

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 RIDGEWORTH CEREDX LARGE CAP VALUE EQUITY RET OPT, 1b Three-digit plan number (PN) 477, 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.

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>RIDGEWORTH CEREDX LARGE CAP VALUE EQUITY RET OPT</u>		B Three-digit plan number (PN) ▶ <u>477</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>39-0989781</u>

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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)
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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 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 CGT U.S. LIMITED / TEXTILEATHER CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CGT U.S. LIMITED / TEXTILEATHER CORPORATION	c EIN-PN 34-1648509-002
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 CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	c EIN-PN 23-7198801-001
a	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVINE ORGANICS LLC	c EIN-PN 46-1867921-001
a	Plan name ECHO BAY MARINA, LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ECHO BAY MARINA, LLC	c EIN-PN 06-1385013-001
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 FAMCO MACHINE DIVISION 401(K) SAVINGS PLAN	
b	Name of plan sponsor BELCO INDUSTRIES, INC.	c EIN-PN 39-1220550-001
a	Plan name FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRAZER DENTAL CARE	c EIN-PN 23-3077648-001
a	Plan name HAUCK BROS, INC. 401(K) PLAN	
b	Name of plan sponsor HAUCK BROTHERS, INC.	c EIN-PN 31-0599870-001
a	Plan name HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY 401(K) PLAN	
b	Name of plan sponsor HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY	c EIN-PN 47-2107270-001
a	Plan name HAYNES-EAGLIN-WATERS, LLP 401(K) PLAN	
b	Name of plan sponsor HAYNES-EAGLIN-WATERS, LLP	c EIN-PN 74-2493879-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HEALTH CARE ASSOCIATION OF MICHIGAN RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor HEALTH CARE ASSOCIATION OF MICHIGAN	c EIN-PN 38-6091038-001
a	Plan name J GOOD-IN INC. - 401(K) PLAN	
b	Name of plan sponsor J GOOD-IN INC.	c EIN-PN 95-4100491-001
a	Plan name LAUREL FOWLER INSURANCE BROKER, INC. 401(K) PLAN	
b	Name of plan sponsor LAUREL FOWLER INSURANCE BROKER INC.	c EIN-PN 77-0393444-001
a	Plan name MARGUERITE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARGUERITE CONCRETE, INC.	c EIN-PN 04-3035873-001
a	Plan name MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MENCHIE'S GLOBAL HEADQUARTERS	c EIN-PN 26-1658984-777
a	Plan name PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEMPLETON & ASSOCIATES EQUIPMENT SALES, INC.	c EIN-PN 84-2050914-001
a	Plan name TEXARKANA FUNERAL HOME, INC. RETIREMENT PLAN	
b	Name of plan sponsor TEXARKANA FUNERAL HOME, INC.	c EIN-PN 75-0601897-001
a	Plan name W/S MACHINE & TOOL, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor W/S MACHINE & TOOL, INC.	c EIN-PN 39-1764609-001
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 AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AIRMAX LLC	c EIN-PN 84-1440204-001

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 DIERDRE L. TERLEP, DDS, PLC PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor DIERDRE L. TERLEP, DDS, PLC	c EIN-PN 83-3289370-003
a	Plan name FRC 401(K) PLAN	
b	Name of plan sponsor THE FINANCIAL RESOURCE CENTER, INC.	c EIN-PN 35-1883522-001
a	Plan name FROST ROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FROST ROOFING, INC.	c EIN-PN 34-4493960-001
a	Plan name GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	c EIN-PN 95-4126355-001
a	Plan name HUFFMAN, KELLEY & BROCK, LLC 401(K) PLAN	
b	Name of plan sponsor HUFFMAN, KELLEY & BROCK, LLC	c EIN-PN 30-0237801-001
a	Plan name HWC LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HWC LOGISTICS, INC.	c EIN-PN 45-4917341-001
a	Plan name J.M. O'NEILL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J.M. O'NEILL, INC.	c EIN-PN 94-2918101-001
a	Plan name KENWOOD FENCE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENWOOD FENCE CO., INC.	c EIN-PN 68-0423518-001
a	Plan name MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
a	Plan name NOT-FOR-PROFIT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COMMUNITY LIVING OPTIONS, INC.	c EIN-PN 37-1079626-001
a	Plan name NOVATO CHEVROLET 401(K) PLAN	
b	Name of plan sponsor VELOCITY PRIME AUTOMOTIVE, INC. DBA NOVATO CHEVROLET	c EIN-PN 47-1726382-001
a	Plan name NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NUHORIZON PROPERTIES, LLC	c EIN-PN 38-3521185-001

