

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

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, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: FIDELITY ADVISOR SMALL CAP INV OPT; 1b Three-digit plan number (PN): 445; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>FIDELITY ADVISOR SMALL CAP INV OPT</u>	<b>B</b> Three-digit plan number (PN) <u>▶ 445</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CERTEX USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CERTEX USA, INC.	<b>c</b> EIN-PN 20-1211126-001
<b>a</b>	Plan name	CHAMPION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHAMPION EMPLOYER SERVICES	<b>c</b> EIN-PN 35-2178929-333
<b>a</b>	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CULVER GROUP	<b>c</b> EIN-PN 33-0789218-001
<b>a</b>	Plan name	DIAKON LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAKON LOGISTICS, INC.	<b>c</b> EIN-PN 20-0446970-001
<b>a</b>	Plan name	FRAME, MATSUMOTO & COELHO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRAME, MATSUMOTO & COELHO, LLP	<b>c</b> EIN-PN 77-0209411-003
<b>a</b>	Plan name	FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FRANK MARTIN SONS, INC.	<b>c</b> EIN-PN 01-0279609-003
<b>a</b>	Plan name	MARATHON ENGINEERING CORP. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MARATHON ENGINEERING, INC.	<b>c</b> EIN-PN 94-2259624-001
<b>a</b>	Plan name	PACKAGING SPECIALTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PACKAGING SPECIALTIES, LLC	<b>c</b> EIN-PN 88-2479890-001
<b>a</b>	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.	<b>c</b> EIN-PN 59-2300398-001
<b>a</b>	Plan name	STEVEN NEHMER M.D. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STEVEN NEHMER M.D.	<b>c</b> EIN-PN 26-3804644-001
<b>a</b>	Plan name	TERRASAT COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TERRASAT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 02-0547267-001
<b>a</b>	Plan name	ARCADIA NEUROLOGY CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARCADIA NEUROLOGY CENTER, LLC	<b>c</b> EIN-PN 27-3174051-002

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.)		
<b>a</b>	Plan name AZURE GREEN CONSULTANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZURE GREEN CONSULTANTS, LLC	<b>c</b> EIN-PN 20-5174912-001
<b>a</b>	Plan name FARMER JOE'S RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FARMER JOE'S MARKETPLACE, INC.	<b>c</b> EIN-PN 94-3316976-001
<b>a</b>	Plan name FASHION CARPETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FASHION CARPETS, INC.	<b>c</b> EIN-PN 84-0714131-001
<b>a</b>	Plan name HUMANOMICS INSURANCE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUMANOMICS INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 95-3669952-002
<b>a</b>	Plan name MARIO SUSI & SON, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARIO SUSI & SON, INC.	<b>c</b> EIN-PN 04-2213066-003
<b>a</b>	Plan name METRO FENCE CO., INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor METRO FENCE COMPANY, INC.	<b>c</b> EIN-PN 74-6514295-001
<b>a</b>	Plan name NORTHWEST EYE PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST EYE PHYSICIANS, P.C.	<b>c</b> EIN-PN 38-1861527-002
<b>a</b>	Plan name NORWALK COMMUNITY HEALTH CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORWALK COMMUNITY HEALTH CENTER, INC.	<b>c</b> EIN-PN 06-1436620-001
<b>a</b>	Plan name PINES PET CEMETERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PINES PET CEMETARY, INC.	<b>c</b> EIN-PN 31-1015335-001
<b>a</b>	Plan name PINNACLE ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor PINNACLE ADVISORY GROUP, INC.	<b>c</b> EIN-PN 04-3134580-001
<b>a</b>	Plan name PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROVIDENT MANAGEMENT CORPORATION	<b>c</b> EIN-PN 59-1870484-001
<b>a</b>	Plan name PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PUTNAM TRUCKING, INC.	<b>c</b> EIN-PN 37-1272751-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	STOCKTON PATHOLOGY MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STOCKTON PATHOLOGY MEDICAL GROUP	<b>c</b> EIN-PN 68-0005184-003
<b>a</b>	Plan name	Z'TEJAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	Z'TEJAS, INC	<b>c</b> EIN-PN 86-0944995-001
<b>a</b>	Plan name	3NSOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	3NSOLUTIONS, INC.	<b>c</b> EIN-PN 76-0732644-001
<b>a</b>	Plan name	A & L COORS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A & L COORS, INC.	<b>c</b> EIN-PN 84-0534580-001
<b>a</b>	Plan name	ALATAE MEDICAL, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALATAE MEDICAL, LLC	<b>c</b> EIN-PN 22-3705799-001
<b>a</b>	Plan name	BAAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP	<b>c</b> EIN-PN 26-2173291-001
<b>a</b>	Plan name	BALEMET EMPLOYEE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	BALEMET RECYCLING METALS, INC.	<b>c</b> EIN-PN 22-2907788-001
<b>a</b>	Plan name	CHARLES R. HUNT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHARLES R. HUNT, ATTY	<b>c</b> EIN-PN 58-2110149-001
<b>a</b>	Plan name	CHEAHA BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHEAHA BANK	<b>c</b> EIN-PN 63-1251208-001
<b>a</b>	Plan name	CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CYM AUTO PARTS	<b>c</b> EIN-PN 66-0421766-001
<b>a</b>	Plan name	LERMAN CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LERMAN CORPORATION	<b>c</b> EIN-PN 38-1776786-001
<b>a</b>	Plan name	LESLIE T. HASKINS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LESLIE T. HASKINS DBA HASKINS OLDS, INC.	<b>c</b> EIN-PN 04-1425210-001

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.)	
