

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] 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

1a Name of plan JPMORGAN U.S. EQUITY RET OPT
1b Three-digit plan number (PN) 297
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSAMERICA LIFE INSURANCE COMPANY
6400 C ST SW CEDAR RAPIDS, IA 52404
2b Employer Identification Number (EIN) 39-0989781
2c Plan Sponsor's telephone number 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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) <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>JPMORGAN U.S. EQUITY RET OPT</u>	B Three-digit plan number (PN)	<u>297</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):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CERTIFIED WELDING, LLC 401(K) PLAN	
b	Name of plan sponsor	CERTIFIED WELDING, LLC	c EIN-PN 82-2109373-001
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	DEXTER W. WHITE CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	DEXTER W. WHITE CONSTRUCTION, LLC	c EIN-PN 62-1761678-001
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	ECOMARK ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	ECOMARK ENERGY, INC.	c EIN-PN 47-2681037-001
a	Plan name	EDGE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EDGE PLASTICS, INC.	c EIN-PN 33-0397325-001
a	Plan name	FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KKD PET VET	c EIN-PN 46-1590293-001
a	Plan name	FAMILY RESOURCE CENTER RETIREMENT PLAN	
b	Name of plan sponsor	FAMILY RESOURCE CENTER	c EIN-PN 36-3532803-001
a	Plan name	FRANK C. LAWRENCE DAIRY PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANK LAWRENCE DAIRY	c EIN-PN 94-1220748-001
a	Plan name	GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	GOOD FOUNDATIONS ACADEMY	c EIN-PN 36-4664197-001
a	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	c EIN-PN 74-1064184-001
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

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	HEALTH SOLUTIONS, LLC EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	HEALTH SOLUTIONS, LLC	c EIN-PN 26-1412288-001
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	LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor	LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-002
a	Plan name	LAW OFFICES OF CHARLES WEBB, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEBB, CASON, COVICH P.C.	c EIN-PN 74-2387856-001
a	Plan name	MARCHIONDA & FERRER 401(K) PLAN	
b	Name of plan sponsor	MARCHIONDA & FERRER, P.A.	c EIN-PN 22-3261359-001
a	Plan name	MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	MERRITT ISLAND AIR AND HEAT INC.	c EIN-PN 81-0579482-001
a	Plan name	MONTALVO ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	MONTALVO ASSOCIATION	c EIN-PN 94-1249283-001
a	Plan name	NORTHERN NEVADA 401(K) PLAN	
b	Name of plan sponsor	FERNLEY NUGGET CORPORATION	c EIN-PN 26-1620600-002
a	Plan name	PHILLIP GALYEN PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHILLIP GALYEN PC DBA BAILEY & GALYEN	c EIN-PN 75-2218748-001
a	Plan name	PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor	PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a	Plan name	PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name	SAFARI KID 401(K) PLAN & TRUST	
b	Name of plan sponsor	TRIPLE 'E' KIDZ, INC DBA SAFARI KID - MB.	c EIN-PN 27-4729183-001

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	VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VULCAN FIRE SYSTEMS, INC.	c EIN-PN 61-1057957-001
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	1ST LIGHT SALES CORP 401(K) PROFIT SHARING PLAN AND TRUST 3	
b	Name of plan sponsor	1ST LIGHT SALES CORP	c EIN-PN 35-2431013-001
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 TRADING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B & B TRADING CORPORATION	c EIN-PN 04-3055768-001
a	Plan name	HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HECO, INC.	c EIN-PN 38-1817538-001
a	Plan name	HWO, INC. 401(K) PLAN	
b	Name of plan sponsor	HWO, INC.	c EIN-PN 83-2185021-001
a	Plan name	LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAWRENCE TRACTOR COMPANY, INC.	c EIN-PN 94-1713405-001
a	Plan name	LEE KINSTLE CHEVROLET, BUICK, GMC INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	LEE KINSTLE CHEVROLET, BUICK, GMC INC.	c EIN-PN 34-0904272-001
a	Plan name	METHODIST HOMES FOR THE AGING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METHODIST HOMES FOR THE AGING	c EIN-PN 63-0376518-001
a	Plan name	MEYLAN DAVITT JAIN AREVIAN & KIM LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEYLAN DAVITT JAIN AREVIAN & KIM LLP	c EIN-PN 46-1854265-777
a	Plan name	MORRIS DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	MORRIS DISTRIBUTING	c EIN-PN 68-0301995-001

