

**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
  - 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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>JPMORGAN EQUITY INCOME RET OPT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>584</u> <b>1c</b> Effective date of plan
<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>  <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	<b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u> <b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u> <b>2d</b> 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.

<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

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

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

**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)
---	---

---

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

---

<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>
---	--	---

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>JPMORGAN EQUITY INCOME RET OPT</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>584</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)
---------------	--

<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)
<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)
<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)

**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)

**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)

**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)

**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)

**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)

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="#">CGT U.S. LIMITED / TEXTILEATHER CORPORATION 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CGT U.S. LIMITED / TEXTILEATHER CORPORATION</a>	<b>c</b> EIN-PN <a href="#">34-1648509-002</a>
<b>a</b>	Plan name <a href="#">CHAHTA HOLDING GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHAHTA HOLDING GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">26-4761691-001</a>
<b>a</b>	Plan name <a href="#">CUEVAS AND VILLA, INC. 401(K) PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CUEVAS AND VILLA, INC.</a>	<b>c</b> EIN-PN <a href="#">20-0367962-001</a>
<b>a</b>	Plan name <a href="#">FOY &amp; ASSOCIATES, PC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOY &amp; ASSOCIATES, PC</a>	<b>c</b> EIN-PN <a href="#">38-3687296-001</a>
<b>a</b>	Plan name <a href="#">GOPATH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOPATH GLOBAL LLC</a>	<b>c</b> EIN-PN <a href="#">27-1105704-001</a>
<b>a</b>	Plan name <a href="#">GOSHEN COSMETIC AND FAMILY DENTISTRY, P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOSHEN COSMETIC AND ADVANCED FAMILY DENTISTRY, P.C.</a>	<b>c</b> EIN-PN <a href="#">30-0138117-001</a>
<b>a</b>	Plan name <a href="#">HAVEN INTERIORS, LTD. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAVEN INTERIORS, LTD.</a>	<b>c</b> EIN-PN <a href="#">20-3608590-001</a>
<b>a</b>	Plan name <a href="#">HOTEL MANAGEMENT AND CONSULTING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HOTEL MANAGEMENT AND CONSULTING</a>	<b>c</b> EIN-PN <a href="#">45-3388643-001</a>
<b>a</b>	Plan name <a href="#">KEITH A. COHRS D.D.S., P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEITH A. COHRS D.D.S., P.C.</a>	<b>c</b> EIN-PN <a href="#">20-2818829-001</a>
<b>a</b>	Plan name <a href="#">LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAURAS INTERNATIONAL USA LLP</a>	<b>c</b> EIN-PN <a href="#">26-1603445-002</a>
<b>a</b>	Plan name <a href="#">LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAVIN NATIONAL, LLC</a>	<b>c</b> EIN-PN <a href="#">72-1482691-001</a>
<b>a</b>	Plan name <a href="#">MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MANUFACTURING SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">48-1180359-001</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 MARCHIONDA & FERRER 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARCHIONDA & FERRER, P.A.	<b>c</b> EIN-PN 22-3261359-001
<b>a</b>	Plan name MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MENCHIE'S GLOBAL HEADQUARTERS	<b>c</b> EIN-PN 26-1658984-777
<b>a</b>	Plan name MONROE INDUSTRIAL MACHINE SHOP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONROE INDUSTRIAL MACHINE SHOP, LLC	<b>c</b> EIN-PN 20-1041002-001
<b>a</b>	Plan name NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401K PROFIT SHA	<b>c</b> EIN-PN 35-1644182-001
<b>a</b>	Plan name NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST EYE CENTER S.C.	<b>c</b> EIN-PN 36-3145951-002
<b>a</b>	Plan name PHOENIX BUSINESS SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PHOENIX BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 36-4358996-001
<b>a</b>	Plan name PHOENIX INTERNATIONAL PUBLICATIONS, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PHOENIX INTERNATIONAL PUBLICATIONS, INC.	<b>c</b> EIN-PN 47-1100568-001
<b>a</b>	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 88-0163638-001
<b>a</b>	Plan name RGS & G 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD	<b>c</b> EIN-PN 23-2125472-002
<b>a</b>	Plan name SAA LAW, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCHATZ, ANDERSON & ASSOCIATES LLC	<b>c</b> EIN-PN 05-0565472-001
<b>a</b>	Plan name SABIAN, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SABIAN, INC.	<b>c</b> EIN-PN 04-2378907-001
<b>a</b>	Plan name SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SIGHT SAVERS OF AMERICA, INC.	<b>c</b> EIN-PN 30-0188234-001

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 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>a</b>	Plan name STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STEVEN A. VARANO, ESQ.	<b>c</b> EIN-PN 22-3143496-001
<b>a</b>	Plan name STEVISON HAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEVISON HAM COMPANY	<b>c</b> EIN-PN 43-0624613-001
<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 TEXAS BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEXAS BANK	<b>c</b> EIN-PN 75-1405029-001
<b>a</b>	Plan name WADE'S FOOD CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WADE'S FOOD CENTER, INC.	<b>c</b> EIN-PN 62-0976364-001
<b>a</b>	Plan name AZTECS TELECOM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZTECS TELECOM, INC.	<b>c</b> EIN-PN 33-0915556-001
<b>a</b>	Plan name B & B TRUCKING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor B & B TRUCKING, INC.	<b>c</b> EIN-PN 38-2003867-002
<b>a</b>	Plan name DIMENSION HARDWOOD VENEERS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DIMENSION HARDWOOD VENEERS, INC.	<b>c</b> EIN-PN 20-0164058-001
<b>a</b>	Plan name EL NIGUEL COUNTRY CLUB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EL NIGUEL COUNTRY CLUB	<b>c</b> EIN-PN 95-3037507-001
<b>a</b>	Plan name HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HECO, INC.	<b>c</b> EIN-PN 38-1817538-001
<b>a</b>	Plan name HUNT INSURANCE AGENCY, INC. EMPLOYEES SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HUNT INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 36-2730032-001