<b>a</b>	Plan name MAYS OCHOA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MAYS CHEMICAL COMPANY OF PUERTO RICO, INC.	<b>c</b> EIN-PN 98-0215646-001
<b>a</b>	Plan name OPAL SOFT, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OPALSOFT, INC.	<b>c</b> EIN-PN 94-3280543-001
<b>a</b>	Plan name OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OPEN MRI OF NEW ENGLAND, INC.	<b>c</b> EIN-PN 05-0495348-002
<b>a</b>	Plan name PNG 401(K) PROFIT SHARING SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PNG ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 93-1203951-001
<b>a</b>	Plan name SAUK-SUIATTLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAUK SUIATTLE INDIAN TRIBE	<b>c</b> EIN-PN 91-0961478-001
<b>a</b>	Plan name THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE ART SOURCE, INC.	<b>c</b> EIN-PN 99-0280665-001
<b>a</b>	Plan name WALKER & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALKER & COMPANY, LLP	<b>c</b> EIN-PN 52-1706976-001
<b>a</b>	Plan name AMERICAN SECURITY PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN IRONWORKS, INC. DBA AMERICAN SECURITY	<b>c</b> EIN-PN 95-4677496-001
<b>a</b>	Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BARNARD MANUFACTURING CO., INC.	<b>c</b> EIN-PN 38-1842231-001
<b>a</b>	Plan name BUCS ANALYTICS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BUCS, LLC DBA BUCS ANALYTICS	<b>c</b> EIN-PN 68-0641573-001
<b>a</b>	Plan name DISHMAN DODGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor M&G INVESTMENTS, INC. DBA DISHMAN DODGE	<b>c</b> EIN-PN 91-0953903-002
<b>a</b>	Plan name FUNAMBOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor FUNAMBOL	<b>c</b> EIN-PN 42-1606939-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JOE HURLEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOE HURLEY, INC.	<b>c</b> EIN-PN 22-3237676-001
<b>a</b>	Plan name	AAA MODERN AIR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AAA MODERN AIR INC.	<b>c</b> EIN-PN 59-2300160-001
<b>a</b>	Plan name	AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN SOCIETY FOR SURGERY OF THE HAND	<b>c</b> EIN-PN 31-6051199-001
<b>a</b>	Plan name	BASIS INTERNATIONAL LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BASIS INTERNATIONAL LTD.	<b>c</b> EIN-PN 85-0327924-001
<b>a</b>	Plan name	CHIRCO TEAM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHIRCO TEAM LLC	<b>c</b> EIN-PN 26-3741789-001
<b>a</b>	Plan name	COSTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COSTA FRUIT & PRODUCE COMPANY INC.	<b>c</b> EIN-PN 04-2076359-001
<b>a</b>	Plan name	COUNTY OF BERKS EMPLOYEE THRIFT PLAN	
<b>b</b>	Name of plan sponsor	COUNTY OF BERKS	<b>c</b> EIN-PN 23-6003049-001
<b>a</b>	Plan name	COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COWBOY DODGE, INC.	<b>c</b> EIN-PN 83-0254068-001
<b>a</b>	Plan name	GARVEY'S CARPET & VINYL EMPORIUM 401(K)	
<b>b</b>	Name of plan sponsor	GARVEY'S CARPET & VINYL EMPORIUM	<b>c</b> EIN-PN 23-2743272-001
<b>a</b>	Plan name	H & C DBA H & C CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H & C DBA H & C CORPORATION, INC.	<b>c</b> EIN-PN 57-0785805-777
<b>a</b>	Plan name	IITC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.	<b>c</b> EIN-PN 20-1314597-001
<b>a</b>	Plan name	LINENS BY ALICE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LINENS BY ALICE, INC.	<b>c</b> 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.)	
