

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS 2010 TARGET DATE RETIREMENT RET OPT
1b Three-digit plan number (PN): 687
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and 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> <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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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

<b>A</b> Name of plan <u>AMERICAN FUNDS 2010 TARGET DATE RETIREMENT RET OPT</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>687</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>

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

<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)
<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)



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="#">EATON DRILLING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EATON DRILLING CO., INC.</a>	<b>c</b> EIN-PN <a href="#">94-1207118-001</a>
<b>a</b>	Plan name <a href="#">EDMOND MUSIC, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EDMOND MUSIC, INC.</a>	<b>c</b> EIN-PN <a href="#">73-1499074-001</a>
<b>a</b>	Plan name <a href="#">POLLART MILLER, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">POLLART MILLER, LLC</a>	<b>c</b> EIN-PN <a href="#">20-0022305-001</a>
<b>a</b>	Plan name <a href="#">THE BOYLAND GROUP 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOYLAND AUTO ORLANDO, LLC</a>	<b>c</b> EIN-PN <a href="#">05-0546979-777</a>
<b>a</b>	Plan name <a href="#">THE BROWNING GROUP INTERNATIONAL, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE BROWNING GROUP INTERNATIONAL, INC.</a>	<b>c</b> EIN-PN <a href="#">99-9973995-001</a>
<b>a</b>	Plan name <a href="#">THE CALIFORNIA CLUB 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE CALIFORNIA CLUB</a>	<b>c</b> EIN-PN <a href="#">95-0593940-003</a>
<b>a</b>	Plan name <a href="#">KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KRIEGEL HOLDING COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">30-0227844-001</a>
<b>a</b>	Plan name <a href="#">THE WEBER RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WEBER ENTERPRISES, INC.</a>	<b>c</b> EIN-PN <a href="#">93-0594771-001</a>
<b>a</b>	Plan name <a href="#">PS3 ENTERPRISES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PS3 ENTERPRISES, INC.</a>	<b>c</b> EIN-PN <a href="#">26-3852614-001</a>
<b>a</b>	Plan name <a href="#">PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PUNCTUAL ABSTRACT CO. INC.</a>	<b>c</b> EIN-PN <a href="#">72-1228652-001</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="#">LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAW OFFICES OF DANIEL A. PARMELE, P.C.</a>	<b>c</b> EIN-PN <a href="#">43-1926792-001</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	REGULUS 401(K)
<b>b</b>	Name of plan sponsor	REGULUS GROUP, LLC
<b>c</b>	EIN-PN	33-1009928-002
<b>a</b>	Plan name	RETIREMENT LIVING MGMT LLC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	RETIREMENT LIVING MGMT., LLC
<b>c</b>	EIN-PN	38-3470221-001
<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	CAPITOL METRO FINANCIAL SERVICES, INC. RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CAPITOL METRO FINANCIAL SERVICES, INC.
<b>c</b>	EIN-PN	52-2069219-001
<b>a</b>	Plan name	CHEROKEE 401(K) PLAN
<b>b</b>	Name of plan sponsor	CHEROKEE MANUFACTURING, LLC
<b>c</b>	EIN-PN	45-2735316-001
<b>a</b>	Plan name	GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	GOTEC PLUS SUN, LLC
<b>c</b>	EIN-PN	20-4320976-001
<b>a</b>	Plan name	H2R CORP 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	H2R CORP
<b>c</b>	EIN-PN	81-2654817-001
<b>a</b>	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN
<b>b</b>	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.
<b>c</b>	EIN-PN	95-2673204-001
<b>a</b>	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN
<b>b</b>	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.
<b>c</b>	EIN-PN	20-0048495-001
<b>a</b>	Plan name	CONTAINER STORAGE 401(K) PLAN
<b>b</b>	Name of plan sponsor	CONTAINER STORAGE COMPANY OF HAWAII, LTD
<b>c</b>	EIN-PN	99-0223980-001
<b>a</b>	Plan name	NATIONAL FIELD REPRESENTATIVES 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	NATIONAL FIELD REPRESENTATIVES, LLC
<b>c</b>	EIN-PN	02-0451448-001
<b>a</b>	Plan name	NATURESCAPE 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	NATURESCAPE
<b>c</b>	EIN-PN	03-0448406-001

