

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan JPMORGAN LARGE CAP GROWTH RET OPT
1b Three-digit plan number (PN) 585
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSAMERICA LIFE INSURANCE COMPANY
6400 C ST SW CEDAR RAPIDS, IA 52404
2b Employer Identification Number (EIN) 39-0989781
2c Plan Sponsor's telephone number 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>JPMORGAN LARGE CAP GROWTH RET OPT</u>	B Three-digit plan number (PN)	<u>585</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BLACKBURN'S FABRICATION, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BLACKBURN'S FABRICATION, INC.	c EIN-PN 31-1446789-001
a	Plan name	CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CAMRETT LOGISTICS, INC.	c EIN-PN 54-1747281-001
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	CHAHTA HOLDING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CHAHTA HOLDING GROUP, INC.	c EIN-PN 26-4761691-001
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	DIABLO COUNTRY CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DIABLO COUNTRY CLUB	c EIN-PN 94-0699700-003
a	Plan name	EATON DRILLING 401(K) PLAN	
b	Name of plan sponsor	EATON DRILLING CO., INC.	c EIN-PN 94-1207118-001
a	Plan name	FAMCO MACHINE DIVISION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BELCO INDUSTRIES, INC.	c EIN-PN 39-1220550-001
a	Plan name	GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	GOOD FOUNDATIONS ACADEMY	c EIN-PN 36-4664197-001
a	Plan name	HAVEN INTERIORS, LTD. 401(K) PLAN	
b	Name of plan sponsor	HAVEN INTERIORS, LTD.	c EIN-PN 20-3608590-001
a	Plan name	HRG MANAGEMENT, LLC 401(K) PS PLAN	
b	Name of plan sponsor	HRG MANAGEMENT, LLC	c EIN-PN 81-1773216-001
a	Plan name	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.	c EIN-PN 48-1180359-001

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	NORTHEAST SUSTAINABLE ENERGY ASSOCIATION 401(K)	
b	Name of plan sponsor	NORTHEAST SUSTAINABLE ENERGY ASSOCIATION	c EIN-PN 23-7437161-001
a	Plan name	RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor	RFNR, LLP	c EIN-PN 95-4664923-001
a	Plan name	SADDLEBACK DESIGN RETIREMENT TRUST	
b	Name of plan sponsor	SADDLEBACK DESIGN, INC.	c EIN-PN 84-1379148-001
a	Plan name	STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEVEN A. VARANO, ESQ.	c EIN-PN 22-3143496-001
a	Plan name	STEVIISON HAM 401(K) PLAN	
b	Name of plan sponsor	STEVIISON HAM COMPANY	c EIN-PN 43-0624613-001
a	Plan name	TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	TENNESSEE ASSOCIATED ELECTRIC, LLC	c EIN-PN 46-1537499-001
a	Plan name	TENSILE TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor	TENSILE TESTING, INC.	c EIN-PN 34-1029460-001
a	Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	c EIN-PN 38-3424306-001
a	Plan name	UNIVERSAL TAPE SUPPLY CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL TAPE SUPPLY CORP.	c EIN-PN 22-1814877-002
a	Plan name	VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VULCAN FIRE SYSTEMS, INC.	c EIN-PN 61-1057957-001
a	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name	APPALACHIAN BOILER AND FAB,LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APPALACHIAN BOILER AND FAB, LLC	c EIN-PN 46-0911627-001

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 APPAREL MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor APPAREL MANUFACTURING CO., INC.	c EIN-PN 58-1847018-001
a	Plan name ARBOR AND PIA EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor ARBOR INSURANCE GROUP	c EIN-PN 23-2669484-001
a	Plan name ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name EL NIGUEL COUNTRY CLUB RETIREMENT PLAN	
b	Name of plan sponsor EL NIGUEL COUNTRY CLUB	c EIN-PN 95-3037507-001
a	Plan name FARROW CORPORATION 401(K) PLAN	
b	Name of plan sponsor FARROW CORPORATION	c EIN-PN 95-4536736-001
a	Plan name FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor FREER MECHANICAL CONTRACTOR'S INC.	c EIN-PN 75-1046142-002
a	Plan name GRAND-JEAN CAPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor GRAND-JEAN CAPITAL MANAGEMENT, INC.	c EIN-PN 94-3112978-001
a	Plan name HEALTH SOLUTIONS, LLC EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor HEALTH SOLUTIONS, LLC	c EIN-PN 26-1412288-001
a	Plan name HUALALAI INVESTORS 401(K) PLAN	
b	Name of plan sponsor HUALALAI INVESTORS, LLC	c EIN-PN 59-3836047-001
a	Plan name KEY TECHNICAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor KEY TECHNICAL SOLUTIONS INCORPORATED	c EIN-PN 39-1751214-001
a	Plan name LEE KINSTLE CHEVROLET, BUICK, GMC INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor LEE KINSTLE CHEVROLET, BUICK, GMC INC.	c EIN-PN 34-0904272-001
a	Plan name LEE-SURE POOLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEE-SURE POOLS, INC.	c EIN-PN 85-0254390-001