<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	JACOBS & CLEVINGER, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JACOBS AND CLEVINGER, INC.	<b>c</b> EIN-PN 36-3196244-001
<b>a</b>	Plan name	KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENTUCKY EDUCATION ASSOCIATION	<b>c</b> EIN-PN 61-0245450-001
<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	NRG MEDIA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NRG MEDIA, LLC	<b>c</b> EIN-PN 56-2501807-001
<b>a</b>	Plan name	PAGE & ASSOCIATES INSURANCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAGE & ASSOCIATES INSURANCE, INC.	<b>c</b> EIN-PN 88-1074263-001
<b>a</b>	Plan name	PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	PIENTA ENTERPRISES, INC.	<b>c</b> EIN-PN 38-2434419-001
<b>a</b>	Plan name	PROTIRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROTIRO, INC.	<b>c</b> EIN-PN 84-1441825-001
<b>a</b>	Plan name	SAN JOSE SHARKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAN JOSE SHARKS, LLC	<b>c</b> EIN-PN 73-1638357-002
<b>a</b>	Plan name	SKILLINGS & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKILLINGS & SONS, INC.	<b>c</b> EIN-PN 04-2491037-001
<b>a</b>	Plan name	STONE REAL ESTATE 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	STONE REAL ESTATE	<b>c</b> EIN-PN 36-4121806-001
<b>a</b>	Plan name	TEXAS GOLF ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXAS GOLF ASSOCIATION	<b>c</b> EIN-PN 75-0715222-001
<b>a</b>	Plan name	TIM MCCLOSKEY ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIM MCCLOSKEY ELECTRIC, INC.	<b>c</b> EIN-PN 94-3347825-001

<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	TIRE SERVICES UNLIMITED, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIRE SERVICES UNLIMITED, LLC	<b>c</b> EIN-PN 26-0164707-001
<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	BOG FARM, INC. PROFIT SHARING 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BOG FARM, INC.	<b>c</b> EIN-PN 39-1642606-002
<b>a</b>	Plan name	CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	CANTEX CONTINUING CARE NETWORK, LLC	<b>c</b> EIN-PN 26-1252206-222
<b>a</b>	Plan name	CHARLTON CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHARLTON CHIROPRACTIC & WELLNESS CENTER, LLC	<b>c</b> EIN-PN 34-1960690-001
<b>a</b>	Plan name	CYPRESS POINTE SURGICAL HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAMMOND SURGICAL HOSPITAL, L.L.C. DBA CYPRESS POINT SURGICAL HOSPIT	<b>c</b> EIN-PN 27-2765802-777
<b>a</b>	Plan name	LESSITER PUBLICATIONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LESSITER PUBLICATIONS INC.	<b>c</b> EIN-PN 39-1169768-222
<b>a</b>	Plan name	MBCI TRIBAL GOVERNMENT ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI BAND OF CHOCTAW INDIANS	<b>c</b> EIN-PN 64-0345731-002
<b>a</b>	Plan name	MBCI TRIBAL GOVERNMENT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI BAND OF CHOCTAW INDIANS	<b>c</b> EIN-PN 64-0345731-001
<b>a</b>	Plan name	MCARDLE LTD. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCARDLE LTD.	<b>c</b> EIN-PN 36-2949020-333
<b>a</b>	Plan name	MCCAULEY MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCCAULEY MANAGEMENT, INC.	<b>c</b> EIN-PN 45-4536598-001
<b>a</b>	Plan name	PLENARY AMERICAS USA LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLENARY AMERICAS USA LTD.	<b>c</b> EIN-PN 38-3923534-001

<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	RANGER DIE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RANGER DIE, INC.	<b>c</b> EIN-PN 38-1858884-001
<b>a</b>	Plan name	SASAKI PAINTING & SERVICES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SASAKI PAINTING & SERVICES LLC	<b>c</b> EIN-PN 82-4675241-001
<b>a</b>	Plan name	SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	SOUTHWEST NEUROSPINE INSTITUTE, P.A.	<b>c</b> EIN-PN 26-2906915-001
<b>a</b>	Plan name	SOUTHWEST NEUROSPINE INSTITUTE, P.A. PENSION PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST NEUROSPINE INSTITUTE, P.A.	<b>c</b> EIN-PN 26-2906915-002
<b>a</b>	Plan name	WARREN KOZITZA PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WARREN KOZITZA, INC.	<b>c</b> EIN-PN 46-4265615-001
<b>a</b>	Plan name	BANDERA BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BANDERA BANCSHARES, INC. DBA BANDERA BANK	<b>c</b> EIN-PN 74-2414594-001
<b>a</b>	Plan name	BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS IRON	<b>c</b> EIN-PN 38-3128186-001
<b>a</b>	Plan name	CORNERSTONE ANESTHESIA GROUP, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE ANESTHESIA GROUP, PLLC	<b>c</b> EIN-PN 46-5671673-001
<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	FULCRUM TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FULCRUM TECHNOLOGIES, INC.	<b>c</b> EIN-PN 77-0357662-001
<b>a</b>	Plan name	FUSION ZONE AUTOMOTIVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUSION ZONE AUTOMOTIVE, INC.	<b>c</b> EIN-PN 27-1376889-001
<b>a</b>	Plan name	JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JOHN MOORE & ASSOCIATES, INC.	<b>c</b> EIN-PN 62-0867747-001