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	MOUNTAIN WEST HOLDING CO. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MOUNTAIN WEST HOLDING CO.	c EIN-PN 26-4507278-001
a	Plan name	RICHARD ELSINGER, DMD 401(K) PLAN	
b	Name of plan sponsor	RICHARD ELSINGER, DMD	c EIN-PN 22-3433645-001
a	Plan name	RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a	Plan name	SAME DAY SERVICE 401(K) PLAN	
b	Name of plan sponsor	SAME DAY SERVICE COMPANY, INC.	c EIN-PN 06-1366425-001
a	Plan name	SIMS TRUCKING & BROKERAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMS TRUCKING & BROKERAGE, INC.	c EIN-PN 81-2382075-002
a	Plan name	STONINGTON SERVICES, LLC 401(K) PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor	STONINGTON SERVICES, LLC	c EIN-PN 04-3805262-002
a	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002
a	Plan name	TIM MCCLOSKEY ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	TIM MCCLOSKEY ELECTRIC, INC.	c EIN-PN 94-3347825-001
a	Plan name	VALLEY AIR CRAFTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL SCHOENAU DBA VALLEY AIR CRAFTS	c EIN-PN 33-1129677-001
a	Plan name	WALEED MARI & ASSOCIATES SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALEED MARI & ASSOCIATES	c EIN-PN 77-0453687-001
a	Plan name	YOUNG AUDIENCES OF NEW JERSEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YOUNG AUDIENCES OF NEW JERSEY, INC.	c EIN-PN 23-7384991-001
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

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 ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ALEX TATUM CONSTRUCTION CO., INC.	c EIN-PN 58-1520046-002
a	Plan name BADGER ALLOYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BADGER ALLOYS, INC.	c EIN-PN 39-1055261-001
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 CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CYPRESS POINT CLUB	c EIN-PN 94-6008058-002
a	Plan name D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor D R SUMMIT WEALTH MANAGEMENT, INC.	c EIN-PN 27-1552262-001
a	Plan name MCARDLE LTD. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCARDLE LTD.	c EIN-PN 36-2949020-333
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 RAPT 401(K) PLAN	
b	Name of plan sponsor RICHMOND AUTO PARTS TECHNOLOGY, INC.	c EIN-PN 61-1321586-001
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 CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHESLER CONSTRUCTION, INC.	c EIN-PN 68-0378142-002
a	Plan name FUSION ZONE AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor FUSION ZONE AUTOMOTIVE, INC.	c EIN-PN 27-1376889-001
a	Plan name JOHN A. MITAMURA, M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN A. MITAMURA, M.D.	c EIN-PN 13-3535026-001

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 JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JOHN MOORE & ASSOCIATES, INC.	c EIN-PN 62-0867747-001
a	Plan name JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN P. CALCATERA DPM PC	c EIN-PN 26-1562402-001
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 CHOICE CONCRETE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 52-1758766-777
a	Plan name CHOICE CONCRETE CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 38-3294810-001
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 DONWAS INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor DONWAS INC.	c EIN-PN 45-4958843-001
a	Plan name GANDOLFO EXCAVATING, INC. 401(K) PLAN	
b	Name of plan sponsor GANDOLFO EXCAVATING, INC.	c EIN-PN 51-0667390-001
a	Plan name GARRY L. JOHNSON & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor GARRY L. JOHNSON & ASSOCIATES, INC.	c EIN-PN 86-0616252-001
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 IBEW LOCAL UNION NO. 444 PENSION PLAN	
b	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL UNION WORKERS LOCAL UNION 44	c EIN-PN 73-6153191-001
a	Plan name MCDERMOTT-COSTA, INC. 401(K) PLAN	
b	Name of plan sponsor MCDERMOTT-COSTA CO., INC.	c EIN-PN 94-1375883-002

