59-1362709-001
a	Plan name	ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ROADRUNNER GLASS COMPANY, INC.	c EIN-PN 86-0713467-001
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

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 MID-SOUTH INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor MID-SOUTH INDUSTRIES, INC.	c EIN-PN 63-0495884-001
a	Plan name MID-VALLEY PLUMBING SUPPLY, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor MID-VALLEY PLUMBING SUPPLY, INC.	c EIN-PN 23-1691324-001
a	Plan name VARSITY STRIPING & CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VARSITY STRIPING & CONSTRUCTION, CO.	c EIN-PN 37-1094788-002
a	Plan name AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor AUGUSTA ONCOLOGY ASSOCIATES, P.C.	c EIN-PN 58-1481590-002
a	Plan name DEGRAFFENRIED & COMPANY RETIREMENT PLAN	
b	Name of plan sponsor DEGRAFFENRIED & COMPANY	c EIN-PN 72-1349735-001
a	Plan name DEJNO'S, INC. 401(K) PLAN	
b	Name of plan sponsor DEJNO'S, INC.	c EIN-PN 39-1335924-001
a	Plan name NATHANIEL LEEDY, DMD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATHANIEL LEEDY, DMD, PA	c EIN-PN 84-3728355-001
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 DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor DR PEPPER MUSEUM AND FREE ENTERPRISE INSTITUTE	c EIN-PN 74-2497117-001
a	Plan name SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a	Plan name WEST OLIVE ANIMAL HOSPITAL, L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEST OLIVE ANIMAL HOSPITAL, L.L.C.	c EIN-PN 86-0902939-001
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	DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUVALL FORD COMPANY, INC.	c EIN-PN 58-1538949-001
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	JCJ, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JCJ, LLP	c EIN-PN 27-4442059-001
a	Plan name	JD SPINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JD MEDICAL LLC D/B/A JD SPINE	c EIN-PN 27-1574562-001
a	Plan name	SMITH'S ADDRESSING MACHINE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMITH'S ADDRESSING MACHINE SERVICES, INC.	c EIN-PN 56-1099952-001
a	Plan name	C & C INSULATION, INC. 401(K) PLAN	
b	Name of plan sponsor	C & C INSULATION, INC.	c EIN-PN 23-2110326-001
a	Plan name	FIBERPLUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIBERPLUS, INC.	c EIN-PN 52-1762520-001
a	Plan name	FIKES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIKES PUGET SOUND, INC	c EIN-PN 72-1572875-001
a	Plan name	FINANCIAL ASSET MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FINANCIAL ASSET MANAGEMENT, LLC	c EIN-PN 27-1609426-001
a	Plan name	KIMBERLY PARK DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIMBERLY PARK DENTAL ASSOCIATES, P.C.	c EIN-PN 42-1049323-001
a	Plan name	KING AND MACGREGOR ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KING AND MACGREGOR ENVIRONMENTAL, INC.	c EIN-PN 38-3156488-001
a	Plan name	KING CHIROPRACTIC RETIREMENT PLAN	
b	Name of plan sponsor	KING CHIROPRACTIC INSTITUTE	c EIN-PN 52-2210480-001