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="#">A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">A/E GRAPHICS, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1252452-001</a>
<b>a</b>	Plan name <a href="#">AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">AARON A. ADAOAG, M.D., LTD.</a>	<b>c</b> EIN-PN <a href="#">26-0880609-001</a>
<b>a</b>	Plan name <a href="#">BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUILDING SYSTEMS TRANSPORTATION CO.</a>	<b>c</b> EIN-PN <a href="#">31-1289790-001</a>
<b>a</b>	Plan name <a href="#">BULLDOG RACK HOLDING COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BULLDOG RACK HOLDING COMPANY</a>	<b>c</b> EIN-PN <a href="#">46-1606192-001</a>
<b>a</b>	Plan name <a href="#">LIBERTY BUSINESS ASSOCIATES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LIBERTY BUSINESS ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">30-0079001-001</a>
<b>a</b>	Plan name <a href="#">LIFESPAN FINANCIAL STRATEGIES, INC. 401(K) PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LIFESPAN FINANCIAL STRATEGIES, INC.</a>	<b>c</b> EIN-PN <a href="#">65-0741655-001</a>
<b>a</b>	Plan name <a href="#">ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.</a>	<b>c</b> EIN-PN <a href="#">95-1685796-002</a>
<b>a</b>	Plan name <a href="#">POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">POLK COUNTY SCHOOL READINESS COALITION, INC.</a>	<b>c</b> EIN-PN <a href="#">59-3648316-001</a>
<b>a</b>	Plan name <a href="#">PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PORTER KIAKONA KOPPER, LLP</a>	<b>c</b> EIN-PN <a href="#">99-0210947-001</a>
<b>a</b>	Plan name <a href="#">SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SAVANT SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">85-1002349-777</a>
<b>a</b>	Plan name <a href="#">CAPRI &amp; ASSOCIATES INC. 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CAPRI &amp; ASSOCIATES INC.</a>	<b>c</b> EIN-PN <a href="#">23-3095696-002</a>
<b>a</b>	Plan name <a href="#">COMPASS HEALTH ADMINISTRATORS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMPASS HEALTH ADMINISTRATORS</a>	<b>c</b> EIN-PN <a href="#">82-2891309-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOUGLAS MACHINES CORP</a>	<b>c</b> EIN-PN <a href="#">59-1906520-001</a>
<b>a</b>	Plan name <a href="#">DOWN RIVER OBSTETRICS AND GYNECOLOGY PLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DOWN RIVER OBSTETRICS AND GYNECOLOGY, PLC</a>	<b>c</b> EIN-PN <a href="#">51-0417353-001</a>
<b>a</b>	Plan name <a href="#">FEDERAL MACHINERY &amp; EQUIPMENT CO. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FEDERAL MACHINERY &amp; EQUIPMENT COMPANY</a>	<b>c</b> EIN-PN <a href="#">34-0811973-001</a>
<b>a</b>	Plan name <a href="#">FENWEST, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FENWEST, INC.</a>	<b>c</b> EIN-PN <a href="#">02-0523632-001</a>
<b>a</b>	Plan name <a href="#">IMPACT LABEL CORPORATION EMPLOYEE'S 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">IMPACT LABEL CORPORATION</a>	<b>c</b> EIN-PN <a href="#">38-1746654-002</a>
<b>a</b>	Plan name <a href="#">INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INDEPENDENT CAPITAL MANAGEMENT LLC</a>	<b>c</b> EIN-PN <a href="#">26-3029556-001</a>
<b>a</b>	Plan name <a href="#">INDUSTRIA LECHERA DE PUERTO RICO NON UNION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INDUSTRIA LECHERA DE PUERTO RICO</a>	<b>c</b> EIN-PN <a href="#">66-0211588-002</a>
<b>a</b>	Plan name <a href="#">JAH ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JAH ENTERPRISES, INC.</a>	<b>c</b> EIN-PN <a href="#">72-1250656-001</a>
<b>a</b>	Plan name <a href="#">JAMES E. FULTON &amp; SONS, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JAMES E. FULTON &amp; SONS, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2064280-001</a>
<b>a</b>	Plan name <a href="#">JAMES L. GRAVES CONSTRUCTION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JAMES L. GRAVES CONSTRUCTION</a>	<b>c</b> EIN-PN <a href="#">26-4072884-001</a>
<b>a</b>	Plan name <a href="#">KEYSTONE SPRING SERVICE, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KEYSTONE SPRING SERVICE, INC.</a>	<b>c</b> EIN-PN <a href="#">25-1329257-002</a>
<b>a</b>	Plan name <a href="#">LISTON &amp; TSANTILIS, P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LISTON &amp; TSANTILIS, P.C.</a>	<b>c</b> EIN-PN <a href="#">37-1754330-001</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 LIVING INDEPENDENT IS FOR EVERYONE, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LIVING INDEPENDENT IS FOR EVERYONE, INC.	<b>c</b> EIN-PN 27-4619816-001
<b>a</b>	Plan name MHS LIFT HOLDINGS INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MHS LIFT HOLDINGS INC.	<b>c</b> EIN-PN 23-1738019-001
<b>a</b>	Plan name MXD PROCESS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MIXER DIRECT INC., DBA MXD PROCESS	<b>c</b> EIN-PN 27-1855081-001
<b>a</b>	Plan name MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEWBRIDGE SECURITIES CORPORATION	<b>c</b> EIN-PN 54-1879031-001
<b>a</b>	Plan name O2 SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor O2 SOLUTIONS, LLC	<b>c</b> EIN-PN 14-1964996-001
<b>a</b>	Plan name PWA RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PERHATS WENSTROM ASSOCIATES, INC.	<b>c</b> EIN-PN 36-3611103-002
<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 RIVCRETE READY MIX LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIVCRETE READY MIX LLC	<b>c</b> EIN-PN 81-3593378-001
<b>a</b>	Plan name RIVERMOOR ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVERMOOR ENGINEERING, LLC	<b>c</b> EIN-PN 20-0597795-001
<b>a</b>	Plan name SCHULTZ PROCESS SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHULTZ PROCESS SERVICES, INC.	<b>c</b> EIN-PN 45-4118372-001
<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 SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SLIM CHICKENS	<b>c</b> EIN-PN 45-3985800-001