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 YAMIBUY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRANSOCEAN RESOURCES MANAGEMENT INC.	<b>c</b> EIN-PN 46-1019646-001
<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 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 COUNTRY ROADS TRUCKING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COUNTRY ROADS TRUCKING SYSTEMS, INC.	<b>c</b> EIN-PN 35-1696225-001
<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 AMBIOPHARM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMBIOPHARM, INC.	<b>c</b> EIN-PN 22-3940281-001
<b>a</b>	Plan name AMBROSE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMBROSE SERVICES, LLC	<b>c</b> EIN-PN 46-3081985-001
<b>a</b>	Plan name INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INSTRUMEDICAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 35-1515768-001
<b>a</b>	Plan name SPINA & LAVELLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPINA & LAVELLE, P.C.	<b>c</b> EIN-PN 45-2849454-001
<b>a</b>	Plan name SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPRING GROVE CEMETERY	<b>c</b> EIN-PN 31-0235950-003
<b>a</b>	Plan name P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor P & P SEPTIC SERVICE, INC.	<b>c</b> EIN-PN 03-0269006-001
<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

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 PACBLU 401(K) PLAN	
<b>b</b>	Name of plan sponsor PACBLU	<b>c</b> EIN-PN 11-3691833-001
<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>a</b>	Plan name ANDERSONS GROCERY 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANDERSON'S GROCERY	<b>c</b> EIN-PN 91-1807280-001
<b>a</b>	Plan name DENVER HEALTH AND FITNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JVP FIT ENTERPRISES, LLC DBA DENVER HEALTH AND FITNESS	<b>c</b> EIN-PN 26-1885010-001
<b>a</b>	Plan name JENKINS PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor JENKINS PLUMBING COMPANY, LLC	<b>c</b> EIN-PN 58-2531468-001
<b>a</b>	Plan name TANIS CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TANIS CONCRETE, INC.	<b>c</b> EIN-PN 22-1567712-001
<b>a</b>	Plan name TYNAN EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor YALE INDUSTRIAL TRUCKS - TYNAN, INC.	<b>c</b> EIN-PN 35-1147878-001
<b>a</b>	Plan name UFS OF CO LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor UFS OF CO LLC	<b>c</b> EIN-PN 46-1301189-001
<b>a</b>	Plan name FWH ARCHITECTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FWH ARCHITECTS, INC.	<b>c</b> EIN-PN 59-3608221-001
<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 GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GERRITY'S SUPERMARKET, INC.	<b>c</b> EIN-PN 23-2150407-777
<b>a</b>	Plan name VALLEY WOOD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY WOOD, INC.	<b>c</b> EIN-PN 58-1869240-001

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 CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHILDREN'S RECEIVING HOME OF SACRAMENTO	<b>c</b> EIN-PN 94-1322166-001
<b>a</b>	Plan name MERROW MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERROW MANUFACTURING, LLC.	<b>c</b> EIN-PN 82-1734889-001
<b>a</b>	Plan name SBAC ANIMAL CLINIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SBAC ANIMAL CLINIC, INC	<b>c</b> EIN-PN 33-4162060-001
<b>a</b>	Plan name WILDCAT OIL TOOLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILDCAT OIL TOOLS, LLC	<b>c</b> EIN-PN 45-4421709-001
<b>a</b>	Plan name CLEVELAND MARBLE MOSAIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CLEVELAND MARBLE MOSAIC CO.	<b>c</b> EIN-PN 34-0151170-001
<b>a</b>	Plan name HABITAT FOR HUMANITY INLAND VALLEY, INC.401(K) PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor HABITAT FOR HUMANITY INLAND VALLEY, INC.	<b>c</b> EIN-PN 33-0461804-001
<b>a</b>	Plan name MITCHELL GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MITCHELL GRAPHICS, INC.	<b>c</b> EIN-PN 38-2084428-001
<b>a</b>	Plan name CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONTROLS & WEIGHING SYSTEMS, INC.	<b>c</b> EIN-PN 59-1588191-001
<b>a</b>	Plan name ACOSTA, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACOSTA GROUP	<b>c</b> EIN-PN 74-2183937-001
<b>a</b>	Plan name NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NEOPART TRANSIT, LLC	<b>c</b> EIN-PN 36-4830017-001
<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 SK MANAGEMENT, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SK MANAGEMENT, INC	<b>c</b> EIN-PN 02-0456712-001

