

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 HIGH YIELD RET OPT
1b Three-digit plan number (PN) 293
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 HIGH YIELD RET OPT</u>	B Three-digit plan number (PN)	<u>293</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BLAHNIK INVESTMENT GROUP	c EIN-PN 46-0495940-001
a	Plan name	CAM CONSTRUCTION & PAINTING 401(K) PLAN & TRUST	
b	Name of plan sponsor	CAM CONSTRUCTION & PAINTING INC.	c EIN-PN 45-5255646-001
a	Plan name	COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor	COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
a	Plan name	COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLORADO SURGICAL AFFILIATES, LLC	c EIN-PN 81-3228396-001
a	Plan name	COMCARE, INC. 401(K) PLAN	
b	Name of plan sponsor	COMCARE, INC.	c EIN-PN 62-1019649-004
a	Plan name	CUEVAS AND VILLA, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CUEVAS AND VILLA, INC.	c EIN-PN 20-0367962-001
a	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	THE CULVER GROUP	c EIN-PN 33-0789218-001
a	Plan name	EATON DRILLING 401(K) PLAN	
b	Name of plan sponsor	EATON DRILLING CO., INC.	c EIN-PN 94-1207118-001
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	GOPATH 401(K) PLAN	
b	Name of plan sponsor	GOPATH GLOBAL LLC	c EIN-PN 27-1105704-001
a	Plan name	MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MESSAGEBROADCAST.COM, LLC	c EIN-PN 77-0480271-001
a	Plan name	NORTHERN ENERGY SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NORTHERN ENERGY SERVICES, INC.	c EIN-PN 04-3308382-001

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 NORTHWEST ELECTRIC OF VANCOUVER, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHWEST ELECTRIC OF VANCOUVER, INC.	c EIN-PN 20-8108991-001
a	Plan name PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY LLC	c EIN-PN 26-1612259-001
a	Plan name PROMAN STAFFING GROUP 401(K) PLAN	
b	Name of plan sponsor PROMAN GROUP, INC	c EIN-PN 82-2540923-001
a	Plan name PROPOINT TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROPOINT TECHNOLOGY, INC	c EIN-PN 20-2925475-001
a	Plan name 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 STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor STERLING ENERGY OPERATIONS, LLC	c EIN-PN 33-0969595-001
a	Plan name STEVENS TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor STEVENS TRANSPORTATION, INC.	c EIN-PN 77-0009655-001
a	Plan name THREAD INFORMATION DESIGN 401(K) PLAN	
b	Name of plan sponsor THREAD INFORMATION DESIGN	c EIN-PN 34-1537882-001
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 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 FRAZIER & SABIN, LLP 401(K) PLAN	
b	Name of plan sponsor FRAZIER & SABIN, LLP	c EIN-PN 37-1137275-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<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	HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.	c EIN-PN 88-0161856-001
a	Plan name	JACK YATES DRYWALL PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK YATES DRYWALL	c EIN-PN 27-1959275-001
a	Plan name	KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	KENTUCKY EDUCATION ASSOCIATION	c EIN-PN 61-0245450-001
a	Plan name	METRO FENCE CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	METRO FENCE COMPANY, INC.	c EIN-PN 74-6514295-001
a	Plan name	MGD 401(K) PLAN	
b	Name of plan sponsor	DCE CONSTRUCTION, INC. DBA MESA GARAGE DOORS	c EIN-PN 33-0591655-001
a	Plan name	NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NUHORIZON PROPERTIES, LLC	c EIN-PN 38-3521185-001
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	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002
a	Plan name	THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ART OF MANAGEMENT, LLP	c EIN-PN 47-2620180-001
a	Plan name	TIGER SANITATION, LLC 401(K) PLAN	
b	Name of plan sponsor	TIGER SANITATION, LLC	c EIN-PN 71-0885851-001
a	Plan name	WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
b	Name of plan sponsor	WAILEA GOLF LLC	c EIN-PN 76-0741485-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name WAILEA GOLF LLC BU / GA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WAILEA GOLF LLC	c EIN-PN 76-0741485-003
a	Plan name ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
a	Plan name D & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
a	Plan name D WUERFEL INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor D WUERFEL INC.	c EIN-PN 20-2121078-001
a	Plan name MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCCLELLAND LAW GROUP	c EIN-PN 26-0787424-001
a	Plan name 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 OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OPHTHALMOLOGY CENTER OF ILLINOIS	c EIN-PN 46-3808527-001
a	Plan name THE BLACK HAWK CASINO 401(K) PLAN	
b	Name of plan sponsor SAUK BUSINESS ENTERPRISES	c EIN-PN 02-0713814-001
a	Plan name THE CARLTON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor THE CARLTON LAW FIRM, P.L.L.C.	c EIN-PN 27-5059291-001
a	Plan name TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRINITY DIRECT, LLC	c EIN-PN 22-3499334-001
a	Plan name A-1 SERVICE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor A-1 SERVICE INC.	c EIN-PN 72-0692706-001
a	Plan name AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN NATION BANK	c EIN-PN 73-1258880-001