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>SMC RECYCLING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SMC RECYCLING, INC.</b>	<b>c</b> EIN-PN <b>62-1723264-001</b>
<b>a</b>	Plan name <b>THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CLASSIC CATERING PEOPLE, INC.</b>	<b>c</b> EIN-PN <b>52-1715183-001</b>
<b>a</b>	Plan name <b>VALLEY INSTRUMENT CO., INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VALLEY INSTRUMENT CO., INC.</b>	<b>c</b> EIN-PN <b>23-1913777-001</b>
<b>a</b>	Plan name <b>VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY</b>	<b>c</b> EIN-PN <b>38-1917556-001</b>
<b>a</b>	Plan name <b>ZEHNDER COMMUNICATIONS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ZEHNDER COMMUNICATIONS, INC.</b>	<b>c</b> EIN-PN <b>72-1324835-001</b>
<b>a</b>	Plan name <b>ZOULAS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KRISTINA ZOULAS, DDS, INC.</b>	<b>c</b> EIN-PN <b>74-1856936-001</b>
<b>a</b>	Plan name <b>FONDO FOMENTO INDUSTRIA LECHERA DE P.R. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FONDO FORMENTO INDUSTRIA LECHERA</b>	<b>c</b> EIN-PN <b>66-0220036-001</b>
<b>a</b>	Plan name <b>FONTAINEBLEAU CLINIC AND URGENT CARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GINA ESCHER CFNP LLC</b>	<b>c</b> EIN-PN <b>47-2152331-001</b>
<b>a</b>	Plan name <b>LADIES &amp; GENTLEMEN HAIR STYLISTS 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>LADIES &amp; GENTLEMEN HAIR STYLISTS, INC.</b>	<b>c</b> EIN-PN <b>34-1548748-001</b>
<b>a</b>	Plan name <b>PEJU PROVINCE CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PEJU PROVINCE CORPORATION</b>	<b>c</b> EIN-PN <b>46-1570692-002</b>
<b>a</b>	Plan name <b>CITIZENS INN, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CITIZENS INN, INC.</b>	<b>c</b> EIN-PN <b>22-2540856-001</b>
<b>a</b>	Plan name <b>CITY CLUB APARTMENTS, LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CITY CLUB APARTMENTS, LLC</b>	<b>c</b> EIN-PN <b>81-1284363-001</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 LIVONIA DERMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor LIVONIA DERMATOLOGY PLLC	<b>c</b> EIN-PN 85-0486422-001
<b>a</b>	Plan name LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOMONT MOLDING, LLC	<b>c</b> EIN-PN 47-1306587-001
<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 COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
<b>b</b>	Name of plan sponsor COASTAL BEND WORKFORCE DEVELOPMENT BOARD	<b>c</b> EIN-PN 74-2424633-001
<b>a</b>	Plan name M.F. HUSEBY COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor M.F. HUSEBY COMPANY, INC.	<b>c</b> EIN-PN 95-1729316-001
<b>a</b>	Plan name THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY 401(K)	
<b>b</b>	Name of plan sponsor THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY	<b>c</b> EIN-PN 24-0522575-001
<b>a</b>	Plan name TORBOT GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TORBOT GROUP, INC.	<b>c</b> EIN-PN 05-0390138-001
<b>a</b>	Plan name ALLESCO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHN SHURTLEFF COMPANY, INC.	<b>c</b> EIN-PN 73-0783500-001
<b>a</b>	Plan name GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	<b>c</b> EIN-PN 20-2458255-001
<b>a</b>	Plan name QUALITY CASING & NETTING COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor QUALITY CASING & NETTING COMPANY, INC.	<b>c</b> EIN-PN 31-1365171-001
<b>a</b>	Plan name TUCKER, ALBIN & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor TUCKER, ALBIN & ASSOCIATES	<b>c</b> EIN-PN 32-0386771-001
<b>a</b>	Plan name ANCHORAGE CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANCHORAGE CHRYSLER CENTER, INC.	<b>c</b> EIN-PN 92-0037629-001