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 MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MCDONALDS' DESIGN & BUILD, INC.	c EIN-PN 34-1313478-001
a	Plan name ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	c EIN-PN 95-1685796-002
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 PONY EXPRESS 401(K) PLAN	
b	Name of plan sponsor W.C.W. CORPORATION	c EIN-PN 88-0206170-001
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 SCHEER GREEN AND BURKE LPA 401(K) PLAN	
b	Name of plan sponsor SCHEER GREEN AND BURKE LPA	c EIN-PN 34-1234557-001
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 TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name WAVE CREST DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WAVE CREST DEVELOPMENT	c EIN-PN 94-2349728-001
a	Plan name ABEL'S EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor ABEL'S EXPRESS, INC.	c EIN-PN 23-2245413-001
a	Plan name ACADEMIC ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACADEMIC ENDOCRINE, METABOLISM & NUTRITION, INC.	c EIN-PN 36-4180316-001

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	ARROW HOLDINGS, INC 401(K) PLAN	
b	Name of plan sponsor	ARROW HOLDINGS, INC	c EIN-PN 98-0381410-001
a	Plan name	BOOTHWYN PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor	BPI HOLDINGS, LLC	c EIN-PN 23-2774727-001
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
a	Plan name	EL POLLO LOCO, INC. 401(K) PLAN	
b	Name of plan sponsor	EL POLLO LOCO, INC.	c EIN-PN 33-0377527-777
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	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	LINNEMAN LAW, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor	LINNEMAN LAW, LLP	c EIN-PN 94-1165008-001
a	Plan name	LITHOGRAPHICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LITHOGRAPHICS, INC.	c EIN-PN 62-0952563-001
a	Plan name	MICHAEL STARS, INC. 401(K) PLAN	
b	Name of plan sponsor	MICHAEL STARS	c EIN-PN 35-3962410-222
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	PARTNERS SUPPLY COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	PARTNERS SUPPLY COMPANY, INC.	c EIN-PN 62-1633017-001
a	Plan name	QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALEX MANUFACTURING, LLC	c EIN-PN 61-1273995-001

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	RIOUX EYE CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RIOUX EYE CENTER, INC.	c EIN-PN 87-4253844-001
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	SCHOOL MANAGEMENT SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	SCHOOL MANAGEMENT SERVICES, LLC	c EIN-PN 56-2545979-001
a	Plan name	SCHULKAMP ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	SCHULKAMP COMPANY, INC.	c EIN-PN 26-1505393-001
a	Plan name	SMART, LLC 401(K) PLAN	
b	Name of plan sponsor	SMART, LLC	c EIN-PN 30-0269003-001
a	Plan name	SUBURBAN MATERIALS COMPANY RETIREMENT PLAN	
b	Name of plan sponsor	SUBURBAN MATERIALS COMPANY	c EIN-PN 23-1683256-001
a	Plan name	THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DYNAMIC CONSTRUCTION, INC.	c EIN-PN 31-1526251-001
a	Plan name	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a	Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
b	Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-1917556-001
a	Plan name	ZOULAS 401(K) PLAN	
b	Name of plan sponsor	KRISTINA ZOULAS, DDS, INC.	c EIN-PN 74-1856936-001
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