<b>a</b>	Plan name OREGON FISH GUYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor OREGON FISH GUYS, INC.	<b>c</b> EIN-PN 20-3065360-001
<b>a</b>	Plan name REA & ASSOCIATES 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REA & ASSOCIATES LLP	<b>c</b> EIN-PN 77-0164868-001
<b>a</b>	Plan name SC JOHNSON DE PR, INC. SUPPLEMENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SC JOHNSON DE PR, INC.	<b>c</b> EIN-PN 66-0290543-002
<b>a</b>	Plan name SCARBROUGH MEDLIN & ASSOCIATES RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCARBROUGH MEDLIN & ASSOCIATES	<b>c</b> EIN-PN 75-1787225-001
<b>a</b>	Plan name SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPAULDING BRICK CO., INC.	<b>c</b> EIN-PN 04-1203530-001
<b>a</b>	Plan name SPOLIDORO & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPOLIDORO & SONS, INC.	<b>c</b> EIN-PN 04-2642418-001
<b>a</b>	Plan name SPRAY POLYURETHANE FOAM ALLIANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPRAY POLYURETHANE FOAM ALLIANCE	<b>c</b> EIN-PN 20-0374296-001
<b>a</b>	Plan name THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE CEDAR RAPIDS DENTAL CENTER	<b>c</b> EIN-PN 42-1012892-002
<b>a</b>	Plan name TRUTECH, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRUTECH, L.L.C.	<b>c</b> EIN-PN 82-0509464-001
<b>a</b>	Plan name ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHOVAN INC.	<b>c</b> EIN-PN 16-1627907-001
<b>a</b>	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 83-2585853-001
<b>a</b>	Plan name BEACON TELECOMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEACON TELECOMMUNICATIONS ADVISORS, LLC	<b>c</b> EIN-PN 73-1482442-001

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.)	
<b>a</b>	Plan name <a href="#">CIERRA PIPE, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CIERRA PIPE, INC.</a>	<b>c</b> EIN-PN <a href="#">76-0058138-777</a>
<b>a</b>	Plan name <a href="#">DOUBLE M TRUCKING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUBLE M TRUCKING, INC.</a>	<b>c</b> EIN-PN <a href="#">94-2439968-001</a>
<b>a</b>	Plan name <a href="#">DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUGHBOY RESTAURANT GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">47-2447231-001</a>
<b>a</b>	Plan name <a href="#">DOUGLASS INDUSTRIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUGLASS INDUSTRIES</a>	<b>c</b> EIN-PN <a href="#">22-1912538-002</a>
<b>a</b>	Plan name <a href="#">ELATERAL INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELATERAL INC. DBA BRANDGILITY</a>	<b>c</b> EIN-PN <a href="#">51-0396708-001</a>
<b>a</b>	Plan name <a href="#">ELCO LIGHTING PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMP PLUS, INC. DBA ELCO LIGHTING</a>	<b>c</b> EIN-PN <a href="#">95-4309236-001</a>
<b>a</b>	Plan name <a href="#">GAS FIELD SERVICES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GAS FIELD SERVICES</a>	<b>c</b> EIN-PN <a href="#">75-3169499-001</a>
<b>a</b>	Plan name <a href="#">HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HELIX CONSTRUCTION SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1889574-001</a>
<b>a</b>	Plan name <a href="#">IMPACT INDUSTRIES 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">WORLD OF MOULDING</a>	<b>c</b> EIN-PN <a href="#">33-0327222-001</a>
<b>a</b>	Plan name <a href="#">MARKETING SOLUTIONS INC. &amp; DESIGN 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARKETING SOLUTIONS INC. &amp; DESIGN</a>	<b>c</b> EIN-PN <a href="#">46-5300350-001</a>
<b>a</b>	Plan name <a href="#">MARRONE'S, INC. EMPLOYEES PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARRONE'S, INC.</a>	<b>c</b> EIN-PN <a href="#">48-0788184-001</a>
<b>a</b>	Plan name <a href="#">SCHULT ENGINEERING &amp; PATTERN CO. SALARY REDUCTION PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANDREW M. KUSEK, JR. MACHINE &amp; PATTERN WORKS, INC. DBA SCHULT ENGINE</a>	<b>c</b> EIN-PN <a href="#">26-3779140-001</a>

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.)	