<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	MDL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINERAL DEVELOPMENT, LLC	<b>c</b> EIN-PN 46-5488841-001
<b>a</b>	Plan name	MEASUREMENT LIMITED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEASUREMENT LIMITED, INC.	<b>c</b> EIN-PN 20-4119092-001
<b>a</b>	Plan name	MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MED ONE FAMILY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 33-0776463-001
<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	RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIZZETTA & COMPANY, INC.	<b>c</b> EIN-PN 59-3075187-001
<b>a</b>	Plan name	ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROADRUNNER GLASS COMPANY, INC.	<b>c</b> EIN-PN 86-0713467-001
<b>a</b>	Plan name	DARTMOUTH BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DARTMOUTH BUSINESS SERVICES, INC.	<b>c</b> EIN-PN 36-4348934-001
<b>a</b>	Plan name	HI-LINE ELECTRIC CO. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HI-LINE ELECTRIC CO.	<b>c</b> EIN-PN 94-1709994-002
<b>a</b>	Plan name	VANQUISH WORLDWIDE, LLC 401(K)PLAN	
<b>b</b>	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	<b>c</b> EIN-PN 26-0395487-001
<b>a</b>	Plan name	VANQUISH WORLDWIDE, LLC FS TEAMSTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	<b>c</b> EIN-PN 26-0395489-003
<b>a</b>	Plan name	VANQUISH WORLDWIDE, LLC PREVAILING WAGE EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	<b>c</b> EIN-PN 26-0395489-002
<b>a</b>	Plan name	HIX & SNEDEKER COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIX SNEDEKER COMPANIES, LLC	<b>c</b> EIN-PN 27-1982876-001

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 HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HLN CONSULTING, LLC	<b>c</b> EIN-PN 22-3516344-001
<b>a</b>	Plan name HOGE LUMBER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOGE LUMBER COMPANY	<b>c</b> EIN-PN 34-1819246-002
<b>a</b>	Plan name MISSOURI GENERAL INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MISSOURI GENERAL INSURANCE AGENCY DBA MGI RISK ADVISORS	<b>c</b> EIN-PN 43-1234763-001
<b>a</b>	Plan name VICTOR EMANUEL NATURE TOURS 401(K) PLAN	
<b>b</b>	Name of plan sponsor VICTOR EMANUEL NATURE TOURS, INC.	<b>c</b> EIN-PN 74-1942295-001
<b>a</b>	Plan name NASHVILLE TENT & AWNING 401(K) PLAN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NASHVILLE TENT & AWNING CO., INC.	<b>c</b> EIN-PN 85-3079357-001
<b>a</b>	Plan name NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA	<b>c</b> EIN-PN 36-6001991-001
<b>a</b>	Plan name NATURAL CARE WELLNESS CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATURAL CARE WELLNESS CENTER	<b>c</b> EIN-PN 20-5364037-001
<b>a</b>	Plan name BEAMALLOY TECHNOLOGIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEAMALLOY TECHNOLOGIES, LLC	<b>c</b> EIN-PN 20-0326509-001
<b>a</b>	Plan name INDUSTRIA LECHERA DE PUERTO RICO UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INDUSTRIA LECHERA DE PUERTO RICO	<b>c</b> EIN-PN 66-0211588-001
<b>a</b>	Plan name INDUSTRIAL COMPONENTS, INC. SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor INDUSTRIAL COMPONENTS SALES, INC.	<b>c</b> EIN-PN 39-2001134-001
<b>a</b>	Plan name SCOTTSDALE FARMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCOTTSDALE FARMS	<b>c</b> EIN-PN 58-2124857-001
<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

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>DUPUY'S ANIMAL HOSPITAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DUPUY'S ANIMAL HOSPITAL, APVMC</b>	<b>c</b> EIN-PN <b>20-0356241-001</b>
<b>a</b>	Plan name <b>OASYS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.</b>	<b>c</b> EIN-PN <b>52-1747644-001</b>
<b>a</b>	Plan name <b>BRETON VILLAGE TRAVEL SERVICES INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BRETON VILLAGE TRAVEL SERVICES INC.</b>	<b>c</b> EIN-PN <b>38-2017934-001</b>
<b>a</b>	Plan name <b>ELEMASTER US, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELEMASTER US, INC.</b>	<b>c</b> EIN-PN <b>99-0376707-001</b>
<b>a</b>	Plan name <b>JCL SERVICE COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JCL SERVICE COMPANY LLC</b>	<b>c</b> EIN-PN <b>46-0577895-001</b>
<b>a</b>	Plan name <b>SMITH &amp; JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SMITH &amp; JOHNSON ATTORNEYS, P.C</b>	<b>c</b> EIN-PN <b>38-2067637-001</b>
<b>a</b>	Plan name <b>SMOLAR ENTERPRISES, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SMOLAR ENTERPRISES, LLC</b>	<b>c</b> EIN-PN <b>52-2226180-001</b>
<b>a</b>	Plan name <b>SNRA COMMODITIES CASH BALANCE PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SNRA COMMODITIES, INC.</b>	<b>c</b> EIN-PN <b>46-3031744-002</b>
<b>a</b>	Plan name <b>SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SNRA COMMODITIES, INC.</b>	<b>c</b> EIN-PN <b>46-3031744-001</b>
<b>a</b>	Plan name <b>ETORI USA, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ETORI USA, INC.</b>	<b>c</b> EIN-PN <b>20-1728643-001</b>
<b>a</b>	Plan name <b>PAT BRUCH EXCAVATING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PAT BRUCH EXCAVATING, INC.</b>	<b>c</b> EIN-PN <b>47-1140233-005</b>
<b>a</b>	Plan name <b>CARLIN SALES CORPORATION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CARLIN SALES CORPORATION</b>	<b>c</b> EIN-PN <b>39-1171459-001</b>