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 MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARK A. PRICE, DDS, MSD, P.C.	c EIN-PN 03-0352887-001
a	Plan name NRG MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor NRG MEDIA, LLC	c EIN-PN 56-2501807-001
a	Plan name NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NUHORIZON PROPERTIES, LLC	c EIN-PN 38-3521185-001
a	Plan name PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor PIENTA ENTERPRISES, INC.	c EIN-PN 38-2434419-001
a	Plan name PS3 ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor PS3 ENTERPRISES, INC.	c EIN-PN 26-3852614-001
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 SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
a	Plan name STONE REAL ESTATE 401(K) PLAN & TRUST	
b	Name of plan sponsor STONE REAL ESTATE	c EIN-PN 36-4121806-001
a	Plan name TEXAS GOLF ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor TEXAS GOLF ASSOCIATION	c EIN-PN 75-0715222-001
a	Plan name TILO INDUSTRIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TILO INDUSTRIES, LLC	c EIN-PN 46-1678521-002
a	Plan name VAIL VACATION PROPERTIES LLC 401(K) PLAN	
b	Name of plan sponsor VAIL VACATION PROPERTIES LLC	c EIN-PN 45-2923184-001
a	Plan name AKJOHNSTON GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor AKJOHNSTON GROUP, LLC	c EIN-PN 47-4760375-001

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 ARGO MANAGEMENT 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor ARGO MANAGEMENT INC.	c EIN-PN 65-1046532-001
a	Plan name BADGER ALLOYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BADGER ALLOYS, INC.	c EIN-PN 39-1055261-001
a	Plan name BAIN ENTERPRISES SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BAIN ENTERPRISES LLC	c EIN-PN 02-0770037-001
a	Plan name CHANNEL FUSION 401(K) PLAN	
b	Name of plan sponsor CHANNEL FUSION	c EIN-PN 45-4018060-777
a	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name MBCI TRIBAL GOVERNMENT ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor MISSISSIPPI BAND OF CHOCTAW INDIANS	c EIN-PN 64-0345731-002
a	Plan name MBCI TRIBAL GOVERNMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor MISSISSIPPI BAND OF CHOCTAW INDIANS	c EIN-PN 64-0345731-001
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879993-777
a	Plan name MPI ENGINEERED TECHNOLOGIES, LLC USW INDIANA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MPI ENGINEERED TECHNOLOGIES, LLC	c EIN-PN 84-3879994-002
a	Plan name RANGER DIE, INC. 401(K) PLAN	
b	Name of plan sponsor RANGER DIE, INC.	c EIN-PN 38-1858884-001
a	Plan name SASAKI PAINTING & SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor SASAKI PAINTING & SERVICES LLC	c EIN-PN 82-4675241-001
a	Plan name SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST	
b	Name of plan sponsor SOUTHWEST NEUROSPINE INSTITUTE, P.A.	c EIN-PN 26-2906915-001

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 SOUTHWEST NEUROSPINE INSTITUTE, P.A. PENSION PLAN	
b	Name of plan sponsor SOUTHWEST NEUROSPINE INSTITUTE, P.A.	c EIN-PN 26-2906915-002
a	Plan name THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ART OF MANAGEMENT, LLP	c EIN-PN 47-2620180-001
a	Plan name TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRIPLE H FOOD PROCESSORS, LLC.	c EIN-PN 47-4431714-001
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&G PIPING 401(K) PLAN	
b	Name of plan sponsor A&G PIPING, INC.	c EIN-PN 75-1972619-001
a	Plan name A-1 SIGNS, INC. 401(K) PLAN	
b	Name of plan sponsor A-1 SIGNS, INC.	c EIN-PN 72-0647398-001
a	Plan name BARCLAY BRAND FERDON EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor BARCLAY BRAND CORPORATION	c EIN-PN 22-3414541-001
a	Plan name BUILDERS STEEL SERVICE, INC. 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor BUILDER'S STEEL SERVICE, INC.	c EIN-PN 34-1719798-002
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 FSY ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor FSY ARCHITECTS	c EIN-PN 95-4638941-001
a	Plan name JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JOHN MOORE & ASSOCIATES, INC.	c EIN-PN 62-0867747-001
a	Plan name JOHN R. MADISON, M.D., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN R. MADISON, M.D., INC.	c EIN-PN 34-1080310-002

