

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: T. ROWE PRICE GROWTH STOCK RET OPT; 1b Three-digit plan number (PN): 606; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature 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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>T. ROWE PRICE GROWTH STOCK RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>606</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 CERTIFIED WELDING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CERTIFIED WELDING, LLC	<b>c</b> EIN-PN 82-2109373-001
<b>a</b>	Plan name EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C.	<b>c</b> EIN-PN 58-2642240-001
<b>a</b>	Plan name GOGANIAN & ASSOCIATES, P.C. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GOGANIAN & ASSOCIATES, P.C.	<b>c</b> EIN-PN 47-4203482-001
<b>a</b>	Plan name J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor J & P PAVING MASONRY & SEALANT, INC.	<b>c</b> EIN-PN 31-1121622-001
<b>a</b>	Plan name KEITH A. COHRS D.D.S., P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEITH A. COHRS D.D.S., P.C.	<b>c</b> EIN-PN 20-2818829-001
<b>a</b>	Plan name LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF DANIEL A. PARMELE, P.C.	<b>c</b> EIN-PN 43-1926792-001
<b>a</b>	Plan name MERCER COUNTY ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERCER COUNTY ELECTRIC, INC.	<b>c</b> EIN-PN 34-1278022-001
<b>a</b>	Plan name MONTANO'S RESTAURANT 401(K) PLAN	
<b>b</b>	Name of plan sponsor BADDOC'S, INC. DBA MONTANO'S RESTAURANT	<b>c</b> EIN-PN 04-3021643-001
<b>a</b>	Plan name PHILLIP GALYEN PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PHILLIP GALYEN PC DBA BAILEY & GALYEN	<b>c</b> EIN-PN 75-2218748-001
<b>a</b>	Plan name PHOTON INFOTECH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PHOTON INFOTECH, INC.	<b>c</b> EIN-PN 26-0106960-001
<b>a</b>	Plan name PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROPERTY MANAGEMENT OF ANDOVER, INC.	<b>c</b> EIN-PN 04-2978110-001
<b>a</b>	Plan name RHYS VINEYARDS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RHYS VINEYARDS LLC	<b>c</b> EIN-PN 51-0499236-001

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 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 SAINT JOE DISTRIBUTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	<b>c</b> EIN-PN 44-0565944-001
<b>a</b>	Plan name SIGNATURE DESTINATION MANAGEMENT 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SIGNATURE DESTINATION MANAGEMENT, LLC	<b>c</b> EIN-PN 72-1409387-001
<b>a</b>	Plan name SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SIMON CHANG, MD, LLC	<b>c</b> EIN-PN 80-0112427-001
<b>a</b>	Plan name STEVENS TRANSPORTATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEVENS TRANSPORTATION, INC.	<b>c</b> EIN-PN 77-0009655-001
<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 EDUCATIUS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	<b>c</b> EIN-PN 26-4005699-001
<b>a</b>	Plan name EGER PRODUCTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EGER PRODUCTS INC	<b>c</b> EIN-PN 31-0749790-001
<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 HUTTMANN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HUTTMANN, INC.	<b>c</b> EIN-PN 20-1362691-001
<b>a</b>	Plan name J2H PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor J2H PARTNERS, LLC	<b>c</b> EIN-PN 47-4314260-001

<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	JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JAG, INC.	<b>c</b> EIN-PN 20-4383697-001
<b>a</b>	Plan name	LEGACY TRUCKING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LEGACY TRUCKING, INC.	<b>c</b> EIN-PN 84-1268710-001
<b>a</b>	Plan name	MOTORMAX OF GR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOTORMAX OF GR, LLC	<b>c</b> EIN-PN 26-4235361-001
<b>a</b>	Plan name	PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY LLC	<b>c</b> EIN-PN 26-1612259-001
<b>a</b>	Plan name	RICHARD GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHARD GROUP, LLC	<b>c</b> EIN-PN 46-1249708-001
<b>a</b>	Plan name	SIVERS SEMICONDUCTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIVERS SEMICONDUCTORS, INC.	<b>c</b> EIN-PN 82-2069979-001
<b>a</b>	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	<b>c</b> EIN-PN 38-1561901-002
<b>a</b>	Plan name	CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CANNON MEDICAL, INC.	<b>c</b> EIN-PN 94-3251623-001
<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	D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D R SUMMIT WEALTH MANAGEMENT, INC.	<b>c</b> EIN-PN 27-1552262-001
<b>a</b>	Plan name	D WUERFEL INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	D WUERFEL INC.	<b>c</b> EIN-PN 20-2121078-001
<b>a</b>	Plan name	OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OPHTHALMOLOGY CENTER OF ILLINOIS	<b>c</b> EIN-PN 46-3808527-001