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 BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BUILDERS IRON	c EIN-PN 38-3128186-001
a	Plan name CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor CHEROKEE FARM DEVELOPMENT CORPORATION	c EIN-PN 46-1180603-001
a	Plan name COSTA 401(K) PLAN	
b	Name of plan sponsor COSTA FRUIT & PRODUCE COMPANY INC.	c EIN-PN 04-2076359-001
a	Plan name I & C ENGINEERING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor I & C ENGINEERING COMPANY, INC.	c EIN-PN 04-3059259-003
a	Plan name I-TECH USA 401(K) PLAN	
b	Name of plan sponsor I-TECH USA	c EIN-PN 32-0015143-001
a	Plan name JOHN 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 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 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 ID SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ID SYSTEMS, INC.	c EIN-PN 38-2419366-002
a	Plan name LINENS BY ALICE PROFIT SHARING PLAN	
b	Name of plan sponsor LINENS BY ALICE, INC.	c EIN-PN 04-3068509-001

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	MXD PROCESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIXER DIRECT INC., DBA MXD PROCESS	c EIN-PN 27-1855081-001
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 WHOLESALE, INC.	c EIN-PN 33-0764606-001
a	Plan name	SPECIALTY ELECTRICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SPECIALTY ELECTRICS, INC.	c EIN-PN 83-0327089-001
a	Plan name	TRUE & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE & ASSOCIATES	c EIN-PN 22-2472821-002
a	Plan name	TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE LINE, INC.	c EIN-PN 55-0651663-001
a	Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name	BORCHARDT, CORONA & FAETH 401(K) PLAN	
b	Name of plan sponsor	BORCHARDT, CORONA & FAETH	c EIN-PN 77-0144125-001
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	D.E.S., INC. 401(K) PLAN	
b	Name of plan sponsor	DIVERSIFIED ENVIRONMENTAL SERVICES, INC.	c EIN-PN 59-3055432-001
a	Plan name	ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	THE ELDREDGE COMPANIES, INC.	c EIN-PN 23-2372461-001
a	Plan name	FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FCNB BANK	c EIN-PN 43-0224380-001

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 FENWEST, INC. 401(K) PLAN	
b	Name of plan sponsor FENWEST, INC.	c EIN-PN 02-0523632-001
a	Plan name GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C.	c EIN-PN 30-0389300-001
a	Plan name JAN-PRO, INC. 401(K) PLAN	
b	Name of plan sponsor TRI-VISION CORPORATION II	c EIN-PN 47-5110107-001
a	Plan name JAPAT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JAPAT, INC.	c EIN-PN 94-2694329-001
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 LIVE DEAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LIVE DEAL, INC.	c EIN-PN 85-0206668-001
a	Plan name MARTIN'S NURSERY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MARTIN'S NURSERY, INC.	c EIN-PN 63-1133490-001
a	Plan name O2 SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor O2 SOLUTIONS, LLC	c EIN-PN 14-1964996-001
a	Plan name Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor Q3 TECHNOLOGIES LLC	c EIN-PN 20-4855347-001
a	Plan name 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 SUMMIT MECHANICAL 401(K) PLAN	
b	Name of plan sponsor SUMMIT MECHANICAL	c EIN-PN 06-1778760-001

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	WELSH-HAGEN 401(K) PLAN
b	Name of plan sponsor	WELSH HAGEN
c	EIN-PN	45-4918589-001
a	Plan name	CITY OF METTER RETIREMENT PLAN
b	Name of plan sponsor	CITY OF METTER
c	EIN-PN	58-6000621-001
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	LPM ELECTRIC 401(K) PLAN
b	Name of plan sponsor	LPM ELECTRIC, INC
c	EIN-PN	03-0396161-001
a	Plan name	PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN
b	Name of plan sponsor	PRECISION INDUSTRIAL CONTRACTORS, INC.
c	EIN-PN	91-2139290-001
a	Plan name	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	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	MACOMB NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN
b	Name of plan sponsor	MACOMB NEUROLOGY ASSOCIATES, P.C.
c	EIN-PN	38-3587490-001
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	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	TOUCHTURNS, LLC 401(K) PLAN
b	Name of plan sponsor	TOUCHTURNS, LLC
c	EIN-PN	45-2688671-001