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 ABCO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ABCO CORPORATION	c EIN-PN 54-0838480-001
a	Plan name BULLDOG RACK HOLDING COMPANY 401(K) PLAN	
b	Name of plan sponsor BULLDOG RACK HOLDING COMPANY	c EIN-PN 46-1606192-001
a	Plan name BULLDOG RACK OF TORONTO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BULLDOG RACKS OF TORONTO, INC.	c EIN-PN 26-2372850-001
a	Plan name BULLINGTON ASSOCIATES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BULLINGTON ASSOCIATES, INC.	c EIN-PN 62-0880010-001
a	Plan name H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	c EIN-PN 33-0842894-001
a	Plan name H2R CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor H2R CORP	c EIN-PN 81-2654817-001
a	Plan name JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCGREGOR & ASSOCIATES, INC.	c EIN-PN 61-1211399-001
a	Plan name MCM 401(K) PLAN	
b	Name of plan sponsor MCM CONSTRUCTION, INC.	c EIN-PN 31-1223854-001
a	Plan name MTS/SFH 401(K) P/S PLAN	
b	Name of plan sponsor MULTIPLICITY THERAPEUTIC SERVICES, INC.	c EIN-PN 51-0619590-001
a	Plan name POE & CRONK 401(K) PLAN AND TRUST	
b	Name of plan sponsor POE & CRONK REAL ESTATE GROUP, INC.	c EIN-PN 54-1212380-002
a	Plan name POLYSHOT CORPORATION 401(K) PLAN	
b	Name of plan sponsor POLYSHOT CORPORATION	c EIN-PN 16-1384222-001

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 SCALAMBRINO & ARNOFF, LLP 401(K) PLAN	
b	Name of plan sponsor SCALAMBRINO & ARNOFF, LLP	c EIN-PN 36-3843693-001
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 CHULA VISTA, INC. 401(K) PLAN	
b	Name of plan sponsor CHULA VISTA, INC.	c EIN-PN 39-0842365-001
a	Plan name COMPASS HEALTH ADMINISTRATORS 401K PLAN	
b	Name of plan sponsor COMPASS HEALTH ADMINISTRATORS	c EIN-PN 82-2891309-001
a	Plan name COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor COMPREHENSIVE DENTAL SERVICES, LTD.	c EIN-PN 39-1154725-001
a	Plan name HERCULES MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor HERCULES MANUFACTURING COMPANY	c EIN-PN 61-0566217-001
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 INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor INDEPENDENT CAPITAL MANAGEMENT LLC	c EIN-PN 26-3029556-001
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 LIVING INDEPENDENT IS FOR EVERYONE, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor LIVING INDEPENDENT IS FOR EVERYONE, INC.	c EIN-PN 27-4619816-001
a	Plan name MARTHINSEN AND SALVITTI INSURANCE GROUP 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor MARTHINSEN AND SALVITTI INSURANCE GROUP	c EIN-PN 25-1724440-001
a	Plan name MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor NEWBRIDGE SECURITIES CORPORATION	c EIN-PN 54-1879031-001

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 O'BRIEN BROS. BUSINESS FORMS, INC. 401(K) PLAN	
b	Name of plan sponsor O'BRIEN BROS. BUSINESS FORMS, INC.	c EIN-PN 36-2796459-001
a	Plan name PVIM RETIREMENT PLAN	
b	Name of plan sponsor PIONEER VALLEY INTERNAL MEDICINE, PC	c EIN-PN 20-4133434-001
a	Plan name PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PYRAMID SOLUTIONS, INC.	c EIN-PN 38-2951993-001
a	Plan name QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QUALEX MANUFACTURING, LLC	c EIN-PN 61-1273995-001
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 SUBURBAN MATERIALS COMPANY RETIREMENT PLAN	
b	Name of plan sponsor SUBURBAN MATERIALS COMPANY	c EIN-PN 23-1683256-001
a	Plan name SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC	c EIN-PN 58-2519444-002
a	Plan name THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE COLUMBIA PROPERTY GROUP, INC.	c EIN-PN 27-0013342-001
a	Plan name THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DYNAMIC CONSTRUCTION, INC.	c EIN-PN 31-1526251-001
a	Plan name TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION	c EIN-PN 84-4786495-001
a	Plan name FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FLOWMASTER, INC.	c EIN-PN 46-4050504-002
a	Plan name LA LA LAND CREATIVE COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor LA LA LAND CREATIVE COMPANY, LLC	c EIN-PN 83-0866803-001