<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	PLASTIC COMPONENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLASTIC COMPONENTS, INC.	<b>c</b> EIN-PN 59-1683347-001
<b>a</b>	Plan name	RATPAC ENTERTAINMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RATPAC ENTERTAINMENT, LLC	<b>c</b> EIN-PN 46-2627641-001
<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	TRIPLE CROWN PRODUCTS 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRIPLE CROWN PRODUCTS	<b>c</b> EIN-PN 39-1785048-001
<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	COPLOY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COPLOY, INC.	<b>c</b> EIN-PN 45-5000939-001
<b>a</b>	Plan name	CORNERSTONE MASONRY SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE MASONRY SERVICES, INC.	<b>c</b> EIN-PN 02-0675679-777
<b>a</b>	Plan name	CORRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORRA	<b>c</b> EIN-PN 04-3819932-001
<b>a</b>	Plan name	DIVFINSERV 401(K)	
<b>b</b>	Name of plan sponsor	DIVERSIFIED FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 20-1848122-001
<b>a</b>	Plan name	DMA HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DMA HOLDINGS, INC.	<b>c</b> EIN-PN 26-1547833-001
<b>a</b>	Plan name	DMLOGIC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DMLOGIC	<b>c</b> EIN-PN 27-1024409-001
<b>a</b>	Plan name	ENVIRONMENTAL WATER ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL WATER	<b>c</b> EIN-PN 34-1956432-001

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 FURRER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NORTH VALLEY FINANCIAL SERVICES LLC DBA FURRER AND ASSOCIATES	<b>c</b> EIN-PN 87-2736693-001
<b>a</b>	Plan name GUINCO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor GUINCO ENTERPRISES CORPORATION	<b>c</b> EIN-PN 46-5256563-001
<b>a</b>	Plan name ABBATELLO ELECTRIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABBATELLO ELECTRIC, LLC	<b>c</b> EIN-PN 06-1632260-001
<b>a</b>	Plan name AMERICAN STEEL TREATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN STEEL TREATING, INC.	<b>c</b> EIN-PN 34-1614413-001
<b>a</b>	Plan name BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BUILDING SYSTEMS TRANSPORTATION CO.	<b>c</b> EIN-PN 31-1289790-001
<b>a</b>	Plan name BULLDOG RACK HOLDING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor BULLDOG RACK HOLDING COMPANY	<b>c</b> EIN-PN 46-1606192-001
<b>a</b>	Plan name BULLDOG RACK OF TORONTO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BULLDOG RACKS OF TORONTO, INC.	<b>c</b> EIN-PN 26-2372850-001
<b>a</b>	Plan name DORIGNAC'S FOOD CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DORIGNAC'S FOOD CENTER, LLC	<b>c</b> EIN-PN 72-0575457-001
<b>a</b>	Plan name GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	<b>c</b> EIN-PN 58-1795694-001
<b>a</b>	Plan name LIFESPAN FINANCIAL STRATEGIES, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor LIFESPAN FINANCIAL STRATEGIES, INC.	<b>c</b> EIN-PN 65-0741655-001
<b>a</b>	Plan name MCCON BUILDING CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MCCON BUILDING CORPORATION	<b>c</b> EIN-PN 39-1746210-001
<b>a</b>	Plan name MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MCGREGOR & ASSOCIATES, INC.	<b>c</b> EIN-PN 61-1211399-001