<b>a</b>	Plan name <a href="#">SMC RECYCLING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SMC RECYCLING, INC.</a>	<b>c</b> EIN-PN <a href="#">62-1723264-001</a>
<b>a</b>	Plan name <a href="#">THE COLONIAL MANOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLONIAL MANOR HEALTH CARE CENTER, INC.</a>	<b>c</b> EIN-PN <a href="#">31-0868001-001</a>
<b>a</b>	Plan name <a href="#">WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WEATHER ENGINEERS, INC.</a>	<b>c</b> EIN-PN <a href="#">59-3076169-004</a>
<b>a</b>	Plan name <a href="#">WEB2WEB MARKETING, INC. 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">WEB2WEB MARKETING INC.</a>	<b>c</b> EIN-PN <a href="#">94-3327028-001</a>
<b>a</b>	Plan name <a href="#">CBW AUTOMATION, INC. 401(K) PROFIT SHARING PLAN AND RETIREMENT TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MULLER TECHNOLOGY COLORADO</a>	<b>c</b> EIN-PN <a href="#">48-0775210-001</a>
<b>a</b>	Plan name <a href="#">LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAFATA MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">20-1965835-001</a>
<b>a</b>	Plan name <a href="#">TAPPE ARCHITECTS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TAPPE ARCHITECTS, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2721071-001</a>
<b>a</b>	Plan name <a href="#">CITY TILE &amp; FLOOR COVERING CO. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CITY TILE AND FLOOR COVERING CO., LLC</a>	<b>c</b> EIN-PN <a href="#">62-1039371-001</a>
<b>a</b>	Plan name <a href="#">LOMMA CONSTRUCTION CORP. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LOMMA CONSTRUCTION CORP.</a>	<b>c</b> EIN-PN <a href="#">11-2435487-001</a>
<b>a</b>	Plan name <a href="#">LORIO ROSS STERLING ENTERTAINMENT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LORIO ROSS STERLING ENTERTAINMENT</a>	<b>c</b> EIN-PN <a href="#">38-1995713-001</a>
<b>a</b>	Plan name <a href="#">PRECISION DOSE, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRECISION DOSE, INC.</a>	<b>c</b> EIN-PN <a href="#">68-0551203-001</a>
<b>a</b>	Plan name <a href="#">PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRIMO MEDICAL GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2224896-002</a>

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.)		
<b>a</b>	Plan name PRINCIPLE PLASTICS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PRINCIPLE PLASTICS, INC.	<b>c</b> EIN-PN 95-1578575-001
<b>a</b>	Plan name THE PRODUCERS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor FREUNDT & ASSOCIATES INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 33-0746599-001
<b>a</b>	Plan name THE ROBERTS LAW GROUP, PLLC 401(K)/NEW COMPARABILITY PLAN	
<b>b</b>	Name of plan sponsor THE ROBERTS LAW GROUP, PLLC	<b>c</b> EIN-PN 06-1701395-001
<b>a</b>	Plan name TOWN OF KENNETH CITY A MUNICIPAL CORP PENSION PLAN	
<b>b</b>	Name of plan sponsor TOWN OF KENNETH CITY	<b>c</b> EIN-PN 59-6033546-001
<b>a</b>	Plan name GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor GREAT SOUTHERN CAPITAL CORPORATION	<b>c</b> EIN-PN 64-0604860-010
<b>a</b>	Plan name MASADA HOMES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MASADA HOMES	<b>c</b> EIN-PN 95-2479348-001
<b>a</b>	Plan name QUANTUM DYNAMICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor QUANTUM DYNAMICS, INC.	<b>c</b> EIN-PN 52-2340609-001
<b>a</b>	Plan name QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor QUIK TRAVEL STAFFING, INC.	<b>c</b> EIN-PN 95-4826235-001
<b>a</b>	Plan name MEALS ON WHEELS, ETC., INC. EMPLOYEE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEALS ON WHEELS, ETC., INC.	<b>c</b> EIN-PN 59-2977907-001
<b>a</b>	Plan name REALTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor REALTECH CONSTRUCTION CO., LLC	<b>c</b> EIN-PN 95-4709478-001
<b>a</b>	Plan name REICHEL FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor REICHEL FOODS, INC.	<b>c</b> EIN-PN 90-0246502-001
<b>a</b>	Plan name ASC PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASC PARTNERS, LLC	<b>c</b> EIN-PN 71-0974497-001

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.)	
