

<p style="text-align: center;"><b>Form 5500</b></p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="text-align: center; font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="text-align: center; font-size: large;"><b>2024</b></p> <hr/> <p style="text-align: center; font-size: small;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) P

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>FEDERATED INSTITUTIONAL HIGH YIELD BOND RET OPT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>575</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>FEDERATED INSTITUTIONAL HIGH YIELD BOND RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>575</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:		
<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)
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**c** EIN-PN

**d** Entity code

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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.)		
<b>a</b>	Plan name CGT U.S. LIMITED / TEXTILEATHER CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CGT U.S. LIMITED / TEXTILEATHER CORPORATION	<b>c</b> EIN-PN 34-1648509-002
<b>a</b>	Plan name COLORADO CREDIT UNION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor COLORADO CREDIT UNION	<b>c</b> EIN-PN 84-0660269-003
<b>a</b>	Plan name DIAMOND EQUIPMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIAMOND EQUIPMENT, INC.	<b>c</b> EIN-PN 35-1161961-001
<b>a</b>	Plan name EDGE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EDGE PLASTICS, INC.	<b>c</b> EIN-PN 33-0397325-001
<b>a</b>	Plan name FAMILY DENTAL EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FAMILY DENTAL PRACTICE	<b>c</b> EIN-PN 55-0764474-001
<b>a</b>	Plan name HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY	<b>c</b> EIN-PN 47-2107270-001
<b>a</b>	Plan name HRG MANAGEMENT, LLC 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor HRG MANAGEMENT, LLC	<b>c</b> EIN-PN 81-1773216-001
<b>a</b>	Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	<b>c</b> EIN-PN 26-1603445-002
<b>a</b>	Plan name MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MERRITT ISLAND AIR AND HEAT INC.	<b>c</b> EIN-PN 81-0579482-001
<b>a</b>	Plan name SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SABOT TECHNOLOGIES, INC.	<b>c</b> EIN-PN 68-0462138-001
<b>a</b>	Plan name SAGE PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAGE PARTNERS, LLC	<b>c</b> EIN-PN 46-3113665-001
<b>a</b>	Plan name SIGNATURE DESTINATION MANAGEMENT 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SIGNATURE DESTINATION MANAGEMENT, LLC	<b>c</b> EIN-PN 72-1409387-001

<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	TERRANET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TERRANET, INC.	<b>c</b> EIN-PN 52-1782317-001
<b>a</b>	Plan name	ARAPAHOE ROOFING & SHEET METAL 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ARAPAHOE ROOFING & SHEET METAL, INC.	<b>c</b> EIN-PN 84-0633163-001
<b>a</b>	Plan name	GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GOTEC PLUS SUN, LLC	<b>c</b> EIN-PN 20-4320976-001
<b>a</b>	Plan name	METALLIC RECOVERY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METALLIC RECOVERY GROUP, INC.	<b>c</b> EIN-PN 23-2949661-001
<b>a</b>	Plan name	MOUNTAIN VALLEY LIVESTOCK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN VALLEY LIVESTOCK, INC.	<b>c</b> EIN-PN 83-0220671-001
<b>a</b>	Plan name	RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RICHLAND COMPANY & ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1342190-001
<b>a</b>	Plan name	TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
<b>b</b>	Name of plan sponsor	TFC MANUFACTURING, INC.	<b>c</b> EIN-PN 91-1951857-001
<b>a</b>	Plan name	THE AEROLITE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROLITE EXTRUSION COMPANY	<b>c</b> EIN-PN 82-3731073-001
<b>a</b>	Plan name	A & K EARTH MOVERS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	A & K EARTH MOVERS, INC.	<b>c</b> EIN-PN 88-0097157-002
<b>a</b>	Plan name	AKJOHNSTON GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AKJOHNSTON GROUP, LLC	<b>c</b> EIN-PN 47-4760375-001
<b>a</b>	Plan name	ARENA EVENT SERVICES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARENA EVENT SERVICES	<b>c</b> EIN-PN 30-0766502-001
<b>a</b>	Plan name	BABCOCK CONSULTING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BABCOCK CONSULTING GROUP	<b>c</b> EIN-PN 72-1385871-001