<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	OOMA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OOMA, INC.	<b>c</b> EIN-PN 06-1713274-001
<b>a</b>	Plan name	STAFFING PLUS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STAFFING PLUS, INC.	<b>c</b> EIN-PN 36-4330850-222
<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 DENTAL LABORATORY, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	APEX DENTAL LABORATORY, LLC	<b>c</b> EIN-PN 86-1408956-001
<b>a</b>	Plan name	STREB CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 42-0892646-001
<b>a</b>	Plan name	STURINO FUNERAL HOME 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STURINO FUNERAL HOME	<b>c</b> EIN-PN 39-1251515-001
<b>a</b>	Plan name	PEOPLE RESULTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	IRI CONSULTANTS, INC.	<b>c</b> EIN-PN 38-2349424-001
<b>a</b>	Plan name	PEORIA BRICK COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEORIA BRICK COMPANY	<b>c</b> EIN-PN 37-0459180-002
<b>a</b>	Plan name	PERMIAN INTERNATIONAL ENERGY SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERMIAN INTERNATIONAL ENERGY SERVICES LLC	<b>c</b> EIN-PN 82-1930351-001
<b>a</b>	Plan name	TCB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TYLER CORRUGATED BOX, INC.	<b>c</b> EIN-PN 75-1707434-001
<b>a</b>	Plan name	BASS RIVER, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BASS RIVER, INC.	<b>c</b> EIN-PN 04-2512466-001
<b>a</b>	Plan name	EL CAJON GRADING & ENGINEERING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EL CAJON GRADING & ENGINEERING, INC.	<b>c</b> EIN-PN 95-2765405-002

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 KEITH'S APPLIANCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEITH'S APPLIANCES	<b>c</b> EIN-PN 06-0973305-001
<b>a</b>	Plan name THE CENTRAL INDUSTRIAL SUPPLY 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTRAL INDUSTRIAL SUPPLY, INC.	<b>c</b> EIN-PN 63-0711103-001
<b>a</b>	Plan name THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE COLUMBIA PROPERTY GROUP, INC.	<b>c</b> EIN-PN 27-0013342-001
<b>a</b>	Plan name THE DELTA PATHOLOGY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE DELTA PATHOLOGY GROUP, LLC	<b>c</b> EIN-PN 72-0933293-001
<b>a</b>	Plan name QESSENTIAL MEDICAL MARKET RESEARCH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor QESSENTIAL MEDICAL MARKET RESEARCH, LLC	<b>c</b> EIN-PN 87-3863389-001
<b>a</b>	Plan name BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	<b>c</b> EIN-PN 06-0646935-002
<b>a</b>	Plan name FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERNANDES & CHAREST, P.C.	<b>c</b> EIN-PN 04-3099857-001
<b>a</b>	Plan name LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF VANCE A. FUNK PA	<b>c</b> EIN-PN 03-0380002-001
<b>a</b>	Plan name MANHATTAN MECHANICAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MANHATTAN MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 27-3969132-001
<b>a</b>	Plan name METHODIST HOMES FOR THE AGING 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor METHODIST HOMES FOR THE AGING	<b>c</b> EIN-PN 63-0376518-001
<b>a</b>	Plan name ORION PROTECTIVE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORION PROTECTIVE SERVICES, INC.	<b>c</b> EIN-PN 27-2623687-001
<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>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	PGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION GLOBAL SYSTEMS, INC.	<b>c</b> EIN-PN 38-2504223-001
<b>a</b>	Plan name	PRALL & COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRALL & COMPANY, INC.	<b>c</b> EIN-PN 20-0407958-001
<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	S&S PACKAGING PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S&S PACKAGING PRODUCTS, INC.	<b>c</b> EIN-PN 23-2940069-001
<b>a</b>	Plan name	SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THE SCIENTIFIC CONSULTING GROUP, INC.	<b>c</b> EIN-PN 52-1719423-001
<b>a</b>	Plan name	SUN COAST PAIN MANAGEMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUN COAST PAIN MANAGEMENT, P.A.	<b>c</b> EIN-PN 64-0888705-001
<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	THE GINGER TREE PRESCHOOL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE GINGER TREE PRESCHOOL LLC	<b>c</b> EIN-PN 82-3508771-001
<b>a</b>	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	<b>c</b> EIN-PN 56-1970120-001
<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	ADELMAN MAINTENANCE CORP. OF MILWAUKEE PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADELMAN MAINTENANCE CORP. OF MILWAUKEE	<b>c</b> EIN-PN 39-1471511-001
<b>a</b>	Plan name	AFTERMAN SOFTWARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AFTERMAN SOFTWARE, LLC	<b>c</b> EIN-PN 81-2910848-001