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 SPAULDING CLINICAL RESEARCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPAULDING CLINICAL RESEARCH	<b>c</b> EIN-PN 26-0647166-222
<b>a</b>	Plan name ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARIAS, TOVAR & ASSOCIATES, P.A.	<b>c</b> EIN-PN 65-0971956-001
<b>a</b>	Plan name BOULDER HILLS LANDSCAPING RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor BOULDER HILLS LANDSCAPING, INC.	<b>c</b> EIN-PN 45-2747964-001
<b>a</b>	Plan name CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPSTONE COMMERCIAL PROPERTIES, INC.	<b>c</b> EIN-PN 73-1691050-001
<b>a</b>	Plan name CARDIOVASCULAR CONSULTANTS 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CARDIOVASCULAR CONSULTANTS PA	<b>c</b> EIN-PN 59-1923037-001
<b>a</b>	Plan name COMMUNITY WHOLESALE TIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY WHOLESALE TIRE DISTRIBUTING, INC.	<b>c</b> EIN-PN 43-0799202-001
<b>a</b>	Plan name FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor FERGUSON COX ASSOCIATES, INC.	<b>c</b> EIN-PN 06-1242231-001
<b>a</b>	Plan name IMPACT LABEL CORPORATION EMPLOYEE'S 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor IMPACT LABEL CORPORATION	<b>c</b> EIN-PN 38-1746654-002
<b>a</b>	Plan name JAMES E. FULTON & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JAMES E. FULTON & SONS, INC.	<b>c</b> EIN-PN 38-2064280-001
<b>a</b>	Plan name KIA OF LAGRANGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIA OF LAGRANGE	<b>c</b> EIN-PN 27-0980531-001
<b>a</b>	Plan name LISTON & TSANTILIS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LISTON & TSANTILIS, P.C.	<b>c</b> EIN-PN 37-1754330-001
<b>a</b>	Plan name MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARPLES GEARS, INC.	<b>c</b> EIN-PN 95-4226164-001

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 O'BRIEN BROS. BUSINESS FORMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor O'BRIEN BROS. BUSINESS FORMS, INC.	<b>c</b> EIN-PN 36-2796459-001
<b>a</b>	Plan name RINEY RONQUILLO SOULE, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RINEY RONQUILLO SOULE, PLLC	<b>c</b> EIN-PN 20-4072167-001
<b>a</b>	Plan name SMART, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SMART, LLC	<b>c</b> EIN-PN 30-0269003-001
<b>a</b>	Plan name THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CLASSIC CATERING PEOPLE, INC.	<b>c</b> EIN-PN 52-1715183-001
<b>a</b>	Plan name THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC CONSTRUCTION, INC.	<b>c</b> EIN-PN 31-1526251-001
<b>a</b>	Plan name VALUERX PHARMACY SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EVINE, LLC DBA VALUERX PHARMACY SERVICES	<b>c</b> EIN-PN 47-3313679-001
<b>a</b>	Plan name VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
<b>b</b>	Name of plan sponsor VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	<b>c</b> EIN-PN 38-1917556-001
<b>a</b>	Plan name CECOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC.	<b>c</b> EIN-PN 90-0106680-001
<b>a</b>	Plan name ACCORD FEDERAL SERVICES, LLC CORPORATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCORD FEDERAL SERVICES, LLC	<b>c</b> EIN-PN 27-2897669-002
<b>a</b>	Plan name CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CITRON CLOTHING, INC.	<b>c</b> EIN-PN 95-4145110-001
<b>a</b>	Plan name CITY CLUB APARTMENTS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CITY CLUB APARTMENTS, LLC	<b>c</b> EIN-PN 81-1284363-001
<b>a</b>	Plan name GEMINI SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GEMINI SERVICES, LLC	<b>c</b> EIN-PN 35-2212355-001

<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	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	ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC.	<b>c</b> EIN-PN 43-1550825-002
<b>a</b>	Plan name	GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GISCLAIR & ASSOCIATES, INC.	<b>c</b> EIN-PN 72-1012609-001
<b>a</b>	Plan name	MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MADDEN ELEVATOR COMPANY	<b>c</b> EIN-PN 27-4404800-001
<b>a</b>	Plan name	PRIMECARE HOME CARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIMECARE HOME CARE SERVICES, INC.	<b>c</b> EIN-PN 65-1317901-001
<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	TONEMAN COMPANIES EMPLOYEE SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TONEMAN COMPANIES	<b>c</b> EIN-PN 95-4626811-001
<b>a</b>	Plan name	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES S.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES PULMONARY AND SLEEP ASSOCIATES, INC.	<b>c</b> EIN-PN 20-0676469-001
<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	MARZOLF IMPLEMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARZOLF IMPLEMENT COMPANY	<b>c</b> EIN-PN 41-1347518-001
<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	TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURNBRIDGE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 47-0963603-001