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 TASTES ON THE FLY 401(K) PLAN	
b	Name of plan sponsor TASTES ON THE FLY SAN FRANCISCO LLC	c EIN-PN 27-1859310-001
a	Plan name CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CITRON CLOTHING, INC.	c EIN-PN 95-4145110-001
a	Plan name LLEWELLYN DENTAL ASSOCIATES, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LLEWELLYN DENTAL ASSOCIATES, P.A.	c EIN-PN 22-2902056-002
a	Plan name THE FULLINWIDER FIRM, LLC 401(K) PLAN	
b	Name of plan sponsor THE FULLINWIDER FIRM, LLC	c EIN-PN 46-2738081-001
a	Plan name ADVANCED CARGO CORPORATION 401(K) P/S PLAN	
b	Name of plan sponsor ADVANCED CARGO CORPORATION	c EIN-PN 41-1663563-001
a	Plan name COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
b	Name of plan sponsor COASTAL BEND WORKFORCE DEVELOPMENT BOARD	c EIN-PN 74-2424633-001
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 GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
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 ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor ALLIED GOVERNMENT SOLUTIONS, INC.	c EIN-PN 27-4329708-001
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 TUCKER, ALBIN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor TUCKER, ALBIN & ASSOCIATES	c EIN-PN 32-0386771-001

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	REIF LAW GROUP, P.C. 401(K) PLAN	
b	Name of plan sponsor	REIF LAW GROUP, P.C.	c EIN-PN 26-4085758-001
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	ASCENT CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	ASCENT CONSTRUCTION, INC.	c EIN-PN 87-0645924-002
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	DANIEL S. BANDARI, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANIEL S. BANDARI, M.D., INC.	c EIN-PN 26-3401605-001
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	DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	DATA PATH, INC.	c EIN-PN 90-0242296-001
a	Plan name	HEXADYNE 401(K) PLAN	
b	Name of plan sponsor	HEXADYNE CORPORATION	c EIN-PN 20-2774386-001
a	Plan name	HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	HICKORY HILL RETIREMENT COMMUNITY, LLC	c EIN-PN 37-1544274-001
a	Plan name	HIGH DESERT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	HIGH DESERT COMMUNICATIONS, INC.	c EIN-PN 86-0879788-001
a	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name	AURORA PROJECT, INC. 401(K) PLAN	
b	Name of plan sponsor	AURORA PROJECT, INC.	c EIN-PN 34-1517827-001

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	DELL-COMM, INC. 401(K) PLAN	
b Name of plan sponsor	DELL-COMM, INC.	c EIN-PN 41-1660280-001
a Plan name	MISTLIN MOTORS 401(K) PLAN	
b Name of plan sponsor	MISTLIN MOTORS	c EIN-PN 94-2540043-001
a Plan name	VICTOR EMANUEL NATURE TOURS 401(K) PLAN	
b Name of plan sponsor	VICTOR EMANUEL NATURE TOURS, INC.	c EIN-PN 74-1942295-001
a Plan name	NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA	c EIN-PN 36-6001991-001
a Plan name	DOYLE EQUIPMENT MANUFACTURING COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	DOYLE EQUIPMENT MANUFACTURING COMPANY	c EIN-PN 37-0806868-001
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	WENCO MANAGEMENT, LLC 401(K) PLAN	
b Name of plan sponsor	WENCO MANAGEMENT, LLC	c EIN-PN 81-0971670-003
a Plan name	BESTCO ELECTRIC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BESTCO ELECTRIC, INC.	c EIN-PN 94-2212170-002
a Plan name	BI-QEM INC. 401(K) PLAN	
b Name of plan sponsor	BI-QEM INC.	c EIN-PN 04-2783625-001
a Plan name	INTREIS 401(K) PLAN	
b Name of plan sponsor	INTREIS	c EIN-PN 46-0855494-001
a Plan name	INTRINSYX TECHNOLOGIES 401(K) PLAN	
b Name of plan sponsor	INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001
a Plan name	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	c EIN-PN 34-4314480-001