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	ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name	GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GREEN FRONT FURNITURE COMPANY, INC.	c EIN-PN 54-0837729-003
a	Plan name	MASTER GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MASTER PRODUCTS COPORATION	c EIN-PN 66-0407424-002
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	TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	TURNBRIDGE CAPITAL MANAGEMENT, LLC	c EIN-PN 47-0963603-001
a	Plan name	AMPAC 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name	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	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	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	DEL AMO MOTORSPORTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOO FAST INC. DBA DEL AMO MOTORSPORTS OF REDONDO BEACH	c EIN-PN 33-0546509-001
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	HM MEDICAL CONSULTANTS PROFESS 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	HM MEDICAL CONSULTANTS PROFESS	c EIN-PN 84-1440532-001

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	HOGE LUMBER COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOGE LUMBER COMPANY	c EIN-PN 34-1819246-002
a	Plan name	MISKO, INC. 401(K) PLAN	
b	Name of plan sponsor	MISKO, INC.	c EIN-PN 23-2506409-001
a	Plan name	NATURAL CARE WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	NATURAL CARE WELLNESS CENTER	c EIN-PN 20-5364037-001
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	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	INTREIS 401(K) PLAN	
b	Name of plan sponsor	INTREIS	c EIN-PN 46-0855494-001
a	Plan name	WILLIAM J.T. COULMAN, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. BILL COULMAN, D.D.S., INC.	c EIN-PN 31-1643764-001
a	Plan name	BREAKING GROUND EXCAVATION INC. 401(K) PLAN	
b	Name of plan sponsor	BREAKING GROUND EXCAVATION INC.	c EIN-PN 91-2118848-001
a	Plan name	JCJ, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JCJ, LLP	c EIN-PN 27-4442059-001
a	Plan name	SMITHCO MEATS, INC. 401(K) PLAN	
b	Name of plan sponsor	SMITHCO MEATS, INC.	c EIN-PN 91-0923041-001
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	BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	BURCH COURT DENTAL	c EIN-PN 61-1338337-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JSC REALTY SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JSC REALTY SERVICES, INC.	c EIN-PN 75-2319565-001
a	Plan name CARPET ONE 401(K) PLAN	
b	Name of plan sponsor HOUSE OF CARPET, INC.	c EIN-PN 43-0957081-001
a	Plan name CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPECIALTIES UNLIMITED, INC.	c EIN-PN 43-1986186-001
a	Plan name SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUPERIOR PAINT SUPPLY, INC.	c EIN-PN 87-0241620-001
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 ACRC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN CONTINENTAL RESOURCES CORP.	c EIN-PN 86-0470553-001
a	Plan name GENTILOZZI REAL ESTATE, INC. 401(K) PLAN	
b	Name of plan sponsor GENTILOZZI REAL ESTATE, INC.	c EIN-PN 38-2361521-001
a	Plan name GEORGIA SPECIALTY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor GEORGIA SPECIALTY CONSTRUCTORS, INC.	c EIN-PN 58-1505420-002
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 MALCOLM SMITH MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor MALCOLM SMITH MOTORCYCLES, INC.	c EIN-PN 33-0118610-001
a	Plan name PROACTIVE WEST 401(K) PLAN	
b	Name of plan sponsor PROACTIVE ENGINEERING CONSULTANTS WEST, INC.	c EIN-PN 45-1479995-001
a	Plan name MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEDIA STAGE, INC.	c EIN-PN 65-0221317-001

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	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	CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CROMPION INTERNATIONAL, LLC	c EIN-PN 72-1468104-001
a	Plan name	RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor	RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name	MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name	ROCHESTER TELEPHONE COMPANY INC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	ROCHESTER TELEPHONE COMPANY INC	c EIN-PN 35-0619275-777
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
a	Plan name	AUSSIE PET MOBILE, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	AUSSIE PET MOBILE, INC.	c EIN-PN 33-0861292-001
a	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 59-2714320-001
a	Plan name	AUTOMOTIVE TRANSPORT UNION PLAN	
b	Name of plan sponsor	VALIANT MANAGEMENT, LLC UNION PLAN	c EIN-PN 20-4853723-001
a	Plan name	AUTOMOTIVE TRANSPORTATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RCS TRANSPORTATION, LLC	c EIN-PN 20-2646999-001
a	Plan name	HOME INSTEAD 401(K) PLAN	
b	Name of plan sponsor	HOME INSTEAD SENIOR CARE	c EIN-PN 26-1145117-001