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	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	GENTILLOZZI REAL ESTATE, INC. 401(K) PLAN	
b	Name of plan sponsor	GENTILLOZZI REAL ESTATE, INC.	c EIN-PN 38-2361521-001
a	Plan name	GEO 401(K) PLAN	
b	Name of plan sponsor	GLENWOOD ENERGY OF OXFORD INC.	c EIN-PN 26-0594712-001
a	Plan name	MAISON LOUIS MARIE LLC DEFINED BENEFIT PLAN	
b	Name of plan sponsor	MAISON LOUIS MARIE LLC	c EIN-PN 47-4176521-002
a	Plan name	ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN	
b	Name of plan sponsor	CHRISTOPHER T.F. HUANG, M.D., INC	c EIN-PN 01-0674989-001
a	Plan name	ADVANCED SPINE & SPORTS CARE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADVANCED SPINE & SPORTS CARE	c EIN-PN 36-4426097-001
a	Plan name	ADVENTURE DENTAL 401(K) PLAN	
b	Name of plan sponsor	NEIL, HILLYARD AND HEATON, PLLC DBA ADVENTURE DENTAL	c EIN-PN 26-2659646-001
a	Plan name	PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO-TEK MANUFACTURING, INC.	c EIN-PN 94-2862885-002
a	Plan name	THE SHELTERING ARMS SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE SHELTERING ARMS	c EIN-PN 58-0566236-777
a	Plan name	THE VISIT NAPA VALLEY 401(K) PLAN	
b	Name of plan sponsor	VISIT NAPA VALLEY	c EIN-PN 68-0217381-001
a	Plan name	ALTERNA-CARE EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor	ALTERNA-CARE, INC	c EIN-PN 37-1162589-001
a	Plan name	CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED CONSTRUCTION CO., INC.	c EIN-PN 20-5220958-001

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 CONSOLIDATED DOORS, INC. 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED DOORS, INC.	c EIN-PN 39-1757450-001
a	Plan name CONSUMERTRACK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSUMERTRACK, INC.	c EIN-PN 20-0849843-001
a	Plan name MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MEDALLION MANAGEMENT, INC.	c EIN-PN 38-2033680-001
a	Plan name CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CROMPION INTERNATIONAL, LLC	c EIN-PN 72-1468104-001
a	Plan name RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor RELIABLE INDUSTRIES INC. OF NEW ORLEANS	c EIN-PN 72-0936490-001
a	Plan name ULRICHSEN, ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ULRICHSEN ROSEN & FREED LLC	c EIN-PN 20-4413474-001
a	Plan name HILLSDALE PEDIATRIC CLINIC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor HILLSDALE PEDIATRIC CLINIC, PC	c EIN-PN 30-0529975-001
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 MIKE COUNCIL PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor MIKE COUNCIL PLUMBING, INC.	c EIN-PN 77-0547651-001
a	Plan name ROBERT W. JANSEN, DDS & ASSOCIATES, P.C. RETIREMENT PLAN	
b	Name of plan sponsor ROBERT W. JANSEN, DDS & ASSOCIATES, P.C.	c EIN-PN 38-2712051-001
a	Plan name VENTURE 401(K) PLAN	
b	Name of plan sponsor VM SERVICES, INC.	c EIN-PN 77-0459829-222
a	Plan name AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AVENTURO, INC.	c EIN-PN 27-2417155-001

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	DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	c EIN-PN 34-1117652-001
a	Plan name	HOLTORF MEDICAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLTORF MEDICAL GROUP, INC.	c EIN-PN 52-2401779-002
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	RUSCHES TRUCKING INC. RETIREMENT PLAN	
b	Name of plan sponsor	RUSCHE'S TRUCKING, INC.	c EIN-PN 38-1913633-001
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	VISTA BEHAVIORAL HEALTH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VISTA BEHAVIORAL HEALTH, INC.	c EIN-PN 45-2979166-001
a	Plan name	NEANY, INC. 401(K) PLAN	
b	Name of plan sponsor	NEANY, INC.	c EIN-PN 23-2792310-001
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	DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRILLING & PRODUCTION CO.	c EIN-PN 95-0803480-001
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