<b>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	HAGOOD HOMES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAGOOD HOMES, INC.	<b>c</b> EIN-PN 56-1965580-001
<b>a</b>	Plan name	HAMILTON THIES & LORCH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAMILTON THIES & LORCH	<b>c</b> EIN-PN 20-2795886-001
<b>a</b>	Plan name	MDSAVE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MDSAVE, INC.	<b>c</b> EIN-PN 45-4596654-001
<b>a</b>	Plan name	MICHIGAN STATE UTILITY WORKERS COUNCIL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHIGAN STATE UTILITY WORKERS COUNCIL	<b>c</b> EIN-PN 38-0830708-001
<b>a</b>	Plan name	MID-CITIES MOTOR FREIGHT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MID-CITIES MOTOR FREIGHT, INC.	<b>c</b> EIN-PN 43-1119604-001
<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	DEGRAFFENRIED & COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DEGRAFFENRIED & COMPANY	<b>c</b> EIN-PN 72-1349735-001
<b>a</b>	Plan name	DELAWARE CLAIMS PROCESSING FACILITY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELAWARE CLAIMS PROCESSING FACILITY, LLC	<b>c</b> EIN-PN 20-5453231-001
<b>a</b>	Plan name	NATIONAL WELDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL WELDING, INC.	<b>c</b> EIN-PN 56-2396369-001
<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

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 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 WEST WIND DENTAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WEST WIND DENTAL	<b>c</b> EIN-PN 81-4317214-001
<b>a</b>	Plan name WILBURN HOLDING COMPANY, INC. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor WILBURN HOLDING COMPANY, INC.	<b>c</b> EIN-PN 46-1294150-002
<b>a</b>	Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	<b>c</b> EIN-PN 74-1179149-002
<b>a</b>	Plan name ELECTRO-TECH, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELECTRO-TECH, INC.	<b>c</b> EIN-PN 06-1107977-001
<b>a</b>	Plan name OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OUR HOME PHARMACY, INC.	<b>c</b> EIN-PN 27-2618187-001
<b>a</b>	Plan name BURGESS CONCRETE CONSTRUCTION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURGESS CONCRETE CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2694249-001
<b>a</b>	Plan name EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVERGREEN AVIATION & SPACE MUSEUM	<b>c</b> EIN-PN 93-1069203-001
<b>a</b>	Plan name EVT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ENTERPRISE VISION TECHNOLOGIES	<b>c</b> EIN-PN 73-1686616-001
<b>a</b>	Plan name SPRINGFIELD TRACTOR & TRAILER SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPRINGFIELD TRACTOR & TRAILER SALES, INC.	<b>c</b> EIN-PN 37-1013499-003
<b>a</b>	Plan name PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATEL, GREENE & ASSOCIATES, LLC	<b>c</b> EIN-PN 45-2209743-001
<b>a</b>	Plan name ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHRISTOPHER T.F. HUANG, M.D., INC	<b>c</b> EIN-PN 01-0674989-001