<b>a</b>	Plan name DANIEL LEE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DANIEL LEE	<b>c</b> EIN-PN 20-2116948-001
<b>a</b>	Plan name HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HI-TECH LABELS, INC.	<b>c</b> EIN-PN 95-3836900-001
<b>a</b>	Plan name MICHIGAN STATE UTILITY WORKERS COUNCIL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN STATE UTILITY WORKERS COUNCIL	<b>c</b> EIN-PN 38-0830708-001
<b>a</b>	Plan name MID-ATLANTIC NEUROSURGICAL ASSOC., P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MID-ATLANTIC NEUROSURGICAL ASSOC., P.A.	<b>c</b> EIN-PN 52-1982174-001
<b>a</b>	Plan name VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VANDERVART CONCRETE PRODUCTS, LLC	<b>c</b> EIN-PN 46-5469386-001
<b>a</b>	Plan name HOGE LUMBER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOGE LUMBER COMPANY	<b>c</b> EIN-PN 34-1819246-002
<b>a</b>	Plan name MISTER COOKIE FACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MISTER COOKIE FACE, INC.	<b>c</b> EIN-PN 22-3203732-001
<b>a</b>	Plan name VILLAGE OF WOLVERINE LAKE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VILLAGE OF WOLVERINE LAKE	<b>c</b> EIN-PN 38-6024587-003
<b>a</b>	Plan name BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BEACON TRI-STATE SOLUTIONS, INC.	<b>c</b> EIN-PN 32-0277555-001
<b>a</b>	Plan name BEC SYSTEMS LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEC SYSTEMS LLC	<b>c</b> EIN-PN 88-1082676-001
<b>a</b>	Plan name INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	<b>c</b> EIN-PN 59-1745402-001
<b>a</b>	Plan name SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE SCIENTIFIC CONSULTING GROUP, INC.	<b>c</b> EIN-PN 52-1719423-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SCOOTERWORKS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCOOTERWORKS HOLDINGS LLC	<b>c</b> EIN-PN 45-2033633-001
<b>a</b>	Plan name	WEST SIDE MARKET SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROMEO'S INC. DBA WEST SIDE MARKET	<b>c</b> EIN-PN 06-1026857-001
<b>a</b>	Plan name	SGA DESIGN GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SGA DESIGN GROUP, P.C.	<b>c</b> EIN-PN 73-1466773-001
<b>a</b>	Plan name	DYNAMIC PLASTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC PLASTICS, INC.	<b>c</b> EIN-PN 38-3094135-001
<b>a</b>	Plan name	BOYESEN, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYESEN, INC.	<b>c</b> EIN-PN 23-2749409-001
<b>a</b>	Plan name	SMITHCO MEATS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITHCO MEATS, INC.	<b>c</b> EIN-PN 91-0923041-001
<b>a</b>	Plan name	ETTLESON 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	<b>c</b> EIN-PN 36-3420816-002
<b>a</b>	Plan name	JPM DONUTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JPM DONUTS, INC.	<b>c</b> EIN-PN 02-0523315-001
<b>a</b>	Plan name	KING CHIROPRACTIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KING CHIROPRACTIC INSTITUTE	<b>c</b> EIN-PN 52-2210480-001
<b>a</b>	Plan name	LUCTOR INTERNATIONAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LUCTOR INTERNATIONAL, LLC D/B/A VAN GOGH IMPORTS	<b>c</b> EIN-PN 86-0880585-001
<b>a</b>	Plan name	GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GENESEE HEMATOLOGY-ONCOLOGY, P.C.	<b>c</b> EIN-PN 38-2278871-001
<b>a</b>	Plan name	COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN	
<b>b</b>	Name of plan sponsor	COLEGIO PUERTORRIQUENO DE NINAS	<b>c</b> EIN-PN 66-0204435-001

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.)		