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="#">BAD AXE PRODUCTS LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BAD AXE PRODUCTS LLC</a>	<b>c</b> EIN-PN <a href="#">45-2653251-001</a>
<b>a</b>	Plan name <a href="#">BAIN ENTERPRISES SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BAIN ENTERPRISES LLC</a>	<b>c</b> EIN-PN <a href="#">02-0770037-001</a>
<b>a</b>	Plan name <a href="#">CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHEM PRO LABORATORY, INC.</a>	<b>c</b> EIN-PN <a href="#">95-2297708-001</a>
<b>a</b>	Plan name <a href="#">COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMMUNITIES IN SCHOOLS OF EL PASO, INC.</a>	<b>c</b> EIN-PN <a href="#">74-2024715-001</a>
<b>a</b>	Plan name <a href="#">D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">D R SUMMIT WEALTH MANAGEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">27-1552262-001</a>
<b>a</b>	Plan name <a href="#">LESSITER PUBLICATIONS INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LESSITER PUBLICATIONS INC.</a>	<b>c</b> EIN-PN <a href="#">39-1169768-222</a>
<b>a</b>	Plan name <a href="#">MCARDLE LTD. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCARDLE LTD.</a>	<b>c</b> EIN-PN <a href="#">36-2949020-333</a>
<b>a</b>	Plan name <a href="#">PLASTIC COMPONENTS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PLASTIC COMPONENTS, INC.</a>	<b>c</b> EIN-PN <a href="#">59-1683347-001</a>
<b>a</b>	Plan name <a href="#">RAVEN RESOURCES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAVEN RESOURCES, LLC</a>	<b>c</b> EIN-PN <a href="#">36-4618634-001</a>
<b>a</b>	Plan name <a href="#">THE BOYLAND GROUP 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOYLAND AUTO ORLANDO, LLC</a>	<b>c</b> EIN-PN <a href="#">05-0546979-777</a>
<b>a</b>	Plan name <a href="#">A-1 SIGNS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A-1 SIGNS, INC.</a>	<b>c</b> EIN-PN <a href="#">72-0647398-001</a>
<b>a</b>	Plan name <a href="#">A. N. ABELL CO. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A. N. ABELL AUCTION CO.</a>	<b>c</b> EIN-PN <a href="#">95-1872203-001</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 AMERICAN READING COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE	<b>c</b> EIN-PN 23-2965253-001
<b>a</b>	Plan name BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUDGET DRY WATERPROOFING, INC.	<b>c</b> EIN-PN 20-8805605-001
<b>a</b>	Plan name CHEROKEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHEROKEE MANUFACTURING, LLC	<b>c</b> EIN-PN 45-2735316-001
<b>a</b>	Plan name CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHILDREN'S RECEIVING HOME OF SACRAMENTO	<b>c</b> EIN-PN 94-1322166-001
<b>a</b>	Plan name CORNERSTONE FELLOWSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE FELLOWSHIP	<b>c</b> EIN-PN 73-1316703-001
<b>a</b>	Plan name CORR FLIGHT S, INC. 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor CORR FLIGHT S INC.	<b>c</b> EIN-PN 47-2376307-777
<b>a</b>	Plan name CORRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORRA	<b>c</b> EIN-PN 04-3819932-001
<b>a</b>	Plan name DMA HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DMA HOLDINGS, INC.	<b>c</b> EIN-PN 26-1547833-001
<b>a</b>	Plan name DMLOGIC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DMLOGIC	<b>c</b> EIN-PN 27-1024409-001
<b>a</b>	Plan name DOCUFREE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOCUFREE CORPORATION	<b>c</b> EIN-PN 58-2483016-001
<b>a</b>	Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	<b>c</b> EIN-PN 27-0047953-001
<b>a</b>	Plan name HY-TEST SAFETY SHOE SERVICE, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor HY-TEST SAFETY SHOE SERVICE, INC.	<b>c</b> EIN-PN 39-1533534-001