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 WILLIAM L. FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAM L FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES	c EIN-PN 34-1760741-001
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 BRETON VILLAGE TRAVEL SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor BRETON VILLAGE TRAVEL SERVICES INC.	c EIN-PN 38-2017934-001
a	Plan name JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001
a	Plan name SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMITH & JOHNSON ATTORNEYS, P.C	c EIN-PN 38-2067637-001
a	Plan name SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SNAPPY SPORT SENTER, INC.	c EIN-PN 81-0426659-001
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 EXCEL DRYWALL, INC. 401(K) PLAN	
b	Name of plan sponsor EXCEL DRYWALL, INC.	c EIN-PN 91-1668339-001
a	Plan name STADLER PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor STADLER PLUMBING & HEATING, INC.	c EIN-PN 38-3295246-001
a	Plan name PATTIS PRESCHOOL, INC. 401(K) PLAN	
b	Name of plan sponsor PATTIS PRESCHOOL, INC.	c EIN-PN 30-0143660-001
a	Plan name CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPECIALTIES UNLIMITED, INC.	c EIN-PN 43-1986186-001

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	KINGFISHER CHARTERS & LODGE 401(K) PLAN	
b	Name of plan sponsor	KINGFISHER CHARTERS & LODGE, LLC	c EIN-PN 71-0874903-001
a	Plan name	KMS 401(K) PLAN	
b	Name of plan sponsor	KINETICS MECHANICAL SERVICES, INC.	c EIN-PN 77-0476369-001
a	Plan name	SUPERMAX HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	SUPERMAX HEALTHCARE INC.	c EIN-PN 27-2105941-001
a	Plan name	THE GOLF CLUB OF TENNESSEE 401(K) PLAN	
b	Name of plan sponsor	THE GOLF CLUB OF TENNESSEE	c EIN-PN 58-1831848-001
a	Plan name	ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	ACME LIFT COMPANY LLC	c EIN-PN 86-0900122-001
a	Plan name	GEORGIA CAREER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	HMS EDUCATIONAL SERVICES, INC. DBA GEORGIA CAREER INSTITUTE	c EIN-PN 58-1838344-001
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	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	MAM 401(K) PLAN	
b	Name of plan sponsor	MIDWEST ALTERNATIVE MEDICINE	c EIN-PN 20-1161026-001
a	Plan name	COLLAGE ARCHITECTS LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	COLLAGE ARCHITECTS LLC	c EIN-PN 26-3215943-001
a	Plan name	GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor	GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001
a	Plan name	PROACTIVE WEST 401(K) PLAN	
b	Name of plan sponsor	PROACTIVE ENGINEERING CONSULTANTS WEST, INC.	c EIN-PN 45-1479995-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE 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	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
a	Plan name	MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name	CONSOLIDATED DOORS, INC. 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED DOORS, INC.	c EIN-PN 39-1757450-001
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	CREATIVE PACKAGING 401(K) PLAN	
b	Name of plan sponsor	CREATIVE PACKAGING, LLC	c EIN-PN 31-1682777-001
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	HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name	HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
a	Plan name	U.S. PERMA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	U.S. PERMA, INC. DBA CALIFORNIA TILE INSTALLERS	c EIN-PN 94-2910930-001
a	Plan name	UNICOI SYSTEMS, INC. AND WAHSEGA, INC. 401(K) PLAN	
b	Name of plan sponsor	UNICOI SYSTEMS, INC.	c EIN-PN 58-2590945-001
a	Plan name	DAVE SCHMITT CONSTRUCTION COMPANY, INC PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVE SCHMITT CONSTRUCTION COMPANY, INC	c EIN-PN 42-0889038-001