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 AMERICAN READING COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE	<b>c</b> EIN-PN 23-2965253-001
<b>a</b>	Plan name 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 APOSTOLIC CHRISTIAN HOME 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor APOSTOLIC CHRISTIAN HOME	<b>c</b> EIN-PN 37-1366082-001
<b>a</b>	Plan name BAYSIDE AUTO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BAYSIDE AUTO GROUP	<b>c</b> EIN-PN 52-1664217-001
<b>a</b>	Plan name COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COCHRANE SUPPLY ENGINEERING, INC.	<b>c</b> EIN-PN 38-1854848-001
<b>a</b>	Plan name DEMOSS ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEMOSS ELECTRIC, INC.	<b>c</b> EIN-PN 02-0677709-001
<b>a</b>	Plan name DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIGITAL TOOL & DIE, INC.	<b>c</b> EIN-PN 38-2852638-001
<b>a</b>	Plan name EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EXECUTIVE PROPERTY MANAGEMENT	<b>c</b> EIN-PN 22-2398215-001
<b>a</b>	Plan name GILLIE HYDE FORD LINCOLN, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GILLIE HYDE FORD LINCOLN, INC.	<b>c</b> EIN-PN 61-0700786-002
<b>a</b>	Plan name GREBE'S BAKERIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREBE'S BAKERIES, INC.	<b>c</b> EIN-PN 39-0770820-001
<b>a</b>	Plan name HIGHWAY INN, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HIGHWAY INN, INC.	<b>c</b> EIN-PN 99-0249967-222
<b>a</b>	Plan name HIGROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE HAWAII GROUP, INC.	<b>c</b> EIN-PN 27-3129236-001

<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	HONDATA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HONDATA, INC.	<b>c</b> EIN-PN 95-4872707-001
<b>a</b>	Plan name	J. L. RAYMAAKERS & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	J.L. RAYMAAKERS & SONS, INC.	<b>c</b> EIN-PN 26-1632270-001
<b>a</b>	Plan name	LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAND LIFE COMPANY USA, PBC	<b>c</b> EIN-PN 83-1925466-001
<b>a</b>	Plan name	A-1 SECURITY BARS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A-1 SECURITY BARS, INC.	<b>c</b> EIN-PN 52-2284626-001
<b>a</b>	Plan name	AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIR GROUP, LLC	<b>c</b> EIN-PN 22-3620908-001
<b>a</b>	Plan name	ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARCHITECTURE, INC.	<b>c</b> EIN-PN 54-1371604-001
<b>a</b>	Plan name	COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMERCE DISTRIBUTION CENTER, INC.	<b>c</b> EIN-PN 38-2684078-001
<b>a</b>	Plan name	COMMERCIAL SEWING, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL SEWING, INC.	<b>c</b> EIN-PN 06-0863890-001
<b>a</b>	Plan name	CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	<b>c</b> EIN-PN 48-0666889-001
<b>a</b>	Plan name	CTCO BENEFIT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CTCO BENEFIT SERVICES, LLC	<b>c</b> EIN-PN 30-0515404-002
<b>a</b>	Plan name	ELMBROOK FAMILY DENTAL PARTNERS, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELMBROOK FAMILY DENTAL PARTNERS, S.C.	<b>c</b> EIN-PN 27-0556470-001
<b>a</b>	Plan name	HARTSHORNE HEALTH SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARTSHORNE HEALTH SERVICES, LLC	<b>c</b> EIN-PN 20-1718450-001

