

<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 style="text-align: center;">▶ 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; text-align: center;">2024</p> <hr/> <p style="text-align: center; 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>JPMORGAN CORE BOND RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>292</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> 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)**

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>JPMORGAN CORE BOND RET OPT</u>		B Three-digit plan number (PN) ▶ <u>292</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)
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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

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d Entity code

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d Entity code

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d Entity code

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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)

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 BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT	c EIN-PN 45-2648658-001
a	Plan name ECLIPSE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor ECLIPSE ENGINEERING, INC.	c EIN-PN 84-1477890-001
a	Plan name ECOMARK ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor ECOMARK ENERGY, INC.	c EIN-PN 47-2681037-001
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 HEALTH CARE ASSOCIATION OF MICHIGAN RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor HEALTH CARE ASSOCIATION OF MICHIGAN	c EIN-PN 38-6091038-001
a	Plan name KEITH M. KOGA, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEITH M. KOGA, DDS	c EIN-PN 99-0297840-001
a	Plan name KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENNEDY & HAN, P.C.	c EIN-PN 85-0482265-001
a	Plan name LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN	
b	Name of plan sponsor LAW OFFICES OF DANIEL A. PARMELE, P.C.	c EIN-PN 43-1926792-001
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 SAA LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHATZ, ANDERSON & ASSOCIATES LLC	c EIN-PN 05-0565472-001
a	Plan name SAINT JOE DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	c EIN-PN 44-0565944-001

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 UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL CREDIT SERVICES, INC.	c EIN-PN 38-3424306-001
a	Plan name UPHAM OIL & GAS COMPANY 401(K) PLAN	
b	Name of plan sponsor UPHAM OIL & GAS COMPANY, L. P.	c EIN-PN 75-0960746-001
a	Plan name XERION ADVANCED BATTERY CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor XERION ADVANCED BATTERY CORP.	c EIN-PN 45-3516563-001
a	Plan name APPAREL MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor APPAREL MANUFACTURING CO., INC.	c EIN-PN 58-1847018-001
a	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name B & B TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
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 METRO WIRE AND CABLE COMPANY EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor METRO WIRE AND CABLE COMPANY	c EIN-PN 38-2147100-001
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 PARADIGM PROPERTIES, LLC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor PARADIGM PROPERTIES, LLC	c EIN-PN 06-1533601-001
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 STONE REAL ESTATE 401(K) PLAN & TRUST	
b	Name of plan sponsor STONE REAL ESTATE	c EIN-PN 36-4121806-001

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	UTAH INTERNATIONAL CHARTER SCHOOL RETIREMENT PLAN	
b	Name of plan sponsor	UTAH INTERNATIONAL CHARTER SCHOOL	c EIN-PN 45-4554576-001
a	Plan name	YC RUBBER CO. (NORTH AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor	YC RUBBER CO. (NORTH AMERICA) LLC	c EIN-PN 47-2227720-001
a	Plan name	CANIZARO CAWTHON DAVIS, APA PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	CANIZARO CAWTHON DAVIS, APA	c EIN-PN 64-0651290-001
a	Plan name	CANYON SPRINGS DENTAL 401(K) PLAN	
b	Name of plan sponsor	CANYON SPRINGS DENTAL	c EIN-PN 20-2396223-001
a	Plan name	CHELDAN HOMES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CHELDAN HOMES	c EIN-PN 75-2508204-001
a	Plan name	LESLIE W.H. AU, D.M.D. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LESLIE W.H. AU, D.M.D.	c EIN-PN 99-6046340-001
a	Plan name	RATHBUN ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	RATHBUN ASSOCIATES	c EIN-PN 94-1653463-001
a	Plan name	SASAKI PAINTING & SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	SASAKI PAINTING & SERVICES LLC	c EIN-PN 82-4675241-001
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	SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST	
b	Name of plan sponsor	SOUTHWEST NEUROSPINE INSTITUTE, P.A.	c EIN-PN 26-2906915-001
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	WARREN KOZITZA PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WARREN KOZITZA, INC.	c EIN-PN 46-4265615-001