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	PALMETTO REHABILITATION SPECIALISTS LLC 401(K) PLAN	
b	Name of plan sponsor	PALMETTO REHABILITATION SPECIALISTS	c EIN-PN 20-4474119-001
a	Plan name	RINDERKNECHT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RINDERKNECHT ASSOCIATES, INC.	c EIN-PN 42-0959632-001
a	Plan name	SALON AURA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SALON AURA	c EIN-PN 39-1885637-001
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	STRATEGIC CONTRACTING SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor	STRATEGIC CONTRACTING SERVICES INC.	c EIN-PN 20-8612710-001
a	Plan name	TINARI ENTITIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	TINARI CONTAINER, INC.	c EIN-PN 23-2302499-001
a	Plan name	VALLEY AIR CRAFTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL SCHOENAU DBA VALLEY AIR CRAFTS	c EIN-PN 33-1129677-001
a	Plan name	ZEETO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ZEETO GROUP, LLC	c EIN-PN 83-0490277-001
a	Plan name	2-20 RECORDS MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor	2-20 RECORDS MANAGEMENT LLC	c EIN-PN 27-3088670-001
a	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor	ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
a	Plan name	ARENA EVENT SERVICES SAVINGS PLAN	
b	Name of plan sponsor	ARENA EVENT SERVICES	c EIN-PN 30-0766502-001
a	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001

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	D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
b Name of plan sponsor	D R SUMMIT WEALTH MANAGEMENT, INC.	c EIN-PN 27-1552262-001
a Plan name	MR DRYWALL SERVICES LLC 401(K) SAVINGS PLAN	
b Name of plan sponsor	MR DRYWALL SERVICES, L.L.C.	c EIN-PN 35-2514184-001
a Plan name	ONEGENERATION 401(K) PLAN	
b Name of plan sponsor	ONEGENERATION	c EIN-PN 95-4066979-001
a Plan name	PISGAH MEDICAL CLINIC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	PISGAH MEDICAL CLINIC	c EIN-PN 45-4192694-001
a Plan name	PMLG 401(K)	
b Name of plan sponsor	PROJECT MANAGEMENT LEADERSHIP GROUP, INC.	c EIN-PN 91-1885751-002
a Plan name	RALPHS - PUGH CO., INC. 401(K) PLAN	
b Name of plan sponsor	RALPHS - PUGH CO., INC.	c EIN-PN 94-0791950-001
a Plan name	RANDY'S FROZEN MEATS 401(K) PLAN	
b Name of plan sponsor	RANDY'S FROZEN MEATS	c EIN-PN 41-0806902-001
a Plan name	A WISIALKO AND COMPANY 401(K) PLAN	
b Name of plan sponsor	A WISIALKO AND COMPANY LLC	c EIN-PN 46-1598908-001
a Plan name	A. N. ABELL CO. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	A. N. ABELL AUCTION CO.	c EIN-PN 95-1872203-001
a Plan name	CHILD CARE COUNCIL OF KENTUCKY, INC. 401(K) PLAN	
b Name of plan sponsor	CHILD CARE COUNCIL OF KENTUCKY, INC.	c EIN-PN 31-1102545-001
a Plan name	CORRA 401(K) PLAN	
b Name of plan sponsor	CORRA	c EIN-PN 04-3819932-001
a Plan name	DIVERSIFIED SITE WORKS, LLC 401(K) PLAN	
b Name of plan sponsor	DIVERSIFIED SITE WORKS, LLC	c EIN-PN 52-2212873-001