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 MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOBILE SYSTEMS WIRELESS INC.	c EIN-PN 91-1879582-001
a	Plan name VIRTUAL OFFICEWARE (DE), LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor VIRTUAL OFFICEWARE (DE), LLC.	c EIN-PN 38-3892710-001
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 SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001
a	Plan name SEACOAST COIN, INC. MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PETER EPSTEIN, ASP	c EIN-PN 95-4170738-002
a	Plan name SEHO 401(K) PLAN	
b	Name of plan sponsor SOUTHEASTERN HOME OXYGEN SERVICES, INC.	c EIN-PN 58-1475742-001
a	Plan name WESTPAC HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor WESTPAC HOLDING COMPANY, INC.	c EIN-PN 20-5722172-003
a	Plan name BROADMOOR DRUG CENTER RETIREMENT PLAN	
b	Name of plan sponsor BROADMOOR DRUG CENTER, INC.	c EIN-PN 72-0754023-001
a	Plan name ELLENBECKER OIL, INC. 401(K) PLAN	
b	Name of plan sponsor ELLENBECKER OIL, INC.	c EIN-PN 83-0255240-001
a	Plan name JDM TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor COMPUTER GUIDANCE	c EIN-PN 46-4707871-001
a	Plan name JENKINS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENKINS ENTERPRISES	c EIN-PN 88-0191006-001
a	Plan name SOURCE ONE TECHNICAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor SOURCE ONE TECHNICAL SOLUTIONS, LLC	c EIN-PN 13-4224406-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CABERY FERTILIZER, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CABERY FERTILIZER, INC.	c EIN-PN 37-0909029-001
a	Plan name EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004
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 LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor LAGUNA SOURCE LLC	c EIN-PN 41-2223213-002
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 TECHNOALPIN 401(K) PLAN	
b	Name of plan sponsor TECHNOALPIN USA, INC.	c EIN-PN 22-3857446-001
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 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 BUCHHOLZ TRANSPORT 401(K) & PSP	
b	Name of plan sponsor BUCHHOLZ TRANSPORT INC.	c EIN-PN 38-2497552-001
a	Plan name CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002
a	Plan name CENTROSOLAR AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor CENTROSOLAR AMERICA, INC.	c EIN-PN 20-8781598-001

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	COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	COLONIAL HEIGHTS VETERINARY HOSPITAL	c EIN-PN 54-2031691-001
a	Plan name	COOPER CONSULTING COMPANY 401(K) PLAN	
b	Name of plan sponsor	COOPER CONSULTING COMPANY	c EIN-PN 74-2723942-001
a	Plan name	DB SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor	MERTZ ENTERPRISES, INC, DBA DB SALES & SERVICE	c EIN-PN 90-0627040-001
a	Plan name	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 RADIOLOGY ASSOCIATES PC 401(K) PLAN	
b	Name of plan sponsor	EASTERN RADIOLOGY ASSOCIATES PC	c EIN-PN 81-0306627-001
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	EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	
b	Name of plan sponsor	ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	c EIN-PN 95-3084651-015
a	Plan name	ENGAGE, INC. 401(K) PLAN	
b	Name of plan sponsor	ENGAGE, INC.	c EIN-PN 80-0001152-002
a	Plan name	F.N. CUTHBERT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	F. N. CUTHBERT, INC.	c EIN-PN 34-4412513-001
a	Plan name	FIRST-LIGHT USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST-LIGHT USA, LLC	c EIN-PN 20-1665358-001
a	Plan name	FOUNDATION FOR INTERNATIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	FOUNDATION FOR INTERNATIONAL SERVICES, INC.	c EIN-PN 91-1300363-001
a	Plan name	FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001

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 GIBSON WINE COMPANY EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor GIBSON WINE COMPANY	c EIN-PN 94-0840555-002
a	Plan name GROVE HEALTH DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GROVE HEALTH DENTAL	c EIN-PN 26-0281244-001
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 HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001
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 MONFORT MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONFORT MANAGEMENT, INC.	c EIN-PN 77-0012053-001
a	Plan name PETROVAL, INC. 401(K) PLAN	
b	Name of plan sponsor PETROVAL, INC.	c EIN-PN 72-1559851-001
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 R.W. PARKINSON, MD 401(K) PLAN	
b	Name of plan sponsor RICHARD W. PARKINSON MD	c EIN-PN 87-0468611-001
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 SWAN USA 401(K) PLAN	
b	Name of plan sponsor SWAN ANALYTICAL USA	c EIN-PN 30-0516534-001

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 HIGH YIELD RET OPT	B Three-digit plan number (PN) ▶ 293
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)	9764001
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8985378
(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	9764001	8985378
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	9764001	8985378

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)		
(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)	691327	
(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		691327

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)	79367	
(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)		79367
j Total expenses. Add all expense amounts in column (b) and enter total	2j		79367

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		611960
l Transfers of assets:			
(1) To this plan	2l(1)		1292148
(2) From this plan	2l(2)		2682731

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 _____.