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 AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor AARON A. ADAOAG, M.D., LTD.	<b>c</b> EIN-PN 26-0880609-001
<b>a</b>	Plan name GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GAINLINE FINANCIAL PARTNERS, LLC	<b>c</b> EIN-PN 87-2523664-001
<b>a</b>	Plan name GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	<b>c</b> EIN-PN 58-1795694-001
<b>a</b>	Plan name MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MCDONALDS' DESIGN & BUILD, INC.	<b>c</b> EIN-PN 34-1313478-001
<b>a</b>	Plan name D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor D. S. ERICKSON & ASSOCIATES, PLLC	<b>c</b> EIN-PN 20-5957980-001
<b>a</b>	Plan name DOVER TANK AND PLATE CO. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE DOVER TANK & PLATE CO.	<b>c</b> EIN-PN 34-0188810-002
<b>a</b>	Plan name FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor FERGUSON COX ASSOCIATES, INC.	<b>c</b> EIN-PN 06-1242231-001
<b>a</b>	Plan name GBCA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENERAL BUILDING CONTRACTORS ASSOCIATION, INC.	<b>c</b> EIN-PN 23-0847495-003
<b>a</b>	Plan name GRAYCO ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GRAYCO ENTERPRISES, INC.	<b>c</b> EIN-PN 36-4322896-001
<b>a</b>	Plan name MARTHINSEN AND SALVITTI INSURANCE GROUP 401(K) SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MARTHINSEN AND SALVITTI INSURANCE GROUP	<b>c</b> EIN-PN 25-1724440-001
<b>a</b>	Plan name MARTIN BAGWELL LUKE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARTIN BAGWELL LUKE, P.C.	<b>c</b> EIN-PN 46-3663316-001
<b>a</b>	Plan name PARAGON PLUS, INC. DBA PARAGON STEEL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PARAGON PLUS, INC. DBA PARAGON STEEL	<b>c</b> EIN-PN 33-0300619-001

<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	PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PYRAMID SOLUTIONS, INC.	<b>c</b> EIN-PN 38-2951993-001
<b>a</b>	Plan name	QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QUALEX MANUFACTURING, LLC	<b>c</b> EIN-PN 61-1273995-001
<b>a</b>	Plan name	RITTER MAHER ARCHITECTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RITTER MAHER ARCHITECTS, LLC	<b>c</b> EIN-PN 03-0497336-001
<b>a</b>	Plan name	SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC.	<b>c</b> EIN-PN 27-2959933-001
<b>a</b>	Plan name	SKY ROAD LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SKY ROAD LLC	<b>c</b> EIN-PN 03-0571884-001
<b>a</b>	Plan name	SMC RECYCLING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMC RECYCLING, INC.	<b>c</b> EIN-PN 62-1723264-001
<b>a</b>	Plan name	THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE CLASSIC CATERING PEOPLE, INC.	<b>c</b> EIN-PN 52-1715183-001
<b>a</b>	Plan name	THE CONNECTME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MODERN HR, INC.	<b>c</b> EIN-PN 81-0741257-002
<b>a</b>	Plan name	CEDAR VALLEY ELECTRIC CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CEDAR VALLEY ELECTRIC	<b>c</b> EIN-PN 42-1468881-001
<b>a</b>	Plan name	LA LA LAND CREATIVE COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LA LA LAND CREATIVE COMPANY, LLC	<b>c</b> EIN-PN 83-0866803-001
<b>a</b>	Plan name	LA-Z-BOY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MGM GALLERIES LLC DBA LA-Z-BOY FURNITURE GALLERIES	<b>c</b> EIN-PN 46-0513963-001
<b>a</b>	Plan name	ACE FURNITURE & TV, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACE FURNITURE & TV, INC.	<b>c</b> EIN-PN 47-0541683-001