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 FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name GUYMON MACHINING & FABRICATION, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor GUYMON MACHINING & FABRICATION INC	c EIN-PN 82-0461511-001
a	Plan name ABBATELLO ELECTRIC, LLC 401(K) PLAN	
b	Name of plan sponsor ABBATELLO ELECTRIC, LLC	c EIN-PN 06-1632260-001
a	Plan name BARNARD MEZZANOTTE PINNIE & SEELAUS 401(K) PLAN	
b	Name of plan sponsor BARNARD MEZZANOTTE PINNIE & SEELAUS, LLP	c EIN-PN 23-2114178-002
a	Plan name BULVERDE GLASS 401(K) PLAN	
b	Name of plan sponsor BULVERDE GLASS, INC	c EIN-PN 74-2941775-001
a	Plan name CHOICE CONCRETE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 52-1758766-777
a	Plan name 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 MCDONALD LIQUOR INC. 401(K) PLAN	
b	Name of plan sponsor MCDONALD LIQUOR INC.	c EIN-PN 41-1833330-001
a	Plan name MCDOUGALL & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor MCDOUGALL & SONS, INC.	c EIN-PN 91-0978839-001
a	Plan name MUSTO WINE GRAPE CO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MUSTO WINE GRAPE CO, LLC	c EIN-PN 26-1316055-001
a	Plan name POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POINDEXTER NUT COMPANY	c EIN-PN 94-2074522-001
a	Plan name RAY HENSLEY, INC. RET. PLAN	
b	Name of plan sponsor RAY HENSLEY, INC.	c EIN-PN 31-0889689-001

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	RDC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCK & DIRT CONSTRUCTION	c EIN-PN 20-0382886-001
a	Plan name	SPAULDING CLINICAL RESEARCH 401(K) PLAN	
b	Name of plan sponsor	SPAULDING CLINICAL RESEARCH	c EIN-PN 26-0647166-222
a	Plan name	THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE CELLAR LUMBER COMPANY	c EIN-PN 31-4144745-001
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	TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name	WAY HOLDING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WAY HOLDING, LLC	c EIN-PN 76-0207435-001
a	Plan name	AC CRANE & SIGN SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AC CRANE & SIGN SERVICE, INC.	c EIN-PN 52-1914457-001
a	Plan name	ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALIKA C. GARCIA	c EIN-PN 81-0742572-001
a	Plan name	BOSWELL & DUNLAP, LLP 401(K) PLAN	
b	Name of plan sponsor	BOSWELL & DUNLAP, LLP	c EIN-PN 59-3498279-001
a	Plan name	CARDEL HOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARDEL U.S. MANAGEMENT, LLC	c EIN-PN 84-1846681-001
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	CHSU 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA HEALTH SCIENCES UNIVERSITY	c EIN-PN 45-4846058-001

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	EL PASO HEART CENTER PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	EL PASO HEART CENTER, P.A.	c EIN-PN 45-0508485-002
a	Plan name	GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor	GEMINI CORP.	c EIN-PN 45-2731123-001
a	Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.	c EIN-PN 42-1191386-001
a	Plan name	JAMES E. FULTON & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	JAMES E. FULTON & SONS, INC.	c EIN-PN 38-2064280-001
a	Plan name	JAMES L. GRAVES CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	JAMES L. GRAVES CONSTRUCTION	c EIN-PN 26-4072884-001
a	Plan name	JANET H. LEE, D.O., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JANET H. LEE	c EIN-PN 87-0754052-001
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	O'HARA WARD & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	O'HARA WARD & ASSOCIATES, INC.	c EIN-PN 23-2706776-001
a	Plan name	PASADENA SENIOR CENTER 401(K) PLAN	
b	Name of plan sponsor	PASADENA SENIOR CENTER	c EIN-PN 95-2085393-001
a	Plan name	PR MANAGEMENT, CORP. RETIREMENT PLAN	
b	Name of plan sponsor	PR MANAGEMENT, CORP.	c EIN-PN 01-0757637-001
a	Plan name	RISER MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	RISER MOTORS, INC.	c EIN-PN 71-0857865-001
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

