

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: AMERICAN FUNDS 2015 TARGET DATE RETIREMENT RET OPT
1b Three-digit plan number (PN): 688
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 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.

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

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

A Name of plan <u>AMERICAN FUNDS 2015 TARGET DATE RETIREMENT RET OPT</u>		B Three-digit plan number (PN) ▶ <u>688</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>39-0989781</u>

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

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BALL AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor BALL AUTOMOTIVE GROUP	c EIN-PN 95-2571142-002
a	Plan name EDMOND MUSIC, INC. 401(K) PLAN	
b	Name of plan sponsor EDMOND MUSIC, INC.	c EIN-PN 73-1499074-001
a	Plan name POLLART MILLER, LLC 401(K) PLAN	
b	Name of plan sponsor POLLART MILLER, LLC	c EIN-PN 20-0022305-001
a	Plan name THE BOYLAND GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor BOYLAND AUTO ORLANDO, LLC	c EIN-PN 05-0546979-777
a	Plan name PROFESSIONAL RESTORATION 401(K) PLAN	
b	Name of plan sponsor DRS, INC.	c EIN-PN 84-1485846-002
a	Plan name PROGRESSIVE COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE COMMUNICATIONS, INC.	c EIN-PN 58-2431088-001
a	Plan name BETHANY LUTHERAN CHURCH RETIREMENT PLAN	
b	Name of plan sponsor BETHANY LUTHERAN CHURCH	c EIN-PN 84-0528677-001
a	Plan name KRC, INC. RETIREMENT PLAN	
b	Name of plan sponsor KRC, INC.	c EIN-PN 38-2721514-001
a	Plan name KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor KRIEGEL HOLDING COMPANY, INC.	c EIN-PN 30-0227844-001
a	Plan name THE WEBER RETIREMENT PLAN	
b	Name of plan sponsor WEBER ENTERPRISES, INC.	c EIN-PN 93-0594771-001
a	Plan name THE ZITA GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor THE ZITA GROUP, LLC	c EIN-PN 20-8612123-001
a	Plan name PS3 ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor PS3 ENTERPRISES, INC.	c EIN-PN 26-3852614-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PUNCTUAL ABSTRACT CO. INC.	c EIN-PN 72-1228652-001
a	Plan name BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHCOAST CYCLES, LLC DBA BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND	c EIN-PN 47-0911536-001
a	Plan name LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAVIN NATIONAL, LLC	c EIN-PN 72-1482691-001
a	Plan name LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN	
b	Name of plan sponsor LAW OFFICES OF DANIEL A. PARMELE, P.C.	c EIN-PN 43-1926792-001
a	Plan name RETIREMENT LIVING MGMT LLC PROFIT SHARING PLAN	
b	Name of plan sponsor RETIREMENT LIVING MGMT., LLC	c EIN-PN 38-3470221-001
a	Plan name CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor CANTEX CONTINUING CARE NETWORK, LLC	c EIN-PN 26-1252206-222
a	Plan name MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MEDALLION MANAGEMENT, INC.	c EIN-PN 38-2033680-001
a	Plan name CHARLES MAUND 401(K) PLAN	
b	Name of plan sponsor MAUND AUTOMOTIVE GROUP, LP	c EIN-PN 74-2951630-002
a	Plan name CHEROKEE 401(K) PLAN	
b	Name of plan sponsor CHEROKEE MANUFACTURING, LLC	c EIN-PN 45-2735316-001
a	Plan name CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
b	Name of plan sponsor GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	c EIN-PN 73-1278416-001
a	Plan name GVM LAW, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GVM LAW, LLP	c EIN-PN 47-3015704-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	H2R CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	H2R CORP	c EIN-PN 81-2654817-001