<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	KINETIC MARKETING COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINETIC MARKETING COMMUNICATIONS LLC	<b>c</b> EIN-PN 20-0778734-001
<b>a</b>	Plan name	SUN CHLORELLA USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN CHLORELLA USA	<b>c</b> EIN-PN 95-3807726-001
<b>a</b>	Plan name	CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLASSIC CARRIERS, INC.	<b>c</b> EIN-PN 31-1152938-001
<b>a</b>	Plan name	GEORGIA SPECIALTY CONSTRUCTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEORGIA SPECIALTY CONSTRUCTORS, INC.	<b>c</b> EIN-PN 58-1505420-002
<b>a</b>	Plan name	PRECISION OF NEW HAMPTON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION OF NEW HAMPTON, INC.	<b>c</b> EIN-PN 42-1294107-222
<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	MAGNUM MACHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAGCO MACHINE & MANUFACTURING DBA MAGNUM MACHINE & MANUFACTURING	<b>c</b> EIN-PN 74-2978531-001
<b>a</b>	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	<b>c</b> EIN-PN 95-4795537-001
<b>a</b>	Plan name	COHN RESTAURANT GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COHN RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 33-0709920-777
<b>a</b>	Plan name	THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROUND ROCK BASEBALL CLUB, LP	<b>c</b> EIN-PN 77-0646382-001
<b>a</b>	Plan name	ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTAONE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1658623-222
<b>a</b>	Plan name	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MATICH CORPORATION	<b>c</b> EIN-PN 95-1810911-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor MATTHEW L. BRIDGES DDS PLLC	<b>c</b> EIN-PN 82-1972625-001
<b>a</b>	Plan name CONTACTUS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTACTUS,LLC	<b>c</b> EIN-PN 45-4001073-001
<b>a</b>	Plan name GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GREEN HILLS MEMORIAL PARK	<b>c</b> EIN-PN 95-1955721-001
<b>a</b>	Plan name GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GREENSBORO FARMER'S CO-OP	<b>c</b> EIN-PN 63-0645197-001
<b>a</b>	Plan name QUIPT HOME MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUIPT HOME MEDICAL, INC.	<b>c</b> EIN-PN 27-1139562-001
<b>a</b>	Plan name MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEDALLION MANAGEMENT, INC.	<b>c</b> EIN-PN 38-2033680-001
<b>a</b>	Plan name ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANDREWS OIL CO. & GAS SERVICES, INC.	<b>c</b> EIN-PN 06-0812862-001
<b>a</b>	Plan name ANNAPOLIS ACCOUNTING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CJ BATTISTA, P.C. D/B/A ANNAPOLIS ACCOUNTING SERVICES	<b>c</b> EIN-PN 52-2248341-001
<b>a</b>	Plan name CRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CRESS INSURANCE CONSULTANTS, INC.	<b>c</b> EIN-PN 85-0324896-001
<b>a</b>	Plan name CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CROMPION INTERNATIONAL, LLC	<b>c</b> EIN-PN 72-1468104-001
<b>a</b>	Plan name MIDICI GROUP, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MIDICI GROUP, LLC	<b>c</b> EIN-PN 47-1810714-001
<b>a</b>	Plan name VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor VENTURA PACIFIC COMPANY	<b>c</b> EIN-PN 95-3057749-001

<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	AUTOBODY EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 59-2714320-001
<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	MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MJD TRUCKING, INC.	<b>c</b> EIN-PN 65-0831291-001
<b>a</b>	Plan name	RUSCHES TRUCKING INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RUSCHE'S TRUCKING, INC.	<b>c</b> EIN-PN 38-1913633-001
<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	NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	<b>c</b> EIN-PN 20-1833642-003
<b>a</b>	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	<b>c</b> EIN-PN 20-1833642-002
<b>a</b>	Plan name	BEERMAN PRECISION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEERMAN PRECISION, INC.	<b>c</b> EIN-PN 72-0519232-001
<b>a</b>	Plan name	WESTERN SHEET METAL, INC. EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN SHEET METAL, INC.	<b>c</b> EIN-PN 87-0296587-001
<b>a</b>	Plan name	BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIRCKHEAD ELECTRIC, INC.	<b>c</b> EIN-PN 52-1614154-001
<b>a</b>	Plan name	IOWA DRAINAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IOWA DRAINAGE, INC.	<b>c</b> EIN-PN 42-0999823-003
<b>a</b>	Plan name	NEXT LEVEL IT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXT LEVEL IT, LLC	<b>c</b> EIN-PN 87-2800471-001