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 SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C.	c EIN-PN 39-1317185-001
a	Plan name TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002
a	Plan name WEINBERG & COMPANY 401K PLAN	
b	Name of plan sponsor WEINBERG & COMPANY, LLP	c EIN-PN 05-0401635-001
a	Plan name PEAK PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PEAK PEDIATRICS, PLLC	c EIN-PN 84-1567538-001
a	Plan name PELEMAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PELEMAN INDUSTRIES, INC.	c EIN-PN 58-2412784-003
a	Plan name ACCUTRACK SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ACCUTRACK SERVICES, LLC	c EIN-PN 27-2912487-001
a	Plan name GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
b	Name of plan sponsor GENERAL TRANSERVICE, INC.	c EIN-PN 23-1717902-001
a	Plan name LORIO ROSS STERLING ENTERTAINMENT 401(K) PLAN	
b	Name of plan sponsor LORIO ROSS STERLING ENTERTAINMENT	c EIN-PN 38-1995713-001
a	Plan name PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
a	Plan name THE FLAH 401(K) PLAN	
b	Name of plan sponsor CORPORATE PLAN SERVICES, INC.	c EIN-PN 59-2832682-002
a	Plan name ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001
a	Plan name COASTAL BANCSHARES, INC. 401(K) PLAN	
b	Name of plan sponsor COASTAL BANCSHARES, INC.	c EIN-PN 76-0421550-001

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	GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor	GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
a	Plan name	PRIORITY MOTOR GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PRIORITY MOTOR GROUP, INC.	c EIN-PN 47-2044656-001
a	Plan name	THE RESEARCH FOUNDATION RETIREMENT PLAN	
b	Name of plan sponsor	THE RESEARCH FOUNDATION	c EIN-PN 43-1349021-001
a	Plan name	THE RICE PARTNERSHIP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE RICE PARTNERSHIP, LLC	c EIN-PN 81-0671115-001
a	Plan name	TONEMAN COMPANIES EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TONEMAN COMPANIES	c EIN-PN 95-4626811-001
a	Plan name	ALLIANCE CASTINGS COMPANY, LLC 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ALLIANCE CASTINGS COMPANY, LLC	c EIN-PN 20-0254788-001
a	Plan name	ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ALLIED GOVERNMENT SOLUTIONS, INC.	c EIN-PN 27-4329708-001
a	Plan name	ALOHA HABILITATION SERVICES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ALOHA HABILITATION SERVICES, INC.	c EIN-PN 99-0356254-001
a	Plan name	TTL AUTOMOTIVE ENTERPRISES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	TTL AUTOMOTIVE ENT. INC.	c EIN-PN 68-0461731-001
a	Plan name	AMPAC 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name	ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-001
a	Plan name	ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
b	Name of plan sponsor	ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-003

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	CRAFT HOUSE PIZZA, LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	CRAFT HOUSE PIZZA, LLC	c EIN-PN 27-3274820-001
a	Plan name	HALL COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	HALL COMMUNICATIONS, INC.	c EIN-PN 06-0843728-001
a	Plan name	HANGMAN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANGMAN PRODUCTS, INC.	c EIN-PN 95-4749074-001
a	Plan name	MCR SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	MCR SERVICES LLC	c EIN-PN 39-1969575-002
a	Plan name	REIF LAW GROUP, P.C. 401(K) PLAN	
b	Name of plan sponsor	REIF LAW GROUP, P.C.	c EIN-PN 26-4085758-001
a	Plan name	RK DIVERSIFIED ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RK DIVERSIFIED ENTERTAINMENT, INC.	c EIN-PN 95-4346665-001
a	Plan name	DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	DATA PATH, INC.	c EIN-PN 90-0242296-001
a	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name	ROTO-ROOTER 401(K) PLAN	
b	Name of plan sponsor	ROOTER SEWER CLEANERS, INC.	c EIN-PN 39-0989392-222
a	Plan name	ROYALTY CLEARINGHOUSE, LTD. 401(K) PLAN	
b	Name of plan sponsor	ROYALTY CLEARINGHOUSE, LTD	c EIN-PN 38-3687330-001
a	Plan name	DOYLE EQUIPMENT MANUFACTURING COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DOYLE EQUIPMENT MANUFACTURING COMPANY	c EIN-PN 37-0806868-001
a	Plan name	WELSH-HAGEN 401(K) PLAN	
b	Name of plan sponsor	WELSH HAGEN	c EIN-PN 45-4918589-001