<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	CITY CLUB APARTMENTS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY CLUB APARTMENTS, LLC	<b>c</b> EIN-PN 81-1284363-001
<b>a</b>	Plan name	CITY OF GIRARD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CITY OF GIRARD ILLINOIS	<b>c</b> EIN-PN 37-6001364-001
<b>a</b>	Plan name	GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GENERAL TRANSERVICE, INC.	<b>c</b> EIN-PN 23-1717902-001
<b>a</b>	Plan name	LONE WOLF RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LONE WOLF RESOURCES, LLC	<b>c</b> EIN-PN 75-2815928-001
<b>a</b>	Plan name	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC.	<b>c</b> EIN-PN 23-7010825-001
<b>a</b>	Plan name	THE RICE PARTNERSHIP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE RICE PARTNERSHIP, LLC	<b>c</b> EIN-PN 81-0671115-001
<b>a</b>	Plan name	TRUXAW & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH C. TRUXAW AND ASSOCIATES, INC.	<b>c</b> EIN-PN 95-2992708-001
<b>a</b>	Plan name	TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURNBRIDGE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 47-0963603-001
<b>a</b>	Plan name	ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-001
<b>a</b>	Plan name	ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
<b>b</b>	Name of plan sponsor	ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-003
<b>a</b>	Plan name	HAMILTON PARK OPCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAMILTON PARK OPCO LLC	<b>c</b> EIN-PN 46-1324162-001
<b>a</b>	Plan name	HANGMAN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HANGMAN PRODUCTS, INC.	<b>c</b> EIN-PN 95-4749074-001

<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	RED POINTE ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RED POINTE ROOFING, LP	<b>c</b> EIN-PN 90-0957014-001
<b>a</b>	Plan name	REIF LAW GROUP, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REIF LAW GROUP, P.C.	<b>c</b> EIN-PN 26-4085758-001
<b>a</b>	Plan name	DATA PATH, INC. 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	DATA PATH, INC.	<b>c</b> EIN-PN 90-0242296-001
<b>a</b>	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	<b>c</b> EIN-PN 26-1365260-001
<b>a</b>	Plan name	RSC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RSC, LLC	<b>c</b> EIN-PN 23-3050497-001
<b>a</b>	Plan name	NAOS DESIGN GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAOS DESIGN GROUP, LLC	<b>c</b> EIN-PN 27-2293424-001
<b>a</b>	Plan name	BEAUFORT ENGINEERING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEAUFORT ENGINEERING SERVICES, INC.	<b>c</b> EIN-PN 57-0693958-001
<b>a</b>	Plan name	BECKWITH LUMBER COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BECKWITH LUMBER COMPANY, INC.	<b>c</b> EIN-PN 55-0525058-001
<b>a</b>	Plan name	INNOVA ZONES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INNOVA ZONES, LLC	<b>c</b> EIN-PN 46-5111106-001
<b>a</b>	Plan name	WEST COAST FIRESTOPPING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST COAST FIRESTOPPING, INC.	<b>c</b> EIN-PN 20-8550680-001
<b>a</b>	Plan name	WESTERN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN ENVIRONMENTAL SOLUTIONS, LLC	<b>c</b> EIN-PN 22-3643528-001
<b>a</b>	Plan name	WESTERN CAMPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN CAMPS, INC.	<b>c</b> EIN-PN 95-2499851-001