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>ADVENTURER MANUFACTURING, INC. 401(K) PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ADVENTURER MANUFACTURING INC.</b>	<b>c</b> EIN-PN <b>26-2682258-001</b>
<b>a</b>	Plan name <b>GLESSNER &amp; ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GLESSNER &amp; ASSOCIATES, PLLC</b>	<b>c</b> EIN-PN <b>55-0761731-001</b>
<b>a</b>	Plan name <b>GREENSBORO FARMER'S CO-OP RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GREENSBORO FARMER'S CO-OP</b>	<b>c</b> EIN-PN <b>63-0645197-001</b>
<b>a</b>	Plan name <b>ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ASSOCIATED COMPONENTS TECHNOLOGY, INC.</b>	<b>c</b> EIN-PN <b>33-0439579-001</b>
<b>a</b>	Plan name <b>DAVID A. PARIS, D.D.S., S.C. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVID A. PARIS, D.D.S., S.C.</b>	<b>c</b> EIN-PN <b>39-1696459-001</b>
<b>a</b>	Plan name <b>VAUGHN A. VICTORINO 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VAUGHN A. VICTORINO</b>	<b>c</b> EIN-PN <b>81-0866840-001</b>
<b>a</b>	Plan name <b>MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MJD TRUCKING, INC.</b>	<b>c</b> EIN-PN <b>65-0831291-001</b>
<b>a</b>	Plan name <b>RUSSELL J. S. TOM, D.D.S. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RUSSELL J. S. TOM, D.D.S.</b>	<b>c</b> EIN-PN <b>99-0261249-001</b>
<b>a</b>	Plan name <b>DRABIK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>DRABIK MANUFACTURING, INC.</b>	<b>c</b> EIN-PN <b>34-1503007-001</b>
<b>a</b>	Plan name <b>EAGLE FUNERAL SERVICE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EAGLE FUNERAL SERVICE</b>	<b>c</b> EIN-PN <b>84-3598744-002</b>
<b>a</b>	Plan name <b>NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEXT DAY DELIVERY SERVICE, INC.</b>	<b>c</b> EIN-PN <b>81-2485203-001</b>
<b>a</b>	Plan name <b>NEXT LEVEL IT, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEXT LEVEL IT, LLC</b>	<b>c</b> EIN-PN <b>87-2800471-001</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 SHANACHIE ENTERTAINMENT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHANACHIE ENTERTAINMENT CORP.	<b>c</b> EIN-PN 13-2986258-001
<b>a</b>	Plan name SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY	<b>c</b> EIN-PN 46-2385806-001
<b>a</b>	Plan name WINCO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BMS HOLDINGS, INC.	<b>c</b> EIN-PN 43-0634395-003
<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 OVERLAKE GOLF & COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OVERLAKE GOLF & COUNTRY CLUB	<b>c</b> EIN-PN 91-0588580-002
<b>a</b>	Plan name STANDARD BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANDARD BUILDERS, INC.	<b>c</b> EIN-PN 20-4989039-001
<b>a</b>	Plan name STANDARD MAINTENANCE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANDARD MAINTENANCE COMPANY, LLC	<b>c</b> EIN-PN 62-1741930-001
<b>a</b>	Plan name FIRST CITIZENS BANK PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FIRST CITIZENS BANK	<b>c</b> EIN-PN 63-0789504-001
<b>a</b>	Plan name FIRST ILLINOIS BANCORP., INC. PROFIT SHARING 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIRST ILLINOIS BANCORP., INC.	<b>c</b> EIN-PN 37-1057402-001
<b>a</b>	Plan name CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEH AUTOMOTIVE CORP.	<b>c</b> EIN-PN 86-0200402-001
<b>a</b>	Plan name LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAGUNA SOURCE LLC	<b>c</b> EIN-PN 41-2223213-002
<b>a</b>	Plan name PETE'S PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETE'S PLUMBING, INC.	<b>c</b> EIN-PN 20-0937994-001