<b>a</b>	Plan name <b>PRO COM ROOFING CORP. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRO COM ROOFING CORPORATION</b>	<b>c</b> EIN-PN <b>23-2906707-001</b>
<b>a</b>	Plan name <b>ALUMINUM COMPANY OF NC, INC. 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ALUMINUM COMPANY OF NC, INC.</b>	<b>c</b> EIN-PN <b>83-0791382-001</b>
<b>a</b>	Plan name <b>MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MATIKON AMERICA INC.</b>	<b>c</b> EIN-PN <b>38-3498737-002</b>
<b>a</b>	Plan name <b>MATOSANTOS COMMERCIAL CORP. CODA PROFIT SHARING RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MATOSANTOS COMMERCIAL CORPORATION</b>	<b>c</b> EIN-PN <b>66-0206888-001</b>
<b>a</b>	Plan name <b>TRAEGER BROTHERS &amp; ASSOCIATES, INC. 401(K) PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRAEGER BROTHERS &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>59-0642249-001</b>
<b>a</b>	Plan name <b>MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEDI-WEIGHT LOSS CLINICS, LLC</b>	<b>c</b> EIN-PN <b>20-3753744-001</b>
<b>a</b>	Plan name <b>ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ANDREWS OIL CO. &amp; GAS SERVICES, INC.</b>	<b>c</b> EIN-PN <b>06-0812862-001</b>
<b>a</b>	Plan name <b>ANNIE B. JONES COMMUNITY SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ANNIE B. JONES CIVIC ARTS CENTER</b>	<b>c</b> EIN-PN <b>36-3883523-001</b>
<b>a</b>	Plan name <b>HARLEY AUTOMOTIVE GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HARLEY AUTOMOTIVE GROUP, INC.</b>	<b>c</b> EIN-PN <b>41-1711881-001</b>
<b>a</b>	Plan name <b>RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RELIABLE INDUSTRIES INC. OF NEW ORLEANS</b>	<b>c</b> EIN-PN <b>72-0936490-001</b>
<b>a</b>	Plan name <b>RELIANT HEATING AND AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RELIANT HEATING AND AIR CONDITIONING, INC.</b>	<b>c</b> EIN-PN <b>75-2227744-001</b>
<b>a</b>	Plan name <b>REMY LEATHER FASHIONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>REMY LEATHER FASHIONS, INC.</b>	<b>c</b> EIN-PN <b>95-2786389-001</b>

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.)	
<b>a</b>	Plan name UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UBORA ENGINEERING & PLANNING, INC	<b>c</b> EIN-PN 20-2459818-001
<b>a</b>	Plan name ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ASSIGN CORP.	<b>c</b> EIN-PN 95-4664862-001
<b>a</b>	Plan name DAVID R. KOEHLER, CPA, SOLE PROPRIETOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVID R. KOEHLER, CPA, SOLE PROPRIETOR	<b>c</b> EIN-PN 77-0420020-001
<b>a</b>	Plan name HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIGHPOINT SOLUTIONS, INC.	<b>c</b> EIN-PN 22-3462774-002
<b>a</b>	Plan name MIGGYS CORP FIVE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MIGGY'S CORP. FIVE	<b>c</b> EIN-PN 13-3305621-003
<b>a</b>	Plan name MIJA INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIJA INDUSTRIES, INC.	<b>c</b> EIN-PN 04-2496402-001
<b>a</b>	Plan name ROBERT W. CRAVEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROBERT W. CRAVEN, MD	<b>c</b> EIN-PN 91-1735437-001
<b>a</b>	Plan name VELTEC, INC. THRIFT PLAN	
<b>b</b>	Name of plan sponsor VELTEC, INC.	<b>c</b> EIN-PN 51-0308236-001
<b>a</b>	Plan name VENANGO MACHINE PRODUCTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VENANGO MACHINE PRODUCTS	<b>c</b> EIN-PN 25-1261324-001
<b>a</b>	Plan name NECA 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC.	<b>c</b> EIN-PN 22-3479934-001
<b>a</b>	Plan name NELSON AND FROMER 401(K) PLAN	
<b>b</b>	Name of plan sponsor NELSON AND FROMER	<b>c</b> EIN-PN 22-2907384-002
<b>a</b>	Plan name BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIRCKHEAD ELECTRIC, INC.	<b>c</b> EIN-PN 52-1614154-001

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.)	