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 LADIES & GENTLEMEN HAIR STYLISTS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LADIES & GENTLEMEN HAIR STYLISTS, INC.	c EIN-PN 34-1548748-001
a	Plan name TAPLIN HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor TAPLIN HOLDINGS, LLC	c EIN-PN 35-2561482-001
a	Plan name LIVONIA DERMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LIVONIA DERMATOLOGY PLLC	c EIN-PN 85-0486422-001
a	Plan name LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LOMONT MOLDING, LLC	c EIN-PN 47-1306587-001
a	Plan name PREACHER, LLC 401(K) PLAN	
b	Name of plan sponsor PREACHER, LLC	c EIN-PN 46-4405855-001
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 PRECISION ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION ELECTRIC, INC.	c EIN-PN 88-0203624-001
a	Plan name THE FARMERS BANK, NICHOLASVILLE EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor THE FARMERS BANK	c EIN-PN 61-0188940-001
a	Plan name THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE FINANCIAL GROUP OF PHILADELPHIA, LLC	c EIN-PN 20-2128204-001
a	Plan name COACTIVE WEALTH STRATEGISTS, LLC 401(K) PLAN	
b	Name of plan sponsor COACTIVE WEALTH STRATEGISTS, LLC	c EIN-PN 45-3909949-001
a	Plan name COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor COCHRANE SUPPLY ENGINEERING, INC.	c EIN-PN 38-1854848-001
a	Plan name TORBOT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor TORBOT GROUP, INC.	c EIN-PN 05-0390138-001

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	ALLIANCE TRANSPORTATION GROUP 401(K) PLAN	
b	Name of plan sponsor	ALLIANCE-TEXAS ENGINEERING COMPANY	c EIN-PN 74-2851432-001
a	Plan name	GREAT LAKES WAREHOUSING, LLC 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES WAREHOUSING, LLC	c EIN-PN 38-3352246-002
a	Plan name	MASTERS ELECTRICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	MASTERS ELECTRICAL SERVICES, LTD	c EIN-PN 74-2618930-777
a	Plan name	ANCHORAGE CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANCHORAGE CHRYSLER CENTER, INC.	c EIN-PN 92-0037629-001
a	Plan name	HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HAL HAYS CONSTRUCTION, INC.	c EIN-PN 54-2084366-001
a	Plan name	HAMILTON PARK OPCO 401(K) PLAN	
b	Name of plan sponsor	HAMILTON PARK OPCO LLC	c EIN-PN 46-1324162-001
a	Plan name	ME N ED'S PIZZERIA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MILANO RESTAURANTS INTERNATIONAL CORPORATION	c EIN-PN 77-0426714-001
a	Plan name	MEASUREMENT LIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor	MEASUREMENT LIMITED, INC.	c EIN-PN 20-4119092-001
a	Plan name	RED POINTE ROOFING 401(K) PLAN	
b	Name of plan sponsor	RED POINTE ROOFING, LP	c EIN-PN 90-0957014-001
a	Plan name	REDBARN PET PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REDBARN PET PRODUCTS, LLC	c EIN-PN 80-0554839-001
a	Plan name	RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIZZETTA & COMPANY, INC.	c EIN-PN 59-3075187-001
a	Plan name	ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ROADRUNNER GLASS COMPANY, INC.	c EIN-PN 86-0713467-001

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 HICKORY GROVE VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor TIGHE-ZEMAN EQUIPMENT LLC	c EIN-PN 75-3093043-001
a	Plan name HIGH DESERT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor HIGH DESERT COMMUNICATIONS, INC.	c EIN-PN 86-0879788-001
a	Plan name MICHIGAN NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor MICHIGAN NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3258019-001
a	Plan name MID-SOUTH INDUSTRIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor MID-SOUTH INDUSTRIES, INC.	c EIN-PN 63-0495884-001
a	Plan name AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor AUGUSTA ONCOLOGY ASSOCIATES, P.C.	c EIN-PN 58-1481590-002
a	Plan name MIPRO CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIPRO CONSULTING, LLC	c EIN-PN 20-2695598-001
a	Plan name MISSOURI GENERAL INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MISSOURI GENERAL INSURANCE AGENCY DBA MGI RISK ADVISORS	c EIN-PN 43-1234763-001
a	Plan name ROTHSCHILD DOYNO COLLABORATIVE, P.C. 401(K) PLAN	
b	Name of plan sponsor ROTHSCHILD DOYNO COLLABORATIVE, P.C.	c EIN-PN 25-1802649-777
a	Plan name NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA	c EIN-PN 36-6001991-001
a	Plan name NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL TECHNOLOGIES, INC.	c EIN-PN 39-0981304-001
a	Plan name SCOTTSDALE FARMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCOTTSDALE FARMS	c EIN-PN 58-2124857-001
a	Plan name WEST WIND DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WEST WIND DENTAL	c EIN-PN 81-4317214-001