<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	HY-ROCK EXCAVATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HY-ROCK EXCAVATION, LLC	<b>c</b> EIN-PN 20-3242534-001
<b>a</b>	Plan name	KEY DATA DASHBOARD, INC. DBA KEY DATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEY DATA DASHBOARD, INC. DBA KEY DATA	<b>c</b> EIN-PN 87-3648034-002
<b>a</b>	Plan name	LIBERTY BUSINESS ASSOCIATES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY BUSINESS ASSOCIATES, LLC	<b>c</b> EIN-PN 30-0079001-001
<b>a</b>	Plan name	MAYVILLE STATE BANK PROFIT SHARING AND RETIREMENT TRUST PLAN	
<b>b</b>	Name of plan sponsor	MAYVILLE STATE BANK	<b>c</b> EIN-PN 38-0803180-001
<b>a</b>	Plan name	NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST CHRISTIAN SCHOOL	<b>c</b> EIN-PN 86-0445016-001
<b>a</b>	Plan name	PARIS MOUNTAIN HOSPITALITY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARIS MOUNTAIN HOSPITALITY, LLC	<b>c</b> EIN-PN 47-1819250-001
<b>a</b>	Plan name	PARK SPRINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK SPRINGS, LLC	<b>c</b> EIN-PN 58-2452928-001
<b>a</b>	Plan name	R&L SUBS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R&L SUBS, INC.	<b>c</b> EIN-PN 56-1894090-001
<b>a</b>	Plan name	R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	R.C. FINE FOODS, INC.	<b>c</b> EIN-PN 22-2136686-002
<b>a</b>	Plan name	RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RJ NOLAN & ASSOCIATES, INC.	<b>c</b> EIN-PN 39-1090667-001
<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	SEAQUIST ORCHARDS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEAQUIST ORCHARDS, LLC	<b>c</b> EIN-PN 39-1431035-002

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 <b>SECON 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPECIFIED ELECTRICAL CONTRACTORS, INC.</b>	<b>c</b> EIN-PN <b>86-0839690-002</b>
<b>a</b>	Plan name <b>VELOCITY COMMERCIAL CAPITAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VELOCITY COMMERCIAL CAPITAL, LLC</b>	<b>c</b> EIN-PN <b>20-1193192-001</b>
<b>a</b>	Plan name <b>IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IDAHO ASPHALT SUPPLY, INC.</b>	<b>c</b> EIN-PN <b>82-0325664-001</b>
<b>a</b>	Plan name <b>JANITORS SUPPLY CO., INC. EMPLOYEES' SAVINGS AND RETIREMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE JANITORS SUPPLY CO., INC.</b>	<b>c</b> EIN-PN <b>35-0981768-001</b>
<b>a</b>	Plan name <b>KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KINGS COMMUNITY ACTION ORGANIZATION, INC.</b>	<b>c</b> EIN-PN <b>94-1604455-001</b>
<b>a</b>	Plan name <b>LINDAR 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LINDAR CORPORATION</b>	<b>c</b> EIN-PN <b>41-1752658-001</b>
<b>a</b>	Plan name <b>MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCCOURT EQUIPMENT, INC.</b>	<b>c</b> EIN-PN <b>74-2913583-001</b>
<b>a</b>	Plan name <b>NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>NUHORIZON PROPERTIES, LLC</b>	<b>c</b> EIN-PN <b>38-3521185-001</b>
<b>a</b>	Plan name <b>TRANSYSTEMS RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRANSPORT LEASING COMPANY, LLP DBA TRANSYSTEMS SERVICES</b>	<b>c</b> EIN-PN <b>81-0359563-001</b>
<b>a</b>	Plan name <b>WM. TRENT GILLESPIE, DMD, MPH, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WM. TRENT GILLESPIE, DMD, MPH, LLC</b>	<b>c</b> EIN-PN <b>20-4863407-001</b>
<b>a</b>	Plan name <b>WOOF BEACH, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOOF BEACH, INC.</b>	<b>c</b> EIN-PN <b>45-5627642-001</b>
<b>a</b>	Plan name <b>A.W. OAKES &amp; SON, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>A.W. OAKES &amp; SON, INC.</b>	<b>c</b> EIN-PN <b>39-0967026-003</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 ALBERTY GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALBERTY GROUP, LLC	<b>c</b> EIN-PN 83-4525061-001
<b>a</b>	Plan name ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARMSTRONG CARPET & LINOLEUM COMPANY	<b>c</b> EIN-PN 94-1509072-001
<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 COMPASS COMMERCIAL CONSTRUCTION GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPASS COMMERCIAL CONSTRUCTION GROUP	<b>c</b> EIN-PN 27-3042323-777
<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 ENCORE GLASS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENCORE GLASS	<b>c</b> EIN-PN 45-4333619-001
<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 FIRST QUALITY HOME CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIRST QUALITY HOME CARE, INC	<b>c</b> EIN-PN 65-0478803-001
<b>a</b>	Plan name GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	<b>c</b> EIN-PN 57-1093357-001
<b>a</b>	Plan name NUTRITION WELLNESS CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NUTRITION WELLNESS CENTER, LLC	<b>c</b> EIN-PN 20-4979886-001
<b>a</b>	Plan name O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor O'CONNELL LANDSCAPE MAINTENANCE INC.	<b>c</b> EIN-PN 95-3141443-002
<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