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	SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001
a	Plan name	SEMILAB USA 401(K) PLAN	
b	Name of plan sponsor	SEMILAB USA LLC	c EIN-PN 27-0347663-001
a	Plan name	NEXT LEVEL IT, LLC 401(K) PLAN	
b	Name of plan sponsor	NEXT LEVEL IT, LLC	c EIN-PN 87-2800471-001
a	Plan name	SHARPRINT SILKSCREEN AND GRAPHICS, INC. 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	SHARPRINT SILKSCREEN AND GRAPHICS, INC.	c EIN-PN 36-3931487-001
a	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001
a	Plan name	ELMER SCHULTZ SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELMER SCHULTZ SERVICES, INC.	c EIN-PN 23-1937880-001
a	Plan name	JDM TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor	COMPUTER GUIDANCE	c EIN-PN 46-4707871-001
a	Plan name	OK MEDIA SOLUTIONS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OK MEDIA SOLUTIONS, INC.	c EIN-PN 45-2633274-001
a	Plan name	OLDHAM HARDWOODS 401(K) PLAN	
b	Name of plan sponsor	OLDHAM HARDWOODS, LLC	c EIN-PN 88-2687277-001
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	C T LEWIS ENTERPRISES LP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C T LEWIS ENTERPRISES LP	c EIN-PN 51-0663685-001
a	Plan name	F & K DELVOTEC INDIVIDUAL PENSION PLAN 401(K)	
b	Name of plan sponsor	F & K DELVOTEC, INC.	c EIN-PN 33-0605091-001

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	CARRION, LAFFITTE & CASELLAS RETIREMENT PLAN	
b	Name of plan sponsor	CARRION, LAFFITTE & CASELLAS, INC.	c EIN-PN 66-0635623-001
a	Plan name	PAXTON VAN LINES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAXTON VAN LINES, INC.	c EIN-PN 54-0585256-001
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	FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	FOREWAY TRANSPORTATION, INC.	c EIN-PN 38-2165402-001
a	Plan name	FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	FORMOSA CONTAINER LINE INC.	c EIN-PN 33-0252605-001
a	Plan name	LAKELAND ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN	
b	Name of plan sponsor	LAKELAND ECONOMIC DEVELOPMENT COUNCIL	c EIN-PN 45-4919549-001
a	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
b	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	c EIN-PN 36-2817667-001
a	Plan name	WHITE BRENNER LLP 401(K) PLAN	
b	Name of plan sponsor	WHITE BRENNER LLP	c EIN-PN 46-1799572-001
a	Plan name	AXAR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AXAR PHARMACEUTICALS, INC.	c EIN-PN 68-0665617-001
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	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	c EIN-PN 81-4829814-001
a	Plan name	BRUNNER FUNERAL HOME 401(K) PLAN	
b	Name of plan sponsor	BRUNNER FUNERAL HOME, INC.	c EIN-PN 34-1239396-001

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 CASTILLO & WEST ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CASTILLO & WEST ACCOUNTANCY CORPORATION	c EIN-PN 56-2433686-001
a	Plan name 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
a	Plan name CTCO BENEFIT SERVICES 401(K) PLAN	
b	Name of plan sponsor CTCO BENEFIT SERVICES, LLC	c EIN-PN 30-0515404-002
a	Plan name CTS PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor CTS, INC.	c EIN-PN 36-4198749-001
a	Plan name DESIGN SPACE INPHARMATICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRODUCTLIFE GROUP US, LLC	c EIN-PN 36-4982515-001
a	Plan name DESMOND WELL DRILLING, INC. 401(K) PLAN	
b	Name of plan sponsor DESMOND WELL DRILLING, INC.	c EIN-PN 04-2987656-001
a	Plan name DRYTECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRYTECH, INC.	c EIN-PN 63-1117842-001
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 EASTERN RADIOLOGY ASSOCIATES PC 401(K) PLAN	
b	Name of plan sponsor EASTERN RADIOLOGY ASSOCIATES PC	c EIN-PN 81-0306627-001
a	Plan name 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 F.N. CUTHBERT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor F. N. CUTHBERT, INC.	c EIN-PN 34-4412513-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name GIBSON & ANDERSON CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GIBSON & ANDERSON CONSTRUCTION, INC.	c EIN-PN 63-0725405-001
a	Plan name GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor GUIDE WEALTH PARTNERS, INC.	c EIN-PN 42-1350912-001
a	Plan name HARVEST SUPERMARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor HARVEST SUPERMARKETS, INC.	c EIN-PN 35-1439567-002
a	Plan name HORSHAM SQUARE PHARMACY, INC. 401K PLAN	
b	Name of plan sponsor HORSHAM SQUARE PHARMACY, INC.	c EIN-PN 23-2409251-002
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 MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	c EIN-PN 81-0587881-001
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 PAC 401(K) PLAN	
b	Name of plan sponsor PACIFIC UPHOLSTERY SUPPLY CORP.	c EIN-PN 95-2147951-001
a	Plan name PEACHTREE HILLS PLACE 401(K) PLAN	
b	Name of plan sponsor PT HILLS PLACE CLUB, LLC	c EIN-PN 81-2011747-001
a	Plan name PETERSON, OLIVER & POLL 401(K) PLAN	
b	Name of plan sponsor PETERSON, OLIVER & POLL	c EIN-PN 33-0551209-001