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	WESTERN 401(K) PLAN	
b Name of plan sponsor	WESTERN ENVIRONMENTAL SOLUTIONS, LLC	c EIN-PN 22-3643528-001
a Plan name	WESTERN CAMPS, INC. 401(K) PLAN	
b Name of plan sponsor	WESTERN CAMPS, INC.	c EIN-PN 95-2499851-001
a Plan name	DUNLOP & JOHNSTON, INC. SALARIED EMPLOYEES' RETIREMENT SAVINGS TRUST & PLAN	
b Name of plan sponsor	DUNLOP & JOHNSTON, INC.	c EIN-PN 34-0191480-001
a Plan name	DUPUY'S ANIMAL HOSPITAL 401(K) PLAN	
b Name of plan sponsor	DUPUY'S ANIMAL HOSPITAL, APVMC	c EIN-PN 20-0356241-001
a Plan name	WILEY SANDERS TRUCK LINES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WILEY SANDERS TRUCK LINES, INC.	c EIN-PN 63-0630434-001
a Plan name	WILLIAM L. FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES 401K PROFIT SHARING PLAN	
b Name of plan sponsor	WILLIAM L FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES	c EIN-PN 34-1760741-001
a Plan name	WILLIAM ZALLA CONSTRUCTION COMPANY, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	WILLIAM ZALLA CONSTRUCTION COMPANY, INC.	c EIN-PN 61-0964984-001
a Plan name	BRASSFIELD ESTATE WINERY 401(K) PLAN	
b Name of plan sponsor	BRASSFIELD ESTATE WINERY, LLC	c EIN-PN 41-2103926-001
a Plan name	BRETON VILLAGE TRAVEL SERVICES INC. 401(K) PLAN	
b Name of plan sponsor	BRETON VILLAGE TRAVEL SERVICES INC.	c EIN-PN 38-2017934-001
a Plan name	ELEMASTER US, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ELEMASTER US, INC.	c EIN-PN 99-0376707-001
a Plan name	JCJ, LLP 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	JCJ, LLP	c EIN-PN 27-4442059-001
a Plan name	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

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 EXCEL PAYROLL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor EXCEL PAYROLL SERVICES, INC.	c EIN-PN 26-1943089-001
a	Plan name JOINER CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOINER CONSTRUCTION COMPANY, INC.	c EIN-PN 75-2218562-001
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 STAFF CONNECTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor MIPRO STAFFING, LLC	c EIN-PN 20-3309316-001
a	Plan name PATHMARK HR, INC. 401(K) PSP	
b	Name of plan sponsor PATHMARK HR, INC.	c EIN-PN 81-4987330-001
a	Plan name FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name KINETIC MARKETING COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor KINETIC MARKETING COMMUNICATIONS LLC	c EIN-PN 20-0778734-001
a	Plan name KJLA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COSTA DE ORO MEDIA, LLC	c EIN-PN 77-0139492-001
a	Plan name KLEAN KANTEEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KLEAN KANTEEN	c EIN-PN 94-2537951-002
a	Plan name SUN CHLORELLA USA 401(K) PLAN	
b	Name of plan sponsor SUN CHLORELLA USA	c EIN-PN 95-3807726-001
a	Plan name SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
b	Name of plan sponsor MY WAY HOLDINGS, LLC	c EIN-PN 88-0475995-001
a	Plan name LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
b	Name of plan sponsor LPT CPA'S + ADVISORS PLLC	c EIN-PN 75-2618166-001