<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	BETAR DENTAL PC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BETAR DENTAL PC, INC.	<b>c</b> EIN-PN 25-1799034-001
<b>a</b>	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INTERPRET, LLC	<b>c</b> EIN-PN 20-4554232-002
<b>a</b>	Plan name	OCEAN VIEW DENTAL 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUMMER T. WOOD, D.M.D. DBA OCEAN VIEW DENTAL	<b>c</b> EIN-PN 45-3512542-001
<b>a</b>	Plan name	ELITE PT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELITE PT LLC	<b>c</b> EIN-PN 20-8004587-001
<b>a</b>	Plan name	JD DOGGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JD DOGGY, INC.	<b>c</b> EIN-PN 47-3843337-001
<b>a</b>	Plan name	SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMITH & JOHNSON ATTORNEYS, P.C	<b>c</b> EIN-PN 38-2067637-001
<b>a</b>	Plan name	EVER READY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	EVER READY ELECTRIC, INC.	<b>c</b> EIN-PN 39-1948378-001
<b>a</b>	Plan name	SSL LAW FIRM LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SSL LAW FIRM, LLP	<b>c</b> EIN-PN 94-3397499-001
<b>a</b>	Plan name	STAFF CONNECTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MIPRO STAFFING, LLC	<b>c</b> EIN-PN 20-3309316-001
<b>a</b>	Plan name	FIKES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIKES PUGET SOUND, INC	<b>c</b> EIN-PN 72-1572875-001
<b>a</b>	Plan name	FINANCIAL BALANCE GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FINANCIAL BALANCE GROUP, LLC	<b>c</b> EIN-PN 26-2990407-001
<b>a</b>	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUNDOWN RANCH, INC.	<b>c</b> EIN-PN 75-2195214-222

<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	PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION SMALL ENGINE CO., INC.	<b>c</b> EIN-PN 59-1985940-001
<b>a</b>	Plan name	PREMIER GOLF, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREMIER GOLF, LLC	<b>c</b> EIN-PN 84-4534811-001
<b>a</b>	Plan name	ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED NETWORK PRODUCTS, INC.	<b>c</b> EIN-PN 23-2316443-001
<b>a</b>	Plan name	ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVERTISING CONSULTANTS, INC.	<b>c</b> EIN-PN 95-2465409-001
<b>a</b>	Plan name	PRO-SAFETY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRO-SAFETY, INC.	<b>c</b> EIN-PN 39-1570779-001
<b>a</b>	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE TM GROUP, INC.	<b>c</b> EIN-PN 38-3156552-777
<b>a</b>	Plan name	THE UROLOGY CLINIC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE UROLOGY CLINIC	<b>c</b> EIN-PN 72-0597185-002
<b>a</b>	Plan name	R&F, INC. EMPLOYEES BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	R&F, INC.	<b>c</b> EIN-PN 34-1016464-001
<b>a</b>	Plan name	TRANSTAR NATIONAL TITLE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRANSTAR NATIONAL TITLE	<b>c</b> EIN-PN 75-2948848-001
<b>a</b>	Plan name	MEDICORE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDICORE, LLC	<b>c</b> EIN-PN 30-0852928-001
<b>a</b>	Plan name	CREATIVE PACKAGING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE PACKAGING, LLC	<b>c</b> EIN-PN 31-1682777-001
<b>a</b>	Plan name	HARPER OPERATING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARPER OPERATING COMPANY, INC.	<b>c</b> EIN-PN 31-0855493-001

<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	ROCKY MOUNTAIN RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	<b>c</b> EIN-PN 46-0750094-001
<b>a</b>	Plan name	HOLOWICKI ENTERPRISES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOLOWICKI ENTERPRISES DBA MCDONALD'S	<b>c</b> EIN-PN 31-1177272-001
<b>a</b>	Plan name	RUSSELL J. S. TOM, D.D.S. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RUSSELL J. S. TOM, D.D.S.	<b>c</b> EIN-PN 99-0261249-001
<b>a</b>	Plan name	DR. TROY A. HEUER SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DR. TROY A. HEUER	<b>c</b> EIN-PN 23-2724478-001
<b>a</b>	Plan name	INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	INTEGRI, LLC	<b>c</b> EIN-PN 20-2613358-001
<b>a</b>	Plan name	SEACOAST SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEACOAST SUPPLY	<b>c</b> EIN-PN 20-2086169-001
<b>a</b>	Plan name	SEER TEAM RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE NEW EQUATION LIMITED LIABILITY COMPANY DBA SEER INTERACTIVE	<b>c</b> EIN-PN 03-0512205-001
<b>a</b>	Plan name	WESTON PROPERTIES 401K	
<b>b</b>	Name of plan sponsor	WESTON PROPERTIES, LC	<b>c</b> EIN-PN 74-2722024-112
<b>a</b>	Plan name	INVEST CAST INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INVEST CAST INCORPORATED	<b>c</b> EIN-PN 41-1404239-001
<b>a</b>	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	<b>c</b> EIN-PN 20-0048495-001
<b>a</b>	Plan name	BRETT HILL CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRETT HILL CONSTRUCTION, INC.	<b>c</b> EIN-PN 99-0345851-001
<b>a</b>	Plan name	BRIMHALL EYE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TYREE CARR M.D. LTD. DBA BRIMHALL EYE	<b>c</b> EIN-PN 88-0183869-001