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	WENCO MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	WENCO MANAGEMENT, LLC	c EIN-PN 81-0971670-003
a	Plan name	BERGSTRESSER & POLLOCK, LLC 401(K) PLAN	
b	Name of plan sponsor	BERGSTRESSER & POLLOCK, LLC	c EIN-PN 45-3592245-001
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	BHP MANAGEMENT 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BHP MANAGEMENT CORP.	c EIN-PN 26-1404372-001
a	Plan name	INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor	INTERPRINT, INC.	c EIN-PN 59-0871253-001
a	Plan name	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	c EIN-PN 34-4314480-001
a	Plan name	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BELLEVUE	c EIN-PN 91-0776451-002
a	Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
a	Plan name	ELEVATE GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ELEVATE GROUP, LLC	c EIN-PN 26-4319131-001
a	Plan name	SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMITH & JOHNSON ATTORNEYS, P.C	c EIN-PN 38-2067637-001
a	Plan name	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC 401(K) PLAN	
b	Name of plan sponsor	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC	c EIN-PN 11-3800210-001
a	Plan name	OTOGENETICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OTOGENETICS CORPORATION	c EIN-PN 26-1343895-001

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	OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OUTAGAMIE CO-OP SERVICES, INC.	c EIN-PN 39-1316865-001
a	Plan name	C & C INSULATION, INC. 401(K) PLAN	
b	Name of plan sponsor	C & C INSULATION, INC.	c EIN-PN 23-2110326-001
a	Plan name	JONG MEE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JONG MEE CORPORATION	c EIN-PN 99-0349005-001
a	Plan name	SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor	SST ENERGY CORPORATION	c EIN-PN 84-1109846-001
a	Plan name	PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PATRICK COUNTY FAMILY PRACTICE	c EIN-PN 54-1583691-001
a	Plan name	CARLIN SALES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CARLIN SALES CORPORATION	c EIN-PN 39-1171459-001
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	FIDELITY BUILDERS SUPPLY INC. 401(K) PLAN	
b	Name of plan sponsor	FIDELITY BUILDERS SUPPLY INC.	c EIN-PN 34-4477025-001
a	Plan name	LTC SUPPORT SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LTC SUPPORT SERVICES, LLC	c EIN-PN 20-8401158-001
a	Plan name	THE FUN KIDS DENTIST, S.C. 401(K) PLAN	
b	Name of plan sponsor	THE FUN KIDS DENTIST, S.C.	c EIN-PN 39-1238470-001
a	Plan name	THE INFORMATION CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	THE INFORMATION CENTER, INC.	c EIN-PN 51-0136113-001
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

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	PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION SMALL ENGINE CO., INC.	c EIN-PN 59-1985940-001
a	Plan name	ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVERTISING CONSULTANTS, INC.	c EIN-PN 95-2465409-001
a	Plan name	PROCESSES BY MARTIN, INC. 401(K) PLAN	
b	Name of plan sponsor	PROCESSES BY MARTIN, INC.	c EIN-PN 95-4434945-001
a	Plan name	CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED CONSTRUCTION CO., INC.	c EIN-PN 20-5220958-001
a	Plan name	R M THORNTON 401(K) PLAN	
b	Name of plan sponsor	R M THORNTON, INC.	c EIN-PN 53-0218734-001
a	Plan name	CROSSCOM NATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	CROSSCOM NATIONAL, LLC	c EIN-PN 20-1721299-777
a	Plan name	ASSURANCE LABS RETIREMENT READINESS PLAN	
b	Name of plan sponsor	ASSURANCE DRUG TESTING LABORATORIES, LLC	c EIN-PN 20-4013455-001
a	Plan name	DAVE SCHMITT CONSTRUCTION COMPANY, INC PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVE SCHMITT CONSTRUCTION COMPANY, INC	c EIN-PN 42-0889038-001
a	Plan name	HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
a	Plan name	MIDICI GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MIDICI GROUP, LLC	c EIN-PN 47-1810714-001
a	Plan name	ROBIN II, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROBIN II, INC.	c EIN-PN 39-1314862-001
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