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	LUANA GABRIELA BADEA 401(K) PLAN	
b	Name of plan sponsor	LUANA GABRIELA BADEA	c EIN-PN 92-3209762-001
a	Plan name	ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	ACME LIFT COMPANY LLC	c EIN-PN 86-0900122-001
a	Plan name	ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	ACME PALLET, INC.	c EIN-PN 38-1710471-001
a	Plan name	ACOSTA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACOSTA GROUP	c EIN-PN 74-2183937-001
a	Plan name	CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
b	Name of plan sponsor	CLASSIC CARRIERS, INC.	c EIN-PN 31-1152938-001
a	Plan name	GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001
a	Plan name	PRECISION OF NEW HAMPTON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION OF NEW HAMPTON, INC.	c EIN-PN 42-1294107-222
a	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	c EIN-PN 95-4795537-001
a	Plan name	MAM 401(K) PLAN	
b	Name of plan sponsor	MIDWEST ALTERNATIVE MEDICINE	c EIN-PN 20-1161026-001
a	Plan name	THE SCOTT GROUP BENEFIT SPECIALISTS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE SCOTT GROUP BENEFIT SPECIALISTS, LLC	c EIN-PN 20-2819811-001
a	Plan name	THE SOUTHEAST ALABAMA GAS DISTRICT RETIREMENT INCOME PLAN	
b	Name of plan sponsor	SOUTHEAST ALABAMA GAS DISTRICT	c EIN-PN 63-6004182-001
a	Plan name	THE SPAULDING FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	THE SPAULDING FOUNDATION	c EIN-PN 31-1096254-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name	ALVEO HEALTH LLC FKA THE CONSULT, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ALVEO HEALTH LLC FKA THE CONSULT	c EIN-PN 31-1237647-001
a	Plan name	CONTACTUS 401(K) PLAN	
b	Name of plan sponsor	CONTACTUS,LLC	c EIN-PN 45-4001073-001
a	Plan name	GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor	GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name	QUIPT HOME MEDICAL 401(K) PLAN	
b	Name of plan sponsor	QUIPT HOME MEDICAL, INC.	c EIN-PN 27-1139562-001
a	Plan name	R. BRET CAMPBELL, DO, PLLC RETIREMENT PLAN	
b	Name of plan sponsor	R. BRET CAMPBELL, DO, PLLC	c EIN-PN 80-0111632-001
a	Plan name	R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	R.C. FINE FOODS, INC.	c EIN-PN 22-2136686-002
a	Plan name	MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MEDALLION MANAGEMENT, INC.	c EIN-PN 38-2033680-001
a	Plan name	ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDREWS OIL CO. & GAS SERVICES, INC.	c EIN-PN 06-0812862-001
a	Plan name	ANNAPOLIS ACCOUNTING SERVICES 401(K) PLAN	
b	Name of plan sponsor	CJ BATTISTA, P.C. D/B/A ANNAPOLIS ACCOUNTING SERVICES	c EIN-PN 52-2248341-001
a	Plan name	CREW ONE PRODUCTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CREW ONE PRODUCTIONS, INC.	c EIN-PN 58-1991864-001
a	Plan name	CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CROMPION INTERNATIONAL, LLC	c EIN-PN 72-1468104-001

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 HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
a	Plan name RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor RELIABLE INDUSTRIES INC. OF NEW ORLEANS	c EIN-PN 72-0936490-001
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 HIGH GROUND INSURANCE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor HIGH GROUND INSURANCE SERVICES, INC.	c EIN-PN 20-8202870-001
a	Plan name HILLSIDE CUSTOM MACHINING WELDING & FABRICATION LLC 401(K) PLAN	
b	Name of plan sponsor HILLSIDE CUSTOM MACHINING WELDING & FABRICATION	c EIN-PN 20-1606458-001
a	Plan name VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor VENTURA PACIFIC COMPANY	c EIN-PN 95-3057749-001
a	Plan name DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	c EIN-PN 34-1117652-001
a	Plan name HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HOME GUARD INDUSTRIES, INC.	c EIN-PN 35-1568735-001
a	Plan name MKRS LAW P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MKRS LAW, P.L.	c EIN-PN 20-3879249-001
a	Plan name VIRTUAL OFFICEWARE (DE), LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor VIRTUAL OFFICEWARE (DE), LLC.	c EIN-PN 38-3892710-001
a	Plan name NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN	
b	Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-003
a	Plan name NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
b	Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-002