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 OHIO READY MIX, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OHIO READY MIX, INC.	<b>c</b> EIN-PN 34-1086697-001
<b>a</b>	Plan name OKMULGEE PEDIATRICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OKMULGEE PEDIATRICS	<b>c</b> EIN-PN 73-1473375-001
<b>a</b>	Plan name JULIE A. GUM, DMD P.C. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JULIE A. GUM, DMD P.C.	<b>c</b> EIN-PN 81-4299360-001
<b>a</b>	Plan name FIRST QUALITY HOME CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIRST QUALITY HOME CARE, INC	<b>c</b> EIN-PN 65-0478803-001
<b>a</b>	Plan name PATTIS PRESCHOOL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATTIS PRESCHOOL, INC.	<b>c</b> EIN-PN 30-0143660-001
<b>a</b>	Plan name SUPRACOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUPRACOR, INC.	<b>c</b> EIN-PN 94-2792545-001
<b>a</b>	Plan name CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTER POINT FAMILY DENTISTRY, PLLC	<b>c</b> EIN-PN 27-4512893-002
<b>a</b>	Plan name PERSONNEL SPECIALISTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERSONNEL SPECIALISTS, LLC	<b>c</b> EIN-PN 39-1319507-001
<b>a</b>	Plan name PETE'S PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETE'S PLUMBING, INC.	<b>c</b> EIN-PN 20-0937994-001
<b>a</b>	Plan name PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETERS AGENCY CARE MANAGEMENT, LLC	<b>c</b> EIN-PN 83-0446469-001
<b>a</b>	Plan name WHITE BRENNER LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor WHITE BRENNER LLP	<b>c</b> EIN-PN 46-1799572-001
<b>a</b>	Plan name AXSUN, CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AXSUN, CORP.	<b>c</b> EIN-PN 99-0376382-001

<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	BITTNER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BITTNER, LLC	<b>c</b> EIN-PN 61-1372128-001
<b>a</b>	Plan name	CATALYST RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CATALYST COMMUNICATIONS NETWORK LLC	<b>c</b> EIN-PN 92-1890010-001
<b>a</b>	Plan name	CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CLEVELAND CITY FORGE, INC.	<b>c</b> EIN-PN 34-1972972-001
<b>a</b>	Plan name	CN TIRE & WHEELS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CN TIRE & WHEELS CORPORATION	<b>c</b> EIN-PN 47-3067418-001
<b>a</b>	Plan name	DBM ENGINEERING, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DBM ENGINEERING, PC	<b>c</b> EIN-PN 20-2917025-001
<b>a</b>	Plan name	DESSER TIRE & RUBBER CO., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESSER TIRE & RUBBER CO., LLC	<b>c</b> EIN-PN 47-1440306-001
<b>a</b>	Plan name	DRYWALL SYSTEMS PLUS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DRYWALL SYSTEMS PLUS, INC. AND MURRAY LAND AND LEASING, INC.	<b>c</b> EIN-PN 61-0571444-001
<b>a</b>	Plan name	DUCTCO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUCTCO, LLC	<b>c</b> EIN-PN 46-2763056-002
<b>a</b>	Plan name	DUFF QUARRY, INC. PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor	DUFF QUARRY, INC.	<b>c</b> EIN-PN 34-0929698-001
<b>a</b>	Plan name	DUNLOP & JOHNSTON, INC. SALARIED EMPLOYEES' RETIREMENT SAVINGS TRUST & PLAN	
<b>b</b>	Name of plan sponsor	DUNLOP & JOHNSTON, INC.	<b>c</b> EIN-PN 34-0191480-001
<b>a</b>	Plan name	FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FIRST STOP URGENT CARE	<b>c</b> EIN-PN 84-1649267-001
<b>a</b>	Plan name	FISHMAN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROSS H. FISHMAN, D.M.D., M.S., P.A.	<b>c</b> EIN-PN 45-5429730-001