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	VEHICLE ACCESSORIES RETIREMENT PLAN	
b	Name of plan sponsor	VEHICLE ACCESSORIES	c EIN-PN 38-3553465-001
a	Plan name	AUTOMATED GIVING SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTOMATED GIVING SOLUTIONS, LLC.	c EIN-PN 90-0284345-333
a	Plan name	DR. TODD S. LARSEN DMD PC RETIREMENT PLAN	
b	Name of plan sponsor	DR. TODD S. LARSEN, DMD, PC	c EIN-PN 87-0632806-001
a	Plan name	DRI-VIEW 401(K) SAVINGS PLAN	
b	Name of plan sponsor	DRI-VIEW MANUFACTURING CO.	c EIN-PN 61-0702002-001
a	Plan name	ELM HEATING AND COOLING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ELM HEATING & COOLING, INC.	c EIN-PN 36-4021033-001
a	Plan name	EMERGENCY GROUPS' OFFICE 401(K) PLAN	
b	Name of plan sponsor	EGO, INC. DBA BRAULT	c EIN-PN 95-4278964-001
a	Plan name	C. NICK DETURE, PA 401(K) PLAN	
b	Name of plan sponsor	C. NICK DETURE, P.A.	c EIN-PN 65-1077330-001
a	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor	C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name	P.L.P.S. 401(K) PLAN	
b	Name of plan sponsor	P.L.P.S. INC.	c EIN-PN 76-0471058-001
a	Plan name	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name	CARRION, LAFFITTE & CASELLAS RETIREMENT PLAN	
b	Name of plan sponsor	CARRION, LAFFITTE & CASELLAS, INC.	c EIN-PN 66-0635623-001
a	Plan name	CARROLL FULMER LOGISTICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CARROLL FULMER LOGISTICS CORPORATION	c EIN-PN 01-0664729-001

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	KMS 401(K) PLAN	
b	Name of plan sponsor	KINETICS MECHANICAL SERVICES, INC.	c EIN-PN 77-0476369-001
a	Plan name	KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor	KOMET USA, LLC	c EIN-PN 84-1719571-001
a	Plan name	PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	PAUL MILLER FORD, INC.	c EIN-PN 61-0481346-001
a	Plan name	PAUL'S AUTO REPAIR, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAUL'S AUTO REPAIR, LLC	c EIN-PN 27-2538433-001
a	Plan name	LANDMARK SITE CONTRACTORS PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	LANDMARK SITE CONTRACTORS	c EIN-PN 33-0723620-001
a	Plan name	PERFORMANCE TIRE AND AUTO SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERFORMANCE TIRE AND AUTO SERVICE, INC.	c EIN-PN 39-1641254-001
a	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
b	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	c EIN-PN 36-2817667-001
a	Plan name	TECHNOALPIN 401(K) PLAN	
b	Name of plan sponsor	TECHNOALPIN USA, INC.	c EIN-PN 22-3857446-001
a	Plan name	AXSUN, CORP. 401(K) PLAN	
b	Name of plan sponsor	AXSUN, CORP.	c EIN-PN 99-0376382-001
a	Plan name	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	c EIN-PN 81-4829814-001
a	Plan name	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