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	MIDWEST WELL & PUMP 401(K) PLAN	
b	Name of plan sponsor	MIDWEST WELL & PUMP, INC.	c EIN-PN 74-2819991-001
a	Plan name	VEGAS OPTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	VEGAS OPTICS, LLC	c EIN-PN 55-0896350-001
a	Plan name	VEHICLE ACCESSORIES RETIREMENT PLAN	
b	Name of plan sponsor	VEHICLE ACCESSORIES	c EIN-PN 38-3553465-001
a	Plan name	VELECTRON CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VELECTRON CORP.	c EIN-PN 33-0990551-001
a	Plan name	VELOCITY STAFF 401(K) PLAN	
b	Name of plan sponsor	VELOCITY STAFF, INC.	c EIN-PN 20-1745461-001
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	HOME INSTEAD 401(K) PLAN	
b	Name of plan sponsor	HOME INSTEAD SENIOR CARE	c EIN-PN 26-1145117-001
a	Plan name	MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MJD TRUCKING, INC.	c EIN-PN 65-0831291-001
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	MLP MFG., INC. 401(K) PLAN	
b	Name of plan sponsor	MLP MFG., INC.	c EIN-PN 38-2753483-001
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

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 BEERMAN PRECISION, INC. 401(K) PLAN	
b	Name of plan sponsor BEERMAN PRECISION, INC.	c EIN-PN 72-0519232-001
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 INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
b	Name of plan sponsor INSTITUTIONAL CASEWORK, INC.	c EIN-PN 20-4225695-001
a	Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor E.S. EVANS & COMPANY	c EIN-PN 34-1717857-001
a	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name EARTHLITE 401(K) PLAN	
b	Name of plan sponsor EARTHLITE ACQUISITION, INC.	c EIN-PN 33-0493452-001
a	Plan name INVESTMENT CENTER 401(K) PLAN	
b	Name of plan sponsor INVESTMENT CENTER	c EIN-PN 42-1485034-001
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 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 OHIO READY MIX, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OHIO READY MIX, INC.	c EIN-PN 34-1086697-001

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	SOCIETY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SOCIETY, INC. DBA THE ACADEMY	c EIN-PN 80-0231640-001
a	Plan name	SOFTCRYLIC 401(K) PLAN	
b	Name of plan sponsor	SOFTCRYLIC, LLC	c EIN-PN 13-4137658-001
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	F.A. PEINADO, LLC 401(K) PLAN	
b	Name of plan sponsor	F.A. PEINADO, LLC	c EIN-PN 77-0647820-001
a	Plan name	K & H CONCRETE CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor	K&H CONCRETE CUTTING, INC.	c EIN-PN 38-2421612-001
a	Plan name	STANDARD BUILDERS 401(K) PLAN	
b	Name of plan sponsor	STANDARD BUILDERS, INC.	c EIN-PN 20-4989039-001
a	Plan name	STANDARD MAINTENANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	STANDARD MAINTENANCE COMPANY, LLC	c EIN-PN 62-1741930-001
a	Plan name	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name	KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor	KNS INTERNATIONAL	c EIN-PN 42-1539365-001
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	SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SURGEONS CHOICE MEDICAL CENTER	c EIN-PN 38-3162435-001
a	Plan name	SUZANNE YEE COSMETIC SURGERY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMYPAY II, INC. DBA SUZANNE YEE COSMETIC SURGERY	c EIN-PN 20-4374022-001

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	FORT DEARBORN PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	FORT DEARBORN PARTNERS	c EIN-PN 36-3745996-001
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	PENNY LANE SCHOOL, LTD. 401(K) PLAN	
b	Name of plan sponsor	PENNY LANE SCHOOL, LTD.	c EIN-PN 36-3864693-001
a	Plan name	PEREGRINE FALCON CORP. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PEREGRINE FALCON CORPORATION	c EIN-PN 94-3209312-001
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	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 EYE ASSOCIATES, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITE EYE ASSOCIATES, P.A.	c EIN-PN 56-1341154-001
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	WOLTCOM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOLTCOM, INC.	c EIN-PN 94-1690542-001
a	Plan name	WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name	WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WONDERLAND TIRE COMPANY, INC.	c EIN-PN 38-2264378-001