<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	FITZPATRICK, ZIMMERMAN & ROSE CO. LPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FITZPATRICK, ZIMMERMAN & ROSE CO. LPA	<b>c</b> EIN-PN 34-1094182-001
<b>a</b>	Plan name	GLOBAL WIDGET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL WIDGET, LLC	<b>c</b> EIN-PN 81-2430361-001
<b>a</b>	Plan name	KANO TRUCKING 401(K) RETIREMENT SAVINGS PLAN (001)	
<b>b</b>	Name of plan sponsor	THEOPHYLLUS, INC. DBA KANO TRUCKING SERVICE	<b>c</b> EIN-PN 99-0283834-001
<b>a</b>	Plan name	KAZI FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KAZI FOODS, INC.	<b>c</b> EIN-PN 98-4287911-001
<b>a</b>	Plan name	KOPPENHEFFER & SON TRUCKING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOPPENHEFFER & SON TRUCKING CO., INC.	<b>c</b> EIN-PN 23-2224832-001
<b>a</b>	Plan name	KUNCAI AMERICAS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KUNCAI AMERICAS LLC	<b>c</b> EIN-PN 47-5443652-001
<b>a</b>	Plan name	LUSONIA, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUSONIA, INC.	<b>c</b> EIN-PN 81-2059728-001
<b>a</b>	Plan name	MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MANTUCKET CAPITAL MANAGEMENT CORPORATION	<b>c</b> EIN-PN 47-0880782-001
<b>a</b>	Plan name	MILLER ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILLER ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 33-0878786-002
<b>a</b>	Plan name	MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MINING EQUIPMENT, LTD.	<b>c</b> EIN-PN 16-1646623-222
<b>a</b>	Plan name	MIPRO CONSULTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MIPRO CONSULTING, LLC	<b>c</b> EIN-PN 20-2695598-001
<b>a</b>	Plan name	MODERN WOMEN'S CARE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MODERN WOMEN'S CARE	<b>c</b> EIN-PN 27-1337010-001