<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	NICHOLSON, INC. SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NICHOLSON, INC.	<b>c</b> EIN-PN 61-1415527-001
<b>a</b>	Plan name	NIHC UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	METROPOLITAN STEVEDORE I.A.M.	<b>c</b> EIN-PN 95-1002286-004
<b>a</b>	Plan name	NLA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NANCY LEDBETTER & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-3059985-001
<b>a</b>	Plan name	SHEGERIAN CONNIFF LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHEGERIAN CONNIFF LLP	<b>c</b> EIN-PN 83-1614034-001
<b>a</b>	Plan name	WINTERGREEN CONSTRUCTION SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WINTERGREEN CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 59-3034069-001
<b>a</b>	Plan name	WISCONSIN LIFTING SPECIALISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN LIFTING SPECIALISTS, INC.	<b>c</b> EIN-PN 39-1130436-001
<b>a</b>	Plan name	BRICK CITY PRIMARY CARE PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRICK CITY PRIMARY CARE	<b>c</b> EIN-PN 26-4778038-001
<b>a</b>	Plan name	JENNIFER A. KENNEDY, DDS., LLC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JENNIFER A. KENNEDY, DDS., LLC.	<b>c</b> EIN-PN 37-1101326-001
<b>a</b>	Plan name	OLIVEIRA WEALTH PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLIVEIRA WEALTH	<b>c</b> EIN-PN 77-0514829-001
<b>a</b>	Plan name	C&CT VENTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C&CT VENTURES, LP	<b>c</b> EIN-PN 56-2410126-001
<b>a</b>	Plan name	EYE CARE OF MAINE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EYE CARE OF MAINE, P.A.	<b>c</b> EIN-PN 01-0316462-004
<b>a</b>	Plan name	OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OXFORD ECONOMICS USA, INC.	<b>c</b> EIN-PN 23-2620656-001

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 STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC.	<b>c</b> EIN-PN 94-2178221-003
<b>a</b>	Plan name CARS DAWYDIAK, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARS DAWYDIAK, INC.	<b>c</b> EIN-PN 94-3065583-001
<b>a</b>	Plan name PAXTON VAN LINES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PAXTON VAN LINES, INC.	<b>c</b> EIN-PN 54-0585256-001
<b>a</b>	Plan name FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOREWAY TRANSPORTATION, INC.	<b>c</b> EIN-PN 38-2165402-001
<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 TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	<b>c</b> EIN-PN 81-4118651-001
<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 WHITEFAB, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WHITEFAB, INC.	<b>c</b> EIN-PN 63-0856879-001
<b>a</b>	Plan name WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor WOLVERINE POWER SUPPLY COOPERATIVE, INC.	<b>c</b> EIN-PN 38-1326766-002
<b>a</b>	Plan name WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor WONDERLAND TIRE COMPANY, INC.	<b>c</b> EIN-PN 38-2264378-001
<b>a</b>	Plan name BIZLINK GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIZLINK TECHNOLOGY, INC.	<b>c</b> EIN-PN 94-3355611-001
<b>a</b>	Plan name BSB RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE BIPPUS STATE BANK	<b>c</b> EIN-PN 35-0180140-001

<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	CAIN THOMAS ASSOCIATES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CAIN THOMAS ASSOCIATES, INC.	<b>c</b> EIN-PN 41-1453222-001
<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	CLEARBROOK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEARBROOK LLC	<b>c</b> EIN-PN 63-1209080-001
<b>a</b>	Plan name	CLINT PHARMACEUTICALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLINT PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 62-1322467-001
<b>a</b>	Plan name	COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLONIAL HEIGHTS VETERINARY HOSPITAL	<b>c</b> EIN-PN 54-2031691-001
<b>a</b>	Plan name	CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CROSSING BORDERS LANGUAGE CENTER, LLC.	<b>c</b> EIN-PN 45-5111582-001
<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	EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY	
<b>b</b>	Name of plan sponsor	MEGA HERTZ SALES COMPANY	<b>c</b> EIN-PN 84-0855727-001
<b>a</b>	Plan name	ENGINEERED SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED SYSTEMS, INC.	<b>c</b> EIN-PN 04-3194781-001
<b>a</b>	Plan name	FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAIRMOUNT PARTNERS, LLC	<b>c</b> EIN-PN 41-2094669-001
<b>a</b>	Plan name	FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLOORGUARD, INC.	<b>c</b> EIN-PN 36-4027503-001
<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>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	GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUIDE WEALTH PARTNERS, INC.	<b>c</b> EIN-PN 42-1350912-001
<b>a</b>	Plan name	HILLSON CONTRACTORS, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	HILLSON CONTRACTORS, INC.	<b>c</b> EIN-PN 02-0503186-001
<b>a</b>	Plan name	HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIT PRODUCTS CORPORATION	<b>c</b> EIN-PN 94-2823123-001
<b>a</b>	Plan name	ITC INFOTECH USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ITC INFOTECH USA, INC.	<b>c</b> EIN-PN 22-3239723-001
<b>a</b>	Plan name	JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JIM CRAWFORD CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 77-0072198-001
<b>a</b>	Plan name	KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KAANAPALI OPERATIONS ASSOCIATION, INC.	<b>c</b> EIN-PN 99-0323901-001
<b>a</b>	Plan name	KC SALLEY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLER RELO ONE LTD.	<b>c</b> EIN-PN 20-4736622-001
<b>a</b>	Plan name	KDH RESEARCH & COMMUNICATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KDH RESEARCH & COMMUNICATION, INC.	<b>c</b> EIN-PN 20-5916689-001
<b>a</b>	Plan name	LATITUDE 33 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LATITUDE 33 PLANNING & ENGINEERING	<b>c</b> EIN-PN 33-0582561-001
<b>a</b>	Plan name	LAURAS INTERNATIONAL LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAURAS INTERNATIONAL USA LLP	<b>c</b> EIN-PN 26-1603445-001
<b>a</b>	Plan name	LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC.	<b>c</b> EIN-PN 36-4594126-001
<b>a</b>	Plan name	MEIERJOHAN BUILDING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEIERJOHAN BUILDING GROUP	<b>c</b> EIN-PN 26-3835304-001