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 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 BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BIRMINGHAM PODIATRY, P.C.	c EIN-PN 63-0826296-002
a	Plan name BISBEE PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor ROADSIDE DEVELOPERS, INC. DBA BISBEE PLUMBING & HEATING	c EIN-PN 41-0915726-001
a	Plan name BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
a	Plan name BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRUCE C. WINTERSTEEN, D.D.S.	c EIN-PN 37-1209635-002
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 CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
b	Name of plan sponsor CLEVELAND CITY FORGE, INC.	c EIN-PN 34-1972972-001
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 DERMATOLOGY CENTER OF THE ROCKIES 401(K) PLAN	
b	Name of plan sponsor DERMATOLOGY CENTER OF THE ROCKIES, P.C.	c EIN-PN 45-3008919-002
a	Plan name DUFF QUARRY, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor DUFF QUARRY, INC.	c EIN-PN 34-0929698-001
a	Plan name FLO-LINE TECHNOLOGY 401(K) PLAN	
b	Name of plan sponsor FLO-LINE TECHNOLOGY	c EIN-PN 20-4032669-001

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 FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FLOORGUARD, INC.	c EIN-PN 36-4027503-001
a	Plan name GIBSON & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor GIBSON & ASSOCIATES, INC.	c EIN-PN 75-2057660-001
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 GLOBALTEK COMPONENTS, LLC 401(K) PLAN	
b	Name of plan sponsor GLOBALTEK COMPONENTS, LLC	c EIN-PN 11-3777016-001
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 HOSKINS EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor HOSKINS EQUIPMENT, LLC	c EIN-PN 95-3547273-001
a	Plan name JODESIGN, LLC 401(K) PLAN	
b	Name of plan sponsor JODESIGN, LLC	c EIN-PN 68-0671125-001
a	Plan name KAZI FOODS 401(K) PLAN	
b	Name of plan sponsor KAZI FOODS, INC.	c EIN-PN 98-4287911-001
a	Plan name KURTZ, ANDERSON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KURTZ, ANDERSON & ASSOCIATES	c EIN-PN 33-0320621-001
a	Plan name LUSO FEDERAL CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor LUSO FEDERAL CREDIT UNION	c EIN-PN 04-6279799-001
a	Plan name MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEDIX SPECIALTY VEHICLES, LLC	c EIN-PN 54-2028306-001
a	Plan name NEUSOFT AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor NEUSOFT AMERICA, INC.	c EIN-PN 20-5601470-001

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	ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor	ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
a	Plan name	PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN	
b	Name of plan sponsor	PACE ANALYTICAL, INC.	c EIN-PN 66-0629797-001
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	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	PRESIDIUM PROPERTY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	CENTAURUS PROPERTY MANAGEMENT, LLC DBA PRESIDIUM PROPERTY MANAGEMENT	c EIN-PN 26-0536884-001
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	REPCO SALES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REPCO SALES LLC	c EIN-PN 99-3976601-001
a	Plan name	ROI DNA 401(K) PLAN	
b	Name of plan sponsor	ROI DNA	c EIN-PN 27-1203715-001
a	Plan name	S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	S&S MANAGEMENT, INC.	c EIN-PN 31-1493783-001
a	Plan name	SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SHEPHERD DATA SERVICES, INC.	c EIN-PN 46-0469044-001
a	Plan name	T & D DESIGN 401(K) PLAN	
b	Name of plan sponsor	TOOL & DIE DESIGN	c EIN-PN 38-3384452-001
a	Plan name	T K GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T K GROUP, INC.	c EIN-PN 36-3489575-001

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.	OMB No. 1210-0110 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 U.S. EQUITY RET OPT	B Three-digit plan number (PN) ▶ 297
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)	48451969
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	61313819
(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	48451969	61313819
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2	2
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2	2
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	48451967	61313817

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)	316830	
(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)	8258547	
(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)		3308626
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11884003

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)	319501	
(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)		319501
j Total expenses. Add all expense amounts in column (b) and enter total	2j		319501

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11564502
l Transfers of assets:			
(1) To this plan	2l(1)		10690039
(2) From this plan	2l(2)		9392691

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 _____.