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>MOJO SOLO 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOJO SOLO, INC.</b>	<b>c</b> EIN-PN <b>20-1101717-001</b>
<b>a</b>	Plan name <b>NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEUMANN MONSON, INC.</b>	<b>c</b> EIN-PN <b>42-1242646-222</b>
<b>a</b>	Plan name <b>ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ONE SEMICONDUCTOR, LLC</b>	<b>c</b> EIN-PN <b>45-2992076-001</b>
<b>a</b>	Plan name <b>S.B.S. TRUST DEED NETWORK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>S.B.S. TRUST DEED NETWORK</b>	<b>c</b> EIN-PN <b>95-3783564-002</b>
<b>a</b>	Plan name <b>SENECA PETROLEUM COMPANY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SENECA PETROLEUM COMPANY, INC.</b>	<b>c</b> EIN-PN <b>36-1755250-002</b>
<b>a</b>	Plan name <b>SENTINEL 401(K) AND PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SENTINEL OFFENDER SERVICES, LLC</b>	<b>c</b> EIN-PN <b>33-0929945-001</b>
<b>a</b>	Plan name <b>SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SHEPHERD DATA SERVICES, INC.</b>	<b>c</b> EIN-PN <b>46-0469044-001</b>
<b>a</b>	Plan name <b>SID GRINKER RESTORATION, INC. EMPLOYEES' FLEXIBLE PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SID GRINKER RESTORATION, INC.</b>	<b>c</b> EIN-PN <b>39-0983766-005</b>
<b>a</b>	Plan name <b>SOUTH BAY PLASTIC SURGEONS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTH BAY PLASTIC SURGEONS</b>	<b>c</b> EIN-PN <b>47-1903749-001</b>
<b>a</b>	Plan name <b>SOUTHEAST CHEROKEE CONSTRUCTION, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHEAST CHEROKEE CONSTRUCTION, INC.</b>	<b>c</b> EIN-PN <b>63-0859575-001</b>
<b>a</b>	Plan name <b>SOUTHERN ICE DISTRIBUTORS, INC. PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHERN ICE EQUIPMENT DISTRIBUTORS, INC.</b>	<b>c</b> EIN-PN <b>72-0997710-001</b>
<b>a</b>	Plan name <b>STEELY &amp; SMITH LLC EMPLOYEE PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STEELY &amp; SMITH LLC</b>	<b>c</b> EIN-PN <b>20-3383671-001</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	THE MIRAZON GROUP LLC 401(K) RETIREMENT PLAN	<b>c</b>	EIN-PN	61-1363720-001
<b>b</b>	Name of plan sponsor	THE MIRAZON GROUP, LLC	<b>c</b>	EIN-PN	61-1363720-001
<b>a</b>	Plan name	ACTION SALES + MARKETING INC. PROFIT SHARING PLAN	<b>c</b>	EIN-PN	41-1264273-001
<b>b</b>	Name of plan sponsor	ACTION SALES + MARKETING INC.	<b>c</b>	EIN-PN	41-1264273-001
<b>a</b>	Plan name	AH FACILITIES 401(K) PLAN	<b>c</b>	EIN-PN	22-3789700-001
<b>b</b>	Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC	<b>c</b>	EIN-PN	22-3789700-001
<b>a</b>	Plan name	UNION CEMETERY ASSOCIATION EMPLOYEE BENEFIT RETIREMENT PLAN AND TRUST	<b>c</b>	EIN-PN	34-0587510-002
<b>b</b>	Name of plan sponsor	THE UNION CEMETERY ASSOCIATION	<b>c</b>	EIN-PN	34-0587510-002
<b>a</b>	Plan name	UNISA, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	84-1235301-001
<b>b</b>	Name of plan sponsor	UNISA, INC.	<b>c</b>	EIN-PN	84-1235301-001
<b>a</b>	Plan name	AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	<b>c</b>	EIN-PN	66-0274215-002
<b>b</b>	Name of plan sponsor	AON RISK SOLUTIONS OF PUERTO RICO, INC.	<b>c</b>	EIN-PN	66-0274215-002
<b>a</b>	Plan name	APEX ACCIDENT ATTORNEYS, LLC 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	38-4066286-001
<b>b</b>	Name of plan sponsor	APEX ACCIDENT ATTORNEYS, LLC.	<b>c</b>	EIN-PN	38-4066286-001
<b>a</b>	Plan name	APG, INC. EMPLOYEES RETIREMENT PLAN	<b>c</b>	EIN-PN	31-0747489-002
<b>b</b>	Name of plan sponsor	APG OFFICE FURNISHINGS, INC.	<b>c</b>	EIN-PN	31-0747489-002
<b>a</b>	Plan name	VERMILION ENERGY, USA RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	47-1769898-001
<b>b</b>	Name of plan sponsor	VERMILION ENERGY USA INC.	<b>c</b>	EIN-PN	47-1769898-001
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	
<b>a</b>	Plan name		<b>c</b>	EIN-PN	
<b>b</b>	Name of plan sponsor		<b>c</b>	EIN-PN	

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>FEDERATED INSTITUTIONAL HIGH YIELD BOND RET OPT</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>575</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>	

**Part I Asset and Liability Statement**

**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.

<b>Assets</b>		<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<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>	<b>11370368</b>	<b>10088096</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	11370368	10088096
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5	5
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5	5
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11370363	10088091

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	638126	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	19389	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(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>		
<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>		657515

**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>	79720	
(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>		79720
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		79720

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		577795
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1094531
(2) From this plan .....	<b>2l(2)</b>		2954598

**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 \_\_\_\_\_.