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 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 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 BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
b	Name of plan sponsor BUDGET DRY WATERPROOFING, INC.	c EIN-PN 20-8805605-001
a	Plan name DMD BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor DMD WINDOW AND DOOR, INC.	c EIN-PN 81-4449392-001
a	Plan name FSY ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor FSY ARCHITECTS	c EIN-PN 95-4638941-001
a	Plan name AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AARON A. ADAOAG, M.D., LTD.	c EIN-PN 26-0880609-001
a	Plan name AMERITEC MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor AMERITEC MACHINING, INC.	c EIN-PN 42-1393974-001
a	Plan name BULLDOG RACK HOLDING COMPANY 401(K) PLAN	
b	Name of plan sponsor BULLDOG RACK HOLDING COMPANY	c EIN-PN 46-1606192-001
a	Plan name CHOICE CONCRETE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 52-1758766-777
a	Plan name COUNTRYSIDE CULLIGAN 401(K) & INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor COUNTRYSIDE MANAGEMENT, INC.	c EIN-PN 41-1813535-001
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 H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	c EIN-PN 33-0842894-001

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	HAGEN INSURANCE 401(K) PLAN	
b	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE	c EIN-PN 51-0640656-001
a	Plan name	IAMUS CONSULTING 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	IAMUS CONSULTING, INC.	c EIN-PN 47-4130171-001
a	Plan name	LIFESPAN FINANCIAL STRATEGIES, INC. 401(K) PS PLAN	
b	Name of plan sponsor	LIFESPAN FINANCIAL STRATEGIES, INC.	c EIN-PN 65-0741655-001
a	Plan name	OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor	OREGON COLLEGE OF ORIENTAL MEDICINE	c EIN-PN 93-0845182-001
a	Plan name	RAYO WHOLESALE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAYO WHOLESALERS, INC.	c EIN-PN 33-0764606-001
a	Plan name	THE CENTER FOR LEARNING UNLIMITED 401(K) PLAN	
b	Name of plan sponsor	THE CENTER FOR LEARNING UNLIMITED	c EIN-PN 33-0960142-001
a	Plan name	THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
b	Name of plan sponsor	THE CLASSIC CATERING PEOPLE, INC.	c EIN-PN 52-1715183-001
a	Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name	ARROW HOLDINGS, INC 401(K) PLAN	
b	Name of plan sponsor	ARROW HOLDINGS, INC	c EIN-PN 98-0381410-001
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	CHRISTIAN HERITAGE ACADEMY 401(K) PLAN	
b	Name of plan sponsor	CHRISTIAN HERITAGE ACADEMY	c EIN-PN 36-3237612-001
a	Plan name	CHRISTIAN HOME SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISTIAN HOME SERVICES, INC.	c EIN-PN 38-3369745-001