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="#">RATLIFF CPA FIRM, PC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RATLIFF CPA FIRM, PC.</a>	<b>c</b> EIN-PN <a href="#">81-1576496-001</a>
<b>a</b>	Plan name <a href="#">TAG MANUFACTURING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TAG MANUFACTURING, INC.</a>	<b>c</b> EIN-PN <a href="#">72-1578630-001</a>
<b>a</b>	Plan name <a href="#">VISKOTEERPAK 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VISKOTEERPAK, LLC</a>	<b>c</b> EIN-PN <a href="#">20-1267287-001</a>
<b>a</b>	Plan name <a href="#">ACADEMY MANAGEMENT COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ACADEMY MANAGEMENT COMPANY</a>	<b>c</b> EIN-PN <a href="#">45-2344235-001</a>
<b>a</b>	Plan name <a href="#">ALL ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALL ENVIRONMENTAL, INC.</a>	<b>c</b> EIN-PN <a href="#">68-0288965-001</a>
<b>a</b>	Plan name <a href="#">ASCEND DENTAL SERVICES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASCEND DENTAL SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">83-2589578-001</a>
<b>a</b>	Plan name <a href="#">ASCENDANT COMMERCIAL INSURANCE 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASCENDANT COMMERCIAL INSURANCE, INC.</a>	<b>c</b> EIN-PN <a href="#">27-0835494-001</a>
<b>a</b>	Plan name <a href="#">BEST CLEANERS, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BEST CLEANERS, INC.</a>	<b>c</b> EIN-PN <a href="#">06-1333413-001</a>
<b>a</b>	Plan name <a href="#">CHADE FASHIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHADE FASHIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3203528-001</a>
<b>a</b>	Plan name <a href="#">DOWNEY AND COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROGER N. DOWNEY AGENCY, INC. DBA DOWNEY AND COMPANY</a>	<b>c</b> EIN-PN <a href="#">85-0274443-002</a>
<b>a</b>	Plan name <a href="#">FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLOORGUARD, INC.</a>	<b>c</b> EIN-PN <a href="#">36-4027503-001</a>
<b>a</b>	Plan name <a href="#">HEARTLAND FOOD PRODUCTS GROUP, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TC HEARTLAND, LLC DBA HEARTLAND FOOD PRODUCTS GROUP</a>	<b>c</b> EIN-PN <a href="#">20-1938376-001</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 MCLEOD LAND SERVICES 401(K) PLAN 1	
<b>b</b>	Name of plan sponsor MCLEOD LAND & EQUIPMENT, INC.	<b>c</b> EIN-PN 65-0810917-001
<b>a</b>	Plan name ALLIANCE CASTINGS COMPANY, LLC 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ALLIANCE CASTINGS COMPANY, LLC	<b>c</b> EIN-PN 20-0254788-001
<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>a</b>	Plan name CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CIRCLE COMPUTER RESOURCES, INC.	<b>c</b> EIN-PN 42-1404024-001
<b>a</b>	Plan name FLORIDA SPINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLORIDA SPINE ASSOCIATES, LLC	<b>c</b> EIN-PN 82-0835183-001
<b>a</b>	Plan name FLOW-LINE CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLOW-LINE CONSTRUCTION	<b>c</b> EIN-PN 46-0730116-001
<b>a</b>	Plan name FLOYD AND HOWERTON PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FLOYD AND HOWERTON PLUMBING, INC.	<b>c</b> EIN-PN 95-2779968-003
<b>a</b>	Plan name INCAB AMERICA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INCAB AMERICA, LLC	<b>c</b> EIN-PN 82-0671947-001
<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 PIEDMONT CLASSICAL HIGH SCHOOL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PIEDMONT CLASSICAL HIGH SCHOOL	<b>c</b> EIN-PN 46-4228515-001
<b>a</b>	Plan name RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAZOR, USA, LLC	<b>c</b> EIN-PN 95-4807765-001
<b>a</b>	Plan name SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
<b>b</b>	Name of plan sponsor THE GUIDANCE CENTER, INC.	<b>c</b> EIN-PN 86-0223720-001