a	Plan name	SANARA MEDTECH INC. 401(K) PLAN	
b	Name of plan sponsor	SANARA MEDTECH INC.	c EIN-PN 59-2219994-001
a	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name	WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WESTERN EMULSIONS INC.	c EIN-PN 86-0336082-001
a	Plan name	ACCU- LABS 401(K) PLAN	
b	Name of plan sponsor	ACCU- LABS, INC.	c EIN-PN 36-4478006-001
a	Plan name	ACCUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACCUTURN CORPORATION	c EIN-PN 95-2901000-001
a	Plan name	HERITAGE AUTO 401(K) PLAN	
b	Name of plan sponsor	HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001
a	Plan name	NATIONAL FIELD REPRESENTATIVES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NATIONAL FIELD REPRESENTATIVES, LLC	c EIN-PN 02-0451448-001
a	Plan name	NATURESCAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NATURESCAPE	c EIN-PN 03-0448406-001
a	Plan name	YAMIBUY 401(K) PLAN	
b	Name of plan sponsor	TRANSOCEAN RESOURCES MANAGEMENT INC.	c EIN-PN 46-1019646-001
a	Plan name	ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC.	c EIN-PN 43-1550825-002
a	Plan name	ADVANTAGE FLOORING INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANTAGE FLOORING, INC.	c EIN-PN 52-2030808-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NEXT DOOR SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	NEXT DOOR FOUNDATION, INC.	c EIN-PN 39-1162969-002
a	Plan name	AMBROSE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AMBROSE SERVICES, LLC	c EIN-PN 46-3081985-001
a	Plan name	SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRING GROVE CEMETERY	c EIN-PN 31-0235950-003
a	Plan name	P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	P. & S. CONSTRUCTION CO., INC.	c EIN-PN 57-0721109-001
a	Plan name	P/A INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor	P/A INDUSTRIES INC.	c EIN-PN 06-0862210-001
a	Plan name	PACBLU 401(K) PLAN	
b	Name of plan sponsor	PACBLU	c EIN-PN 11-3691833-001
a	Plan name	ANCHORAGE CHRYSLER CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANCHORAGE CHRYSLER CENTER, INC.	c EIN-PN 92-0037629-001
a	Plan name	INVESTING TOGETHER IN YOUR FUTURE PLAN	
b	Name of plan sponsor	GREEN PEAK INDUSTRIES, LLC	c EIN-PN 81-4533921-001
a	Plan name	PEACHTREE HILLS PLACE 401(K) PLAN	
b	Name of plan sponsor	PT HILLS PLACE CLUB, LLC	c EIN-PN 81-2011747-001
a	Plan name	TANIS CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	TANIS CONCRETE, INC.	c EIN-PN 22-1567712-001
a	Plan name	TYMARK RESTAURANT GROUP 401K PLAN	
b	Name of plan sponsor	TYMARK, INC.	c EIN-PN 82-1824730-001
a	Plan name	TYNAN EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	YALE INDUSTRIAL TRUCKS - TYNAN, INC.	c EIN-PN 35-1147878-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CABLE MAN, INC. 401(K) PLAN	
b	Name of plan sponsor	CABLE MAN, INC.	c EIN-PN 64-0576514-001
a	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	c EIN-PN 95-4795537-001
a	Plan name	GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GERRITY'S SUPERMARKET, INC.	c EIN-PN 23-2150407-777
a	Plan name	VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. CARLOS HODGES DVM PC DBA VALLEY CENTRAL VETERINARY REFERRAL AND	c EIN-PN 23-2874136-001
a	Plan name	CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILDREN'S RECEIVING HOME OF SACRAMENTO	c EIN-PN 94-1322166-001
a	Plan name	MERROW MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	MERROW MANUFACTURING, LLC.	c EIN-PN 82-1734889-001
a	Plan name	2XE 401(K)	
b	Name of plan sponsor	2XE, LLC	c EIN-PN 85-0511624-001