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>PETERS AGENCY CARE MANAGEMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PETERS AGENCY CARE MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>83-0446469-001</b>
<b>a</b>	Plan name <b>TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA</b>	<b>c</b> EIN-PN <b>81-4118651-001</b>
<b>a</b>	Plan name <b>TECHNOALPIN 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TECHNOALPIN USA, INC.</b>	<b>c</b> EIN-PN <b>22-3857446-001</b>
<b>a</b>	Plan name <b>WHITEHEAD &amp; ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WHITEHEAD &amp; ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>58-1096001-001</b>
<b>a</b>	Plan name <b>WOMER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOMER AND ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>91-1570424-001</b>
<b>a</b>	Plan name <b>BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BENJAMIN DEL VENTO, P.A.</b>	<b>c</b> EIN-PN <b>22-1943968-001</b>
<b>a</b>	Plan name <b>BLACK LUMBER COMPANY, INC. SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLACK LUMBER COMPANY, INC.</b>	<b>c</b> EIN-PN <b>35-0902347-001</b>
<b>a</b>	Plan name <b>CAIN THOMAS ASSOCIATES RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAIN THOMAS ASSOCIATES, INC.</b>	<b>c</b> EIN-PN <b>41-1453222-001</b>
<b>a</b>	Plan name <b>CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLEVELAND CITY FORGE, INC.</b>	<b>c</b> EIN-PN <b>34-1972972-001</b>
<b>a</b>	Plan name <b>COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL</b>	<b>c</b> EIN-PN <b>71-0577085-004</b>
<b>a</b>	Plan name <b>EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY</b>	
<b>b</b>	Name of plan sponsor <b>MEGA HERTZ SALES COMPANY</b>	<b>c</b> EIN-PN <b>84-0855727-001</b>
<b>a</b>	Plan name <b>ENGINEERED SYSTEMS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ENGINEERED SYSTEMS, INC.</b>	<b>c</b> EIN-PN <b>04-3194781-001</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	FIRST-LIGHT USA, LLC EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIRST-LIGHT USA, LLC	<b>c</b> EIN-PN 20-1665358-001
<b>a</b>	Plan name	FITZPATRICK, ZIMMERMAN & ROSE CO. LPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FITZPATRICK, ZIMMERMAN & ROSE CO. LPA	<b>c</b> EIN-PN 34-1094182-001
<b>a</b>	Plan name	GIBSON & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GIBSON & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2057660-001
<b>a</b>	Plan name	GROKHALOV FAMILY VENTURES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GROKHALOV FAMILY VENTURES, INC.	<b>c</b> EIN-PN 46-3224549-001
<b>a</b>	Plan name	HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HATTERAS PRINTING, INC.	<b>c</b> EIN-PN 38-2168116-001
<b>a</b>	Plan name	INTELLETRACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTELLETRACE, INC.	<b>c</b> EIN-PN 37-1514242-001
<b>a</b>	Plan name	LASKEY'S DISCOUNT FURNITURE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LASKEY'S DISCOUNT FURNITURE	<b>c</b> EIN-PN 25-1450031-001
<b>a</b>	Plan name	LYONS GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LYONS GROUP	<b>c</b> EIN-PN 04-2707878-001
<b>a</b>	Plan name	MAYFAIR PLASTICS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAYFAIR PLASTICS, INC.	<b>c</b> EIN-PN 38-2704694-001
<b>a</b>	Plan name	MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEDIX SPECIALTY VEHICLES, LLC	<b>c</b> EIN-PN 54-2028306-001
<b>a</b>	Plan name	MOJO SOLO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOJO SOLO, INC.	<b>c</b> EIN-PN 20-1101717-001
<b>a</b>	Plan name	PCRM SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARTNERSHIP CONCEPTS REALTY MANAGEMENT, INC.	<b>c</b> EIN-PN 36-2850850-001

<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	PRESTIGE WOMEN'S HEALTH CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE WOMEN'S HEALTH CARE	<b>c</b> EIN-PN 27-0665184-001
<b>a</b>	Plan name	S4, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S4 INC.	<b>c</b> EIN-PN 04-3309384-001
<b>a</b>	Plan name	T & D DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOOL & DIE DESIGN	<b>c</b> EIN-PN 38-3384452-001
<b>a</b>	Plan name	AERO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	AERO CHARTER, INC.	<b>c</b> EIN-PN 43-1133102-002
<b>a</b>	Plan name	AERO-MARK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AERO-MARK LLC	<b>c</b> EIN-PN 26-4647620-001
<b>a</b>	Plan name	TRIDENT EDGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRIDENT EDGE, INC.	<b>c</b> EIN-PN 26-0813587-001
<b>a</b>	Plan name	AMANI ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMANI ENGINEERING, INC.	<b>c</b> EIN-PN 76-0614439-001
<b>a</b>	Plan name	UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNITY MANUFACTURING COMPANY	<b>c</b> EIN-PN 36-1899680-001
<b>a</b>	Plan name	ANY WAY YOU WANT IT MOVING & STORAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANY WAY YOU WANT IT MOVING & STORAGE, INC.	<b>c</b> EIN-PN 11-3679750-001
<b>a</b>	Plan name	APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	APARTMENT HOUSE BUILDERS, INC.	<b>c</b> EIN-PN 71-0649991-001
<b>a</b>	Plan name	APEX TRAILER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APEX TRAILER SALES AND RENTALS, INC.	<b>c</b> EIN-PN 61-1020316-001
<b>a</b>	Plan name	VITL PENSION PLAN	
<b>b</b>	Name of plan sponsor	VERMONT INFORMATION TECHNOLOGY LEADERS	<b>c</b> EIN-PN 20-3131747-001

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>T. ROWE PRICE GROWTH STOCK RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>606</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

	(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>	1
<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>	35435059      35268887
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	35435060	35268888
<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>	35435060	35268888

**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>		
<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>	6943555	
<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>		2302775
<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>		9246330

**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>	139621	
(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>		139621
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		139621

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9106709
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		2858256
(2) From this plan .....	<b>2l(2)</b>		12131137

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