<b>a</b>	Plan name E-SAFE TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor E-SAFE TECHNOLOGIES, LLC	<b>c</b> EIN-PN 27-3784047-001
<b>a</b>	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EARLEY & ASSOCIATES, INC.	<b>c</b> EIN-PN 38-3480813-001
<b>a</b>	Plan name WINDFALL ASSOCIATES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WINDFALL ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3474966-001
<b>a</b>	Plan name WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WMX LOGISTICS	<b>c</b> EIN-PN 82-0570015-001
<b>a</b>	Plan name BRIGHT SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BRIGHT PERSONNEL & BUSINESS CONSULTANTS, INC.	<b>c</b> EIN-PN 54-1189236-001
<b>a</b>	Plan name BRITTON INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRITTON INDUSTRIES, INC.	<b>c</b> EIN-PN 22-3769860-001
<b>a</b>	Plan name EMERGENCY GROUPS' OFFICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor EGO, INC. DBA BRAULT	<b>c</b> EIN-PN 95-4278964-001
<b>a</b>	Plan name JEANS' EXTRUSIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JEANS' EXTRUSIONS, INC.	<b>c</b> EIN-PN 35-1540242-001
<b>a</b>	Plan name JENKINS CONSTRUCTION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor JENKINS CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2894052-002
<b>a</b>	Plan name ODESUS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ODESUS, INC.	<b>c</b> EIN-PN 95-4864544-001
<b>a</b>	Plan name K4 SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor K4 SOLUTIONS, INC.	<b>c</b> EIN-PN 54-2041084-001
<b>a</b>	Plan name STAR ELECTRIC, LLC 401(K) SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor STAR ELECTRIC, LLC	<b>c</b> EIN-PN 46-4073312-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FINELINES SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KSG ENTERPRISES, INC.	<b>c</b> EIN-PN 04-3291695-001
<b>a</b>	Plan name	KOBBER/HANSSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOBBER/HANSSEN/MITCHELL ARCHITECTS	<b>c</b> EIN-PN 99-0237714-001
<b>a</b>	Plan name	PAUL E. ANTALIK, MD, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAUL E. ANTALIK, MD, P.C.	<b>c</b> EIN-PN 25-1347137-001
<b>a</b>	Plan name	CENTENNIAL TECHNOLOGIES, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CENTENNIAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 38-2164329-001
<b>a</b>	Plan name	BENCOR SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENCOR, INC.	<b>c</b> EIN-PN 59-3578144-001
<b>a</b>	Plan name	BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIRMINGHAM PODIATRY, P.C.	<b>c</b> EIN-PN 63-0826296-002
<b>a</b>	Plan name	CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA BOX COMPANY	<b>c</b> EIN-PN 95-3901917-002
<b>a</b>	Plan name	CARVER FINANCIAL CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARVER FINANCIAL CORPORATION	<b>c</b> EIN-PN 20-0397876-001
<b>a</b>	Plan name	CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CBI REHABILITATION SERVICES, INC.	<b>c</b> EIN-PN 26-0894212-001
<b>a</b>	Plan name	COOLING & HERBERS PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COOLING & HERBERS, P.C.	<b>c</b> EIN-PN 43-1093669-001
<b>a</b>	Plan name	CRYSTALASER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CRYSTALASER	<b>c</b> EIN-PN 86-0889160-002
<b>a</b>	Plan name	DEEP BLUE CONSULTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEEP BLUE CONSULTING, INC.	<b>c</b> EIN-PN 93-1298450-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DERMATOLOGY ALLERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DERMATOLOGY ALLERGY GENERAL PHYSICIANS OF OHIO, INC.	<b>c</b> EIN-PN 31-1027818-001
<b>a</b>	Plan name	DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DERMATOLOGY ASSOCIATES, PC	<b>c</b> EIN-PN 39-1896149-002
<b>a</b>	Plan name	FAIRMONT DESIGNS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS	<b>c</b> EIN-PN 94-2930113-001
<b>a</b>	Plan name	FOSTER THOMAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FOSTER THOMAS, INC.	<b>c</b> EIN-PN 52-1826441-001
<b>a</b>	Plan name	GIBSON OVERSEAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GIBSON OVERSEAS, INC.	<b>c</b> EIN-PN 95-3393699-002
<b>a</b>	Plan name	GLOBAL DISPLAY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL DISPLAY SOLUTIONS, INC.	<b>c</b> EIN-PN 34-1907707-001
<b>a</b>	Plan name	GLOBALEDGE TECHNOLOGIES, INC. SECTION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	GLOBALEDGE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 20-0264454-001
<b>a</b>	Plan name	GROUP CTI 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GROUP CTI	<b>c</b> EIN-PN 54-1960500-001
<b>a</b>	Plan name	GSI CORPORATION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GSI CORPORATION	<b>c</b> EIN-PN 52-0809975-001