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 BEEF O'BRADY'S HUDSON, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BEEF O'BRADY'S HUDSON, INC.	c EIN-PN 45-1669694-001
a	Plan name BEHAVIORAL INTERVENTION GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BEHAVIORAL INTERVENTION GROUP	c EIN-PN 20-5450870-001
a	Plan name SEITZ, THE FRESHER CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SEITZ, THE FRESHER CO., INC.	c EIN-PN 56-2079560-001
a	Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name IOWA DRAINAGE, INC. 401(K) PLAN	
b	Name of plan sponsor IOWA DRAINAGE, INC.	c EIN-PN 42-0999823-003
a	Plan name NEXT LEVEL MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor NEXT LEVEL MARKETING, INC.	c EIN-PN 59-3771780-001
a	Plan name NIHC UNION 401(K) PLAN	
b	Name of plan sponsor METROPOLITAN STEVEDORE I.A.M.	c EIN-PN 95-1002286-004
a	Plan name NISBET ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor NISBET ENTERPRISES, INC.	c EIN-PN 65-0685929-001
a	Plan name SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b	Name of plan sponsor SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001
a	Plan name JEANS' EXTRUSIONS 401(K) PLAN	
b	Name of plan sponsor JEANS' EXTRUSIONS, INC.	c EIN-PN 35-1540242-001
a	Plan name SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SNRA COMMODITIES, INC.	c EIN-PN 46-3031744-001

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	C&CT VENTURES 401(K) PLAN	
b	Name of plan sponsor	C&CT VENTURES, LP	c EIN-PN 56-2410126-001
a	Plan name	EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EXECUTIVE PROPERTY MANAGEMENT	c EIN-PN 22-2398215-001
a	Plan name	K & H CONCRETE CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor	K&H CONCRETE CUTTING, INC.	c EIN-PN 38-2421612-001
a	Plan name	K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	K KERN PAINTING LLC	c EIN-PN 54-2101884-001
a	Plan name	OWATONNA COUNTRY CLUB 401(K) AND TRUST	
b	Name of plan sponsor	OWATONNA COUNTRY CLUB	c EIN-PN 26-0010665-001
a	Plan name	FIRST COAST SECURITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRST COAST SECURITY SERVICES, INC.	c EIN-PN 59-3647971-001
a	Plan name	CARS DAWYDIAK, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CARS DAWYDIAK, INC.	c EIN-PN 94-3065583-001
a	Plan name	PAWSTRUCK LLC 401(K) PLAN	
b	Name of plan sponsor	PAWSTRUCK LLC	c EIN-PN 46-4571916-001
a	Plan name	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	c EIN-PN 74-2459387-001
a	Plan name	SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SURGEONS CHOICE MEDICAL CENTER	c EIN-PN 38-3162435-001
a	Plan name	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	TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001

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	WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name	WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WONDERLAND TIRE COMPANY, INC.	c EIN-PN 38-2264378-001
a	Plan name	BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
a	Plan name	BRUCE S. HEATER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRUCE S. HEATER, DDS, LLC	c EIN-PN 86-1138955-002
a	Plan name	CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTER POINT FAMILY DENTISTRY, PLLC	c EIN-PN 27-4512893-002
a	Plan name	CENTERPOINTE DENTAL GROUP, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTERPOINTE DENTAL GROUP, P.A.	c EIN-PN 41-1821880-001
a	Plan name	CENTRA SOTA COOPERATIVE 401(K) PLAN	
b	Name of plan sponsor	CENTRA SOTA COOPERATIVE	c EIN-PN 41-0488480-001
a	Plan name	CLAYTON PHARMACY SERVICES 401(K) PLAN	
b	Name of plan sponsor	CLAYTON PHARMACY SERVICES	c EIN-PN 45-4098818-001
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	CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	CROSSING BORDERS LANGUAGE CENTER, LLC.	c EIN-PN 45-5111582-001
a	Plan name	CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CROWN SEARCH SERVICES	c EIN-PN 31-1724430-001
a	Plan name	DUCTCO, LLC 401(K) PLAN	
b	Name of plan sponsor	DUCTCO, LLC	c EIN-PN 46-2763056-002

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	FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FAIRMOUNT PARTNERS, LLC	c EIN-PN 41-2094669-001
a	Plan name	FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	FISHER DESIGN, INC.	c EIN-PN 31-0601808-001
a	Plan name	FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLOORGUARD, INC.	c EIN-PN 36-4027503-001
a	Plan name	GROOV-PIN CORPORATION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	GROOV-PIN CORPORATION	c EIN-PN 22-0965690-001
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	HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name	HOSKINS EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HOSKINS EQUIPMENT, LLC	c EIN-PN 95-3547273-001
a	Plan name	INTERFAITH HOUSING ASSISTANCE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INTERFAITH HOUSING ASSISTANCE CORPORATION	c EIN-PN 95-3771946-002
a	Plan name	IRONTITE PRODUCTS INC. EMPLOYEES SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	IRONTITE	c EIN-PN 42-1500949-001
a	Plan name	LASER TECH USA, INC 401(K) PLAN	
b	Name of plan sponsor	LASER TECH USA, INC	c EIN-PN 42-1459197-001
a	Plan name	MANNING LUMBER & MARINE, LLC 401(K) PLAN	
b	Name of plan sponsor	MANNING LUMBER & MARINE, LLC	c EIN-PN 46-2084718-001
a	Plan name	MODERN DISPLAY SERVICES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MODERN DISPLAY SERVICES, INC.	c EIN-PN 87-0265937-001