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 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 FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name HERSH FAMILY LAW PRACTICE, A PROFESSIONAL CORPORATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor HERSH FAMILY LAW PRACTICE, A PROFESSIONAL CORPORATION	c EIN-PN 94-2418593-002
a	Plan name RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIVERMOOR ENGINEERING, LLC	c EIN-PN 20-0597795-001
a	Plan name SCHIMP FAMILY DENTISTRY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SCHIMP FAMILY DENTISTRY	c EIN-PN 30-0024715-001
a	Plan name THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE COLUMBIA PROPERTY GROUP, INC.	c EIN-PN 27-0013342-001
a	Plan name PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PELION ACTUARIAL SERVICES, INC.	c EIN-PN 45-2927368-001
a	Plan name PENNY C. WALPOLE, DDS, P.S. 401(K) PLAN	
b	Name of plan sponsor PENNY C. WALPOLE, DDS, P.S.	c EIN-PN 20-1997924-001
a	Plan name TAHLEQUAH LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TAHLEQUAH LUMBER COMPANY, INC.	c EIN-PN 73-0733285-001
a	Plan name CITY OF GIRARD RETIREMENT PLAN	
b	Name of plan sponsor CITY OF GIRARD ILLINOIS	c EIN-PN 37-6001364-001
a	Plan name PREACHER, LLC 401(K) PLAN	
b	Name of plan sponsor PREACHER, LLC	c EIN-PN 46-4405855-001
a	Plan name ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC.	c EIN-PN 43-1550825-002
a	Plan name GIBSON WINE COMPANY EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor GIBSON WINE COMPANY	c EIN-PN 94-0840555-003
a	Plan name GILLIE HYDE FORD LINCOLN, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GILLIE HYDE FORD LINCOLN, INC.	c EIN-PN 61-0700786-002
a	Plan name PRISM TECH 401(K) PLAN	
b	Name of plan sponsor PRISM TECH, INC.	c EIN-PN 82-3966297-001
a	Plan name THE PILATES COLLECTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor THE PILATES COLLECTIVE, LLC	c EIN-PN 93-2783048-001
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 ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor ALLIED GOVERNMENT SOLUTIONS, INC.	c EIN-PN 27-4329708-001
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 HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAL HAYS CONSTRUCTION, INC.	c EIN-PN 54-2084366-001
a	Plan name MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor MED ONE FAMILY MEDICAL GROUP, INC.	c EIN-PN 33-0776463-001
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

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 RJ WRIGHT & SONS 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RJ WRIGHT & SONS, LTD	c EIN-PN 34-1693478-001
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 ARTHUR Y. MORI & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARTHUR Y. MORI & ASSOCIATES, INC.	c EIN-PN 99-0112411-001
a	Plan name DANHAUER DRUG COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANHAUER DRUG, INC.	c EIN-PN 61-0992161-001
a	Plan name DANNY DAVIS CONTRACTORS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor DANNY DAVIS CONTRACTORS, INC.	c EIN-PN 62-1392604-001
a	Plan name MID-CITIES MOTOR FREIGHT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MID-CITIES MOTOR FREIGHT, INC.	c EIN-PN 43-1119604-001
a	Plan name VANDERFORD & RUIZ, LLP 401(K) PLAN	
b	Name of plan sponsor VANDERFORD & RUIZ, LLP	c EIN-PN 56-2531267-001
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 AURORA PROJECT, INC. 401(K) PLAN	
b	Name of plan sponsor AURORA PROJECT, INC.	c EIN-PN 34-1517827-001
a	Plan name INDUSTRIAL COMPONENTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor INDUSTRIAL COMPONENTS SALES, INC.	c EIN-PN 39-2001134-001
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 SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001

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 DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor DYNAMIC DOWNHOLE SERVICES, LLC	c EIN-PN 26-2612443-001
a	Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
a	Plan name SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SNRA COMMODITIES, INC.	c EIN-PN 46-3031744-001
a	Plan name OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OUTDOOR LIGHTING PERSPECTIVES, L.L.C.	c EIN-PN 62-1766403-001
a	Plan name EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC 401(K) PLAN	
b	Name of plan sponsor EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC	c EIN-PN 20-4457765-001
a	Plan name SUPERIOR, INC. 401(K) PLAN	
b	Name of plan sponsor SUPERIOR, INC.	c EIN-PN 62-1346975-001
a	Plan name LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
b	Name of plan sponsor LPT CPA'S + ADVISORS PLLC	c EIN-PN 75-2618166-001
a	Plan name GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001
a	Plan name PREMIER DENTAL ASSOCIATES, PLLC SAFE HARBOR 401(K) PSP	
b	Name of plan sponsor PREMIER DENTAL ASSOCIATES, PLLC	c EIN-PN 20-2051976-001
a	Plan name MAKETEWAH COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAKETEWAH COUNTRY CLUB	c EIN-PN 31-0308478-001
a	Plan name THE SELECT FAMILY 401(K) PLAN	
b	Name of plan sponsor THE SELECT FAMILY	c EIN-PN 93-0994537-001
a	Plan name ALVEO HEALTH LLC FKA THE CONSULT, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor ALVEO HEALTH LLC FKA THE CONSULT	c EIN-PN 31-1237647-001