a	Plan name	HABITAT FOR HUMANITY INLAND VALLEY, INC.401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor	HABITAT FOR HUMANITY INLAND VALLEY, INC.	c EIN-PN 33-0461804-001
a	Plan name	MITCHELL GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	MITCHELL GRAPHICS, INC.	c EIN-PN 38-2084428-001
a	Plan name	MMB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MANAGEMENT SERVICES, INC.	c EIN-PN 73-1443852-001
a	Plan name	MOBILE IMAGES ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor	MOBILE IMAGES ACQUISITION, LLC	c EIN-PN 62-1868089-001
a	Plan name	ACT LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACT LABORATORIES, INC.	c EIN-PN 30-0857299-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001
a	Plan name NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor NOMAD GLOBAL COMMUNICATION SOLUTIONS	c EIN-PN 35-2182794-777
a	Plan name HOLOWICKI ENTERPRISES PROFIT SHARING PLAN	
b	Name of plan sponsor HOLOWICKI ENTERPRISES DBA MCDONALD'S	c EIN-PN 31-1177272-001
a	Plan name HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HOME PARAMOUNT PEST CONTROL COMPANY	c EIN-PN 54-0762970-001
a	Plan name COWART DRUGS 401(K) PLAN	
b	Name of plan sponsor COWART DRUG CO. INC.	c EIN-PN 63-1101235-001
a	Plan name SK MANAGEMENT, INC 401(K) PLAN	
b	Name of plan sponsor SK MANAGEMENT, INC	c EIN-PN 02-0456712-001
a	Plan name SKILLINGS & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor SKILLINGS & SONS, INC.	c EIN-PN 04-2491037-001
a	Plan name OOMA, INC. 401(K) PLAN	
b	Name of plan sponsor OOMA, INC.	c EIN-PN 06-1713274-001
a	Plan name INTEGRATED LABORATORY PROVIDERS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED LABORATORY PROVIDERS	c EIN-PN 82-1971376-001
a	Plan name STAFFING PLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor STAFFING PLUS, INC.	c EIN-PN 36-4330850-222
a	Plan name ANIMAL CLINIC OF HOLLAND 401(K) PLAN	
b	Name of plan sponsor ANIMAL CLINIC OF HOLLAND, PLLC	c EIN-PN 38-2300558-001
a	Plan name ANIMAL NUTRITION SYSTEMS 401(K) PLAN	
b	Name of plan sponsor ANIMAL NUTRITION SYSTEMS, LLLP	c EIN-PN 86-0536485-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PEOPLE RESULTS RETIREMENT PLAN	
b	Name of plan sponsor	IRI CONSULTANTS, INC.	c EIN-PN 38-2349424-001
a	Plan name	PEORIA BRICK COMPANY 401(K) PLAN	
b	Name of plan sponsor	PEORIA BRICK COMPANY	c EIN-PN 37-0459180-002
a	Plan name	PERMIAN INTERNATIONAL ENERGY SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERMIAN INTERNATIONAL ENERGY SERVICES LLC	c EIN-PN 82-1930351-001
a	Plan name	TDK CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	TDK CONSTRUCTION CO., INC.	c EIN-PN 61-1025614-001
a	Plan name	PORTO'S BAKERY, INC. 401(K) PLAN	
b	Name of plan sponsor	PORTO'S BAKERY, INC.	c EIN-PN 95-4610775-777
a	Plan name	BASS RIVER, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BASS RIVER, INC.	c EIN-PN 04-2512466-001
a	Plan name	EHS SUPPORT SERVICES 401(K) PLAN	
b	Name of plan sponsor	EHS SUPPORT SERVICES, LLC	c EIN-PN 20-0915717-001
a	Plan name	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
b	Name of plan sponsor	KEAR CIVIL CORPORATION	c EIN-PN 20-8257122-001
a	Plan name	KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor	KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
a	Plan name	THE DELTA PATHOLOGY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	THE DELTA PATHOLOGY GROUP, LLC	c EIN-PN 72-0933293-001
a	Plan name	EVESHAM MORTGAGE 401(K) PLAN	
b	Name of plan sponsor	EVESHAM MORTGAGE, LLC	c EIN-PN 26-1234319-001