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 PGI PROFIT SHARING PLAN	
b	Name of plan sponsor THE PERSIMMON GROUP, INC.	c EIN-PN 75-2515316-001
a	Plan name PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PREMIERE BUILDING MAINTENANCE CORPORATION	c EIN-PN 62-1643357-001
a	Plan name PROFESSIONAL EMPLOYMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL EMPLOYMENT SERVICES, INC.	c EIN-PN 54-1747161-001
a	Plan name PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROGRESSIVE PACKAGING, INC.	c EIN-PN 41-1701839-001
a	Plan name RADIO SOUND, INC. 401(K) PLAN	
b	Name of plan sponsor RADIO SOUND, INC.	c EIN-PN 61-1083666-001
a	Plan name REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001
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 PLAN SERVICES PROGRAM FOR PINNACLE CONSTRUCTORS	
b	Name of plan sponsor PINNACLE CONSTRUCTORS & SPECIALTIES, INC.	c EIN-PN 84-0864519-001
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 SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	
b	Name of plan sponsor SOUTH TEXAS COMMUNITY LIVING CORPORATION	c EIN-PN 76-0364678-001
a	Plan name STEEL - FAB, INC. 401(K) PLAN	
b	Name of plan sponsor STEEL-FAB, INC.	c EIN-PN 04-2396722-004
a	Plan name SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor SYSTEM 22, INC.	c EIN-PN 23-2734281-001

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	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	c	EIN-PN	77-0000356-001
b	Name of plan sponsor	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	c	EIN-PN	77-0000356-001
a	Plan name	THE VMC GROUP 401(K) PLAN	c	EIN-PN	20-2305737-002
b	Name of plan sponsor	THE VMC GROUP	c	EIN-PN	20-2305737-002
a	Plan name	THE WOOD GROUP, LLC 401(K) PLAN	c	EIN-PN	31-1504201-001
b	Name of plan sponsor	THE WOOD GROUP, LLC	c	EIN-PN	31-1504201-001
a	Plan name	UNITED CONSTRUCTION PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	c	EIN-PN	31-1725730-001
b	Name of plan sponsor	UNITED CONSTRUCTION PRODUCTS, INC.	c	EIN-PN	31-1725730-001
a	Plan name	VERMILION ENERGY, USA RETIREMENT SAVINGS PLAN	c	EIN-PN	47-1769898-001
b	Name of plan sponsor	VERMILION ENERGY USA INC.	c	EIN-PN	47-1769898-001
a	Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	c	EIN-PN	39-1085074-002
b	Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	c	EIN-PN	39-1085074-002
a	Plan name	ATLANTA HEADACHE SPECIALIST 401(K) PLAN	c	EIN-PN	26-3517084-001
b	Name of plan sponsor	ATLANTA HEADACHE SPECIALISTS	c	EIN-PN	26-3517084-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLACKROCK GLOBAL ALLOCATION RET OPT	B Three-digit plan number (PN) 281
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

	(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)	45663441
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(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	52913247	45663441
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	52913246	45663440

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)	579428	
(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)	1267860	
(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)		3090539
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4937827

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)	299108	
(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)		299108
j Total expenses. Add all expense amounts in column (b) and enter total	2j		299108

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4638719
l Transfers of assets:			
(1) To this plan	2l(1)		5569346
(2) From this plan	2l(2)		17457871

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 _____.