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 MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MATTHEW L. BRIDGES DDS PLLC	c EIN-PN 82-1972625-001
a	Plan name GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name GREENWAY GROUP ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor GREENWAY GROUP ASSOCIATES LLC	c EIN-PN 54-1899754-001
a	Plan name R. BRET CAMPBELL, DO, PLLC RETIREMENT PLAN	
b	Name of plan sponsor R. BRET CAMPBELL, DO, PLLC	c EIN-PN 80-0111632-001
a	Plan name R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor R.C. FINE FOODS, INC.	c EIN-PN 22-2136686-002
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 CREATIVE RETIREMENT SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CREATIVE RETIREMENT SYSTEMS, INC.	c EIN-PN 31-1299207-001
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 HIGH GROUND INSURANCE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor HIGH GROUND INSURANCE SERVICES, INC.	c EIN-PN 20-8202870-001
a	Plan name MIDWEST WELL & PUMP 401(K) PLAN	
b	Name of plan sponsor MIDWEST WELL & PUMP, INC.	c EIN-PN 74-2819991-001
a	Plan name VEHICLE ACCESSORIES RETIREMENT PLAN	
b	Name of plan sponsor VEHICLE ACCESSORIES	c EIN-PN 38-3553465-001
a	Plan name VELOCITY STAFF 401(K) PLAN	
b	Name of plan sponsor VELOCITY STAFF, INC.	c EIN-PN 20-1745461-001

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	AVANTE SALON & DAY SPA, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTE SALON & DAY SPA, LLC	c EIN-PN 86-1142434-001
a	Plan name	AVERA & SMITH LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AVERA & SMITH LLP	c EIN-PN 54-2118084-001
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	MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MKRS LAW, P.L.	c EIN-PN 20-3879249-001
a	Plan name	RUNNING AWAY INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP	c EIN-PN 61-0950094-001
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	DRABIK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DRABIK MANUFACTURING, INC.	c EIN-PN 34-1503007-001
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	BIG PINE PAIUTE TRIBE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIG PINE PAIUTE TRIBE	c EIN-PN 95-3059258-001
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	OHANA NUI MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	OHANA NUI MANAGEMENT, INC.	c EIN-PN 33-1091808-001
a	Plan name	SOFTCRYLIC 401(K) PLAN	
b	Name of plan sponsor	SOFTCRYLIC, LLC	c EIN-PN 13-4137658-001

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	SOUND HEALTH IMAGING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SOUND HEALTH IMAGING, INC.	c EIN-PN 81-0489518-002
a	Plan name	CABLE MAN, INC. 401(K) PLAN	
b	Name of plan sponsor	CABLE MAN, INC.	c EIN-PN 64-0576514-001
a	Plan name	FIRST ILLINOIS BANCORP., INC. PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FIRST ILLINOIS BANCORP., INC.	c EIN-PN 37-1057402-001
a	Plan name	SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor	FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name	CELTIC CONSTRUCTION, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor	CELTIC CONSTRUCTION, INC.	c EIN-PN 20-1247860-001
a	Plan name	LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LAGUNA SOURCE LLC	c EIN-PN 41-2223213-002
a	Plan name	PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	PETERS AGENCY CARE MANAGEMENT, LLC	c EIN-PN 83-0446469-001
a	Plan name	TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name	TECHNOALPIN 401(K) PLAN	
b	Name of plan sponsor	TECHNOALPIN USA, INC.	c EIN-PN 22-3857446-001
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	WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITEHEAD & ASSOCIATES, INC.	c EIN-PN 58-1096001-001
a	Plan name	BLACK LUMBER COMPANY, INC. SAVINGS PLAN	
b	Name of plan sponsor	BLACK LUMBER COMPANY, INC.	c EIN-PN 35-0902347-001