<b>a</b>	Plan name	HASTY TASTY FOOD SERVICE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HASTY TASTY FOOD SERVICE	<b>c</b> EIN-PN 36-3490914-001
<b>a</b>	Plan name	HISTORIC FAMILY PHYSICIANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISTORIC FAMILY PHYSICIANS, P.C.	<b>c</b> EIN-PN 27-0357836-777
<b>a</b>	Plan name	HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSTAR MARINE TRANSPORT SYSTEMS, INC.	<b>c</b> EIN-PN 04-2910283-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY AUTOMOTIVE GROUP	<b>c</b> EIN-PN 34-1725656-001
<b>a</b>	Plan name	IPR INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IPR INTERNATIONAL, LLC	<b>c</b> EIN-PN 01-0658620-001
<b>a</b>	Plan name	ISPACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISPACE, INC.	<b>c</b> EIN-PN 95-4833855-001
<b>a</b>	Plan name	JEPSEN ELECTRIC INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JEPSEN ELECTRIC, INC.	<b>c</b> EIN-PN 94-3393816-001
<b>a</b>	Plan name	KAPOOR ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAPOOR ENTERPRISES, INC.	<b>c</b> EIN-PN 77-0374359-001
<b>a</b>	Plan name	KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEEL ENTERPRISES OF LA LLC	<b>c</b> EIN-PN 72-1158560-001
<b>a</b>	Plan name	KOSTER INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KOSTER INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 04-3244788-001
<b>a</b>	Plan name	KRYSTAL INFINITY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KRYSTAL INFINITY LLC	<b>c</b> EIN-PN 27-3983269-001
<b>a</b>	Plan name	LYNXSPRING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LYNXSPRING, INC.	<b>c</b> EIN-PN 47-0867589-001
<b>a</b>	Plan name	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.	<b>c</b> EIN-PN 48-1180359-001
<b>a</b>	Plan name	MILLENNIUM HEALTH PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLENNIUM HEALTH PARTNERS, LLC.	<b>c</b> EIN-PN 20-1773226-001
<b>a</b>	Plan name	NORTH AMERICAN FOOD PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTH AMERICAN FOOD DISTRIBUTING CO., INC.	<b>c</b> EIN-PN 94-1717567-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC BRIDGE INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 95-4618495-001
<b>a</b>	Plan name	PROFESSIONAL PAINT CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL PAINT CENTER, INC.	<b>c</b> EIN-PN 94-1731587-001
<b>a</b>	Plan name	RYAN'S GRAPHICS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RYAN'S GRAPHICS CORPORATION	<b>c</b> EIN-PN 99-0167906-001
<b>a</b>	Plan name	S.C. ROSSI & COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S. C. ROSSI & COMPANY, INC.	<b>c</b> EIN-PN 54-1151999-001
<b>a</b>	Plan name	S4, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S4 INC.	<b>c</b> EIN-PN 04-3309384-001
<b>a</b>	Plan name	SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH TEXAS COMMUNITY LIVING CORPORATION	<b>c</b> EIN-PN 76-0364678-001
<b>a</b>	Plan name	STEFURA ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STEFURA ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3544620-001
<b>a</b>	Plan name	ADAX MACHINE CO., INC. 401(K) / PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADAX MACHINE CO., INC.	<b>c</b> EIN-PN 04-3138263-001
<b>a</b>	Plan name	THOMAS BOWSER, MD 401(K) P.S. PLAN	
<b>b</b>	Name of plan sponsor	THOMAS BOWSER, M.D.	<b>c</b> EIN-PN 87-0775226-001
<b>a</b>	Plan name	TREE OF LIFE NURSERY PROFIT SHARING 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TREE OF LIFE NURSERY	<b>c</b> EIN-PN 33-0940948-002
<b>a</b>	Plan name	TRI-AGG, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TRI-AGG, INC.	<b>c</b> EIN-PN 93-0896445-001
<b>a</b>	Plan name	TRINITY CHANGE, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	TRINITY CHANGE, INC.	<b>c</b> EIN-PN 04-3728752-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>FIDELITY ADVISOR SMALL CAP INV OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>445</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	14065055
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	12976048
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	14065055	12976048
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	14065055	12976048

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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)	209829	
(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)	-447767	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1667001
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1429063

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1429063
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		744262
(2) From this plan .....	<b>2l(2)</b>		3262332

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.