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 CENTRAL FLORIDA CANCER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor CENTRAL FLORIDA CANCER INSTITUTE	c EIN-PN 59-3569143-001
a	Plan name CROY CONTRACTING, INC.401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CROY CONTRACTING, INC.	c EIN-PN 54-1616963-001
a	Plan name DENVER METRO ASSOCIATION OF REALTORS 401(K) PLAN	
b	Name of plan sponsor DENVER METRO ASSOCIATION OF REALTORS	c EIN-PN 84-0188045-002
a	Plan name DERMATOLOGY CENTER OF THE ROCKIES 401(K) PLAN	
b	Name of plan sponsor DERMATOLOGY CENTER OF THE ROCKIES, P.C.	c EIN-PN 45-3008919-002
a	Plan name F.A. PEINADO, LLC 401(K) PLAN	
b	Name of plan sponsor F.A. PEINADO, LLC	c EIN-PN 77-0647820-001
a	Plan name F.H. DAILEY CHEVROLET 401(K) PLAN	
b	Name of plan sponsor INFINITE VELOCITY AUTOMOTIVE, INC. DBA F.H. DAILEY CHEVROLET	c EIN-PN 45-3126103-001
a	Plan name GRZECA LAW GROUP, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRZECA LAW GROUP, S.C.	c EIN-PN 39-1822885-001
a	Plan name GTXCEL, INC. 401(K) PLAN	
b	Name of plan sponsor GTXCEL, INC.	c EIN-PN 04-3177056-001
a	Plan name HARTWIG PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor HARTWIG PLUMBING & HEATING, INC.	c EIN-PN 36-3618206-001
a	Plan name HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HATTERAS PRINTING, INC.	c EIN-PN 38-2168116-001
a	Plan name IRONWOOD INDUSTRIES, INC. 401(K) RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor IRONWOOD INDUSTRIES, INC.	c EIN-PN 36-2590290-001
a	Plan name LUSO FEDERAL CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor LUSO FEDERAL CREDIT UNION	c EIN-PN 04-6279799-001

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 MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MANTUCKET CAPITAL MANAGEMENT CORPORATION	c EIN-PN 47-0880782-001
a	Plan name MAURER HEATING & COOLING CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAURER HEATING & COOLING CO.	c EIN-PN 38-1869455-002
a	Plan name MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEDIX SPECIALTY VEHICLES, LLC	c EIN-PN 54-2028306-001
a	Plan name MILLER LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLER LUMBER COMPANY	c EIN-PN 34-1312270-001
a	Plan name MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MINING EQUIPMENT, LTD.	c EIN-PN 16-1646623-222
a	Plan name OLYMPIATECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	c EIN-PN 41-0919848-001
a	Plan name ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ONE SEMICONDUCTOR, LLC	c EIN-PN 45-2992076-001
a	Plan name P.S. GREETINGS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor P.S. GREETINGS, INC.	c EIN-PN 36-2995710-001
a	Plan name PRIEST AMISTADI PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor PRIEST AMISTADI	c EIN-PN 94-2507389-001
a	Plan name PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM RETIREMENT PLAN	
b	Name of plan sponsor PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM	c EIN-PN 13-3140621-001
a	Plan name PROHEALTH GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor PROHEALTH GROUP, INC.	c EIN-PN 47-5658024-002
a	Plan name R.F.M.S., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor R.F.M.S., INC.	c EIN-PN 36-3114893-001

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	RADIO SOUND, INC. 401(K) PLAN	
b	Name of plan sponsor	RADIO SOUND, INC.	c EIN-PN 61-1083666-001
a	Plan name	SOUTH BAY PLASTIC SURGEONS 401(K) PLAN	
b	Name of plan sponsor	SOUTH BAY PLASTIC SURGEONS	c EIN-PN 47-1903749-001
a	Plan name	SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name	TEKTEAM 401(K) PLAN	
b	Name of plan sponsor	TECHTEAM, LLC DBA TEKTEAM	c EIN-PN 94-3335438-001
a	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-004
a	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-005
a	Plan name	THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name	AMALGA COMPOSITES RETIREMENT READINESS PLAN	
b	Name of plan sponsor	AUTANA COMPOSITES, LLC.	c EIN-PN 92-0822225-001
a	Plan name	UNITED COMMUNITY CENTER PENSION & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UNITED COMMUNITY CENTER	c EIN-PN 39-1146191-001
a	Plan name	UNITED ENERGY WORKERS HEALTHCARE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	UNITED ENERGY WORKERS HEALTHCARE	c EIN-PN 88-2242746-001
a	Plan name	VIBRATION MOUNTINGS & CONTROLS, INC. PENSION PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-003
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan RIDGEWORTH CEREDX LARGE CAP VALUE EQUITY RET OPT	B Three-digit plan number (PN) ▶ 477
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)	30999261
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	30096203
(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	30999261	30096203
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	30999261	30096203

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)	5033068	
(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		5033068

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)	244775	
(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)		244775
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		244775

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4788293
l Transfers of assets:			
(1) To this plan.....	2l(1)		2554764
(2) From this plan	2l(2)		8246115

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 _____.