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	CLEAR CREEK SKIING CORP., INC. 401(K) PLAN	
b	Name of plan sponsor	CLEAR CREEK SKIING CORPORATION, INC.	c EIN-PN 84-0619358-001
a	Plan name	CLEARWATER CONSULTING 401(K) PLAN	
b	Name of plan sponsor	CLEARWATER CONSULTING, LLC	c EIN-PN 20-8661154-001
a	Plan name	CROWN HILL DENTISTRY RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	BRITTANY D. GOODING, D.D.S., P.C.	c EIN-PN 45-4069228-001
a	Plan name	DENVER METRO ASSOCIATION OF REALTORS 401(K) PLAN	
b	Name of plan sponsor	DENVER METRO ASSOCIATION OF REALTORS	c EIN-PN 84-0188045-002
a	Plan name	EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
b	Name of plan sponsor	EASTERN WAREHOUSE DISTRIBUTORS, LLC	c EIN-PN 23-2566520-001
a	Plan name	EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY	
b	Name of plan sponsor	MEGA HERTZ SALES COMPANY	c EIN-PN 84-0855727-001
a	Plan name	FISCHER CUNNANE & ASSOCIATES LTD. TAX FAVORED SAVINGS PLAN	
b	Name of plan sponsor	FISCHER CUNNANE & ASSOCIATES LTD.	c EIN-PN 23-3060583-001
a	Plan name	FOSTER THOMAS RETIREMENT PLAN	
b	Name of plan sponsor	FOSTER THOMAS, INC.	c EIN-PN 52-1826441-001
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 WINE COMPANY EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	GIBSON WINE COMPANY	c EIN-PN 94-0840555-002
a	Plan name	HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name	KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN	
b	Name of plan sponsor	KRIEGSMAN TRANSFER COMPANY	c EIN-PN 37-0635587-001

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	LASKEY'S DISCOUNT FURNITURE PROFIT SHARING PLAN	
b	Name of plan sponsor	LASKEY'S DISCOUNT FURNITURE	c EIN-PN 25-1450031-001
a	Plan name	MAURER HEATING & COOLING CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MAURER HEATING & COOLING CO.	c EIN-PN 38-1869455-002
a	Plan name	MAYFAIR PLASTICS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MAYFAIR PLASTICS, INC.	c EIN-PN 38-2704694-001
a	Plan name	NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	NEUMANN MONSON, INC.	c EIN-PN 42-1242646-222
a	Plan name	PETROLEUM INSTALLATION SPECIALISTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PETROLEUM INSTALLATION SPECIALISTS, LLC	c EIN-PN 87-0647114-001
a	Plan name	PETROVAL, INC. 401(K) PLAN	
b	Name of plan sponsor	PETROVAL, INC.	c EIN-PN 72-1559851-001
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	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	RALPH MOYLE, INC. 401(K) PLAN	
b	Name of plan sponsor	RALPH MOYLE, INC.	c EIN-PN 38-1819896-001
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	SHERIDAN SHEET METAL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SHERIDAN SHEET METAL COMPANY	c EIN-PN 41-1631666-001

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 JPMORGAN CORE BOND RET OPT	B Three-digit plan number (PN) ▶ 292
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	18672854
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	19822055
(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	19822055	18672854
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19822055	18672854

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)	747224	
(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)	-381382	
(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		365842

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)	108455	
(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)		108455
j Total expenses. Add all expense amounts in column (b) and enter total	2j		108455

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		257387
l Transfers of assets:			
(1) To this plan	2l(1)		2802693
(2) From this plan	2l(2)		4209281

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 _____.