<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	SOUTHERN PACKAGING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SOUTHERN PACKAGING LLC	<b>c</b> EIN-PN 72-1233979-001
<b>a</b>	Plan name	SOUTHERN PAINT & SUPPLY COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN PAINT & SUPPLY COMPANY	<b>c</b> EIN-PN 59-0719579-001
<b>a</b>	Plan name	TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TELETRONIC SERVICES, INC.	<b>c</b> EIN-PN 34-1317163-001
<b>a</b>	Plan name	TRICIA VORDERSTRASSE MD PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TRICIA VORDERSTRASSE MD PC	<b>c</b> EIN-PN 61-1521548-001
<b>a</b>	Plan name	WELL GO USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WELL GO USA, INC.	<b>c</b> EIN-PN 75-2542366-001
<b>a</b>	Plan name	ALLSAINTS USA LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLSAINTS USA LIMITED	<b>c</b> EIN-PN 98-0621566-001
<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	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	EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor	EASLEY HEAD & NECK SURGERY, P.A.	<b>c</b> EIN-PN 57-0752346-002
<b>a</b>	Plan name	INDUSTRIAL INSULATIONS, INCORPORATED 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	INDUSTRIAL INSULATIONS, INC.	<b>c</b> EIN-PN 95-1697850-001
<b>a</b>	Plan name	JOURNEYS INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JOURNEYS INC.	<b>c</b> EIN-PN 46-3936603-001
<b>a</b>	Plan name	JT&I HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JT&I CUSTOM HOMES LLC	<b>c</b> EIN-PN 81-4594659-001

**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	OMNI MANUFACTURING, INC. PROFIT SHARING AND 401(K) SAVINGS RETIREMENT PLAN AND TRUST	<b>c</b>	EIN-PN	34-1383211-001
<b>b</b>	Name of plan sponsor	OMNI MANUFACTURING, INC.	<b>c</b>	EIN-PN	34-1383211-001
<b>a</b>	Plan name	PINNACLE BEHAVIORAL HEALTH 401(K) PLAN	<b>c</b>	EIN-PN	20-3036602-001
<b>b</b>	Name of plan sponsor	PINNACLE BEHAVIORAL HEALTH	<b>c</b>	EIN-PN	20-3036602-001
<b>a</b>	Plan name	PIVOTAL HOUSING PARTNERS LLC 401(K) RETIREMENT SAVINGS PLAN	<b>c</b>	EIN-PN	81-4615424-001
<b>b</b>	Name of plan sponsor	PIVOTAL HOUSING PARTNERS LLC	<b>c</b>	EIN-PN	81-4615424-001
<b>a</b>	Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	<b>c</b>	EIN-PN	87-3746346-001
<b>b</b>	Name of plan sponsor	REASON CONSULTING CORPORATION	<b>c</b>	EIN-PN	87-3746346-001
<b>a</b>	Plan name	SAINT JOE DISTRIBUTING 401(K) PLAN	<b>c</b>	EIN-PN	44-0565944-001
<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	TUFFALOY PRODUCTS 401(K) PLAN	<b>c</b>	EIN-PN	38-1710357-002
<b>b</b>	Name of plan sponsor	TUFFALOY PRODUCTS, INC.	<b>c</b>	EIN-PN	38-1710357-002
<b>a</b>	Plan name	WESLYNN MERIDIAN INC. 401K PLAN	<b>c</b>	EIN-PN	45-0480587-001
<b>b</b>	Name of plan sponsor	WESLYNN MERIDIAN INC.	<b>c</b>	EIN-PN	45-0480587-001
<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	

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration  
Pension Benefit Guaranty Corporation

**Financial Information**

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

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

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection**

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

<b>A</b> Name of plan <b>AMERICAN FUNDS 2010 TARGET DATE RETIREMENT RET OPT</b>		<b>B</b> Three-digit plan number (PN) ▶	<b>687</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>		<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>	

**Part I Asset and Liability Statement**

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

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<b>16534950</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	<b>19205181</b>
<b>(15)</b> Other .....	<b>1c(15)</b>	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	16534950	19205181
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	16534950	19205181

**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: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
<b>b Earnings on investments:</b>			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1492744	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		1492744

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	73064	
(6) Bank or trust company trustee/custodial fees .....	2i(6)		
(7) Actuarial fees .....	2i(7)		
(8) Legal fees .....	2i(8)		
(9) Valuation/appraisal fees .....	2i(9)		
(10) Other trustee fees and expenses .....	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11) .....	2i(12)		73064
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		73064

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		1419680
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		7010331
(2) From this plan .....	2l(2)		5759780

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