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	MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST
b	Name of plan sponsor	MOHS CONSTRUCTION COMPANY, INC.
c	EIN-PN	46-1727385-001
a	Plan name	NEW DAY CHRISTIAN DISTRIBUTORS, INC. 401(K) PLAN
b	Name of plan sponsor	NEW DAY CHRISTIAN DISTRIBUTORS, INC.
c	EIN-PN	62-1126698-001
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	P/A INDUSTRIES INC. 401(K) PLAN
b	Name of plan sponsor	P/A INDUSTRIES INC.
c	EIN-PN	06-0862210-001
a	Plan name	PROFICIENT PATIOS 401(K) PLAN
b	Name of plan sponsor	PROFICIENT PATIOS & BACKYARD DESIGNS
c	EIN-PN	54-2194452-001
a	Plan name	PROGRESSIVEHEALTH 401(K) PLAN
b	Name of plan sponsor	PROGRESSIVEHEALTH
c	EIN-PN	35-1907348-002
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	REPCO SALES LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	REPCO SALES LLC
c	EIN-PN	99-3976601-001
a	Plan name	REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	REPRODUCTIVE MEDICINE INSTITUTE, LLC
c	EIN-PN	27-1248611-001
a	Plan name	ROI DNA 401(K) PLAN
b	Name of plan sponsor	ROI DNA
c	EIN-PN	27-1203715-001
a	Plan name	ROPE CORP 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	ROPE CORP
c	EIN-PN	59-3585714-001
a	Plan name	SENTINEL 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	SENTINEL OFFENDER SERVICES, LLC
c	EIN-PN	33-0929945-001

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	SIERRA WEST CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERRA WEST CONSTRUCTION, INC.	c EIN-PN 68-0153330-002
a	Plan name	SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SOUTH TEXAS COMMUNITY LIVING CORPORATION	c EIN-PN 76-0364678-001
a	Plan name	SOUTHERN CHEM 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN CHEM, LLC	c EIN-PN 72-0701959-001
a	Plan name	STELLAR VETERINARY SERVICES 401(K) PLAN	
b	Name of plan sponsor	STELLAR VETERINARY SERVICES, LLC	c EIN-PN 47-2964550-001
a	Plan name	STELMATIC INDUSTRIES, INC. 401(K)	
b	Name of plan sponsor	STELMATIC INDUSTRIES, INC.	c EIN-PN 38-1802127-001
a	Plan name	STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor	STERLING BV, INC.	c EIN-PN 81-1791939-001
a	Plan name	T & D DESIGN 401(K) PLAN	
b	Name of plan sponsor	TOOL & DIE DESIGN	c EIN-PN 38-3384452-001
a	Plan name	ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001
a	Plan name	THE WOOD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	THE WOOD GROUP, LLC	c EIN-PN 31-1504201-001
a	Plan name	AH FACILITIES 401(K) PLAN	
b	Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC	c EIN-PN 22-3789700-001
a	Plan name	TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIBLER ORPETT & MEYER, P.C.	c EIN-PN 36-3317353-001
a	Plan name	AME COMMUNITY SERVICES 401 K PLAN	
b	Name of plan sponsor	AME COMMUNITY SERVICES, INC.	c EIN-PN 41-1713577-001

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	UNITED OIL HEAT, INC. 401(K) PLAN	
b Name of plan sponsor	UNITED OIL HEAT, INC.	c EIN-PN 04-2729039-001

a Plan name	APEX TRAILER 401(K) PLAN	
b Name of plan sponsor	APEX TRAILER SALES AND RENTALS, INC.	c EIN-PN 61-1020316-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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a Plan name		
b Name of plan sponsor		c EIN-PN

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 JPMORGAN LARGE CAP GROWTH RET OPT	B Three-digit plan number (PN) 585
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)	1	1
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)	116360708	128892603
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	116360709	128892604
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	116360709	128892604

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)	35317649	
(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)		1317077
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		36634726

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)	348267	
(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)		348267
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		348267

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		36286459
l Transfers of assets:			
(1) To this plan.....	2l(1)		30152202
(2) From this plan	2l(2)		53906766

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 _____.