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 MILLER'S PAVING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MILLER'S PAVING, LLC	<b>c</b> EIN-PN 20-4161953-001
<b>a</b>	Plan name MODERN DISPLAY SERVICES, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MODERN DISPLAY SERVICES, INC.	<b>c</b> EIN-PN 87-0265937-001
<b>a</b>	Plan name OLYMPIA, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLYMPIA, LLP	<b>c</b> EIN-PN 27-4004927-001
<b>a</b>	Plan name OLYMPIATECH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	<b>c</b> EIN-PN 41-0919848-001
<b>a</b>	Plan name P/A INDUSTRIES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor P/A INDUSTRIES INC.	<b>c</b> EIN-PN 06-0862210-001
<b>a</b>	Plan name PROGRESSIVE TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROGRESSIVE TECHNOLOGY, INC.	<b>c</b> EIN-PN 68-0229180-001
<b>a</b>	Plan name ROONEY'S WELDING & FABRICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ROONEY'S WELDING & FABRICATION, INC.	<b>c</b> EIN-PN 02-0514973-001
<b>a</b>	Plan name ROSCOE BROWN, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROSCOE BROWN, INC.	<b>c</b> EIN-PN 62-0810017-001
<b>a</b>	Plan name S & W ELECTRIC COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor S & W ELECTRIC COMPANY, INC.	<b>c</b> EIN-PN 63-0833028-001
<b>a</b>	Plan name SENTINEL 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SENTINEL OFFENDER SERVICES, LLC	<b>c</b> EIN-PN 33-0929945-001
<b>a</b>	Plan name SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SEQUEL CONTRACTORS, INC.	<b>c</b> EIN-PN 95-4301424-002
<b>a</b>	Plan name SIAGEL PRODUCTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIAGEL PRODUCTIONS, INC.	<b>c</b> EIN-PN 04-2999213-001

**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	STELLAR VETERINARY SERVICES 401(K) PLAN	<b>c</b>	EIN-PN	47-2964550-001
<b>b</b>	Name of plan sponsor	STELLAR VETERINARY SERVICES, LLC	<b>c</b>	EIN-PN	47-2964550-001
<b>a</b>	Plan name	THE MILWAUKEE ATHLETIC CLUB, 401(K) PLAN	<b>c</b>	EIN-PN	39-0475250-001
<b>b</b>	Name of plan sponsor	THE MILWAUKEE ATHLETIC CLUB	<b>c</b>	EIN-PN	39-0475250-001
<b>a</b>	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	<b>c</b>	EIN-PN	34-4319140-004
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b>	EIN-PN	34-4319140-004
<b>a</b>	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	<b>c</b>	EIN-PN	34-4319140-005
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b>	EIN-PN	34-4319140-005
<b>a</b>	Plan name	THE WOOD GROUP, LLC 401(K) PLAN	<b>c</b>	EIN-PN	31-1504201-001
<b>b</b>	Name of plan sponsor	THE WOOD GROUP, LLC	<b>c</b>	EIN-PN	31-1504201-001
<b>a</b>	Plan name	AERIES SOFTWARE, INC. 401(K) PROFIT SHARING PLAN	<b>c</b>	EIN-PN	33-0427993-001
<b>b</b>	Name of plan sponsor	AERIES SOFTWARE, INC.	<b>c</b>	EIN-PN	33-0427993-001
<b>a</b>	Plan name	APARTMENT HOUSE BUILDERS, INC. 401K PLAN	<b>c</b>	EIN-PN	71-0649991-001
<b>b</b>	Name of plan sponsor	APARTMENT HOUSE BUILDERS, INC.	<b>c</b>	EIN-PN	71-0649991-001
<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	
<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>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JPMORGAN EQUITY INCOME RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>584</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

**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
<b>Assets</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>	56756800
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	44484849
<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>	56756800	44484849
<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>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	56756800	44484849

**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>	1035045	
<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>	2750414	
<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>		2648672
<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>		6434131

**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>	357429	
(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>		357429
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		357429

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		6076702
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		5099861
(2) From this plan .....	<b>2l(2)</b>		23448514

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