a	Plan name	THREE RIVERS CHRYSLER JEEP DODGE, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THREE RIVERS CHRYSLER JEEP DODGE	c EIN-PN 84-1670451-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BONNET SPRINGS PARK, INC. 401(K) PLAN	
b	Name of plan sponsor BONNET SPRINGS PARK, INC.	c EIN-PN 81-1106879-001
a	Plan name FEDERAL DEFENDERS OF MONTANA, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor FEDERAL DEFENDERS OF MONTANA, INC.	c EIN-PN 81-0479512-001
a	Plan name MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MARC DUTTON IRRIGATION, INC.	c EIN-PN 38-2152186-001
a	Plan name METHODIST HOMES FOR THE AGING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor METHODIST HOMES FOR THE AGING	c EIN-PN 63-0376518-001
a	Plan name NORTH ATLANTIC CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NORTH ATLANTIC CONCRETE, INC.	c EIN-PN 45-3077844-001
a	Plan name ORION PROTECTIVE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor ORION PROTECTIVE SERVICES, INC.	c EIN-PN 27-2623687-001
a	Plan name PARANET CORPORATION SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PARANET CORPORATION SERVICES, INC.	c EIN-PN 58-2032457-001
a	Plan name PERSPECTIVE PV 401(K) PLAN	
b	Name of plan sponsor PERSPECTIVE PV	c EIN-PN 81-5230196-002
a	Plan name PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PETERS AGENCY CARE MANAGEMENT, LLC	c EIN-PN 83-0446469-001
a	Plan name PRALL & COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor PRALL & COMPANY, INC.	c EIN-PN 20-0407958-001
a	Plan name PROTECTIVE PACKAGING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor FOAM FABRICATORS ACQUISITION, LLC	c EIN-PN 84-0814184-001
a	Plan name QUALITY ENVIRONMENTAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor QUALITY ENVIRONMENTAL SERVICES	c EIN-PN 31-1372155-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIZZETTA & COMPANY, INC.	c EIN-PN 59-3075187-001
a	Plan name	SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE SCIENTIFIC CONSULTING GROUP, INC.	c EIN-PN 52-1719423-001
a	Plan name	SCOGGIN DICKEY CHEVROLET 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOGGIN DICKEY CHEVROLET BUICK, INC.	c EIN-PN 75-0744374-001
a	Plan name	SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SILVER BIRCH SERVICES, LLC	c EIN-PN 82-3479583-001
a	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLIM CHICKENS	c EIN-PN 45-3985800-001
a	Plan name	SMARTLY HOME LOANS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMARTLY HOME LOANS, INC	c EIN-PN 47-5162210-001
a	Plan name	THE FARMERS BANK, NICHOLASVILLE EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	THE FARMERS BANK	c EIN-PN 61-0188940-001
a	Plan name	TIMMEL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	TIMMEL ASSOCIATES LLC	c EIN-PN 27-1928755-001
a	Plan name	WAYNE PREPARATORY ACADEMY 401(K) PLAN	
b	Name of plan sponsor	WAYNE PREPARATORY ACADEMY, LP	c EIN-PN 30-0826240-001
a	Plan name	WINCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BMS HOLDINGS, INC.	c EIN-PN 43-0634395-003
a	Plan name	ADELMAN MAINTENANCE CORP. OF MILWAUKEE PROFIT-SHARING PLAN	
b	Name of plan sponsor	ADELMAN MAINTENANCE CORP. OF MILWAUKEE	c EIN-PN 39-1471511-001
a	Plan name	AFTERMAN SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor	AFTERMAN SOFTWARE, LLC	c 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.)	
a	Plan name AHB TOOLING & MACHINERY 401(K) PLAN & TRUST	
b	Name of plan sponsor AHB TOOLING & MACHINERY, LLC	c EIN-PN 83-3280314-001
a	Plan name APEX TRAILER 401(K) PLAN	
b	Name of plan sponsor APEX TRAILER SALES AND RENTALS, INC.	c EIN-PN 61-1020316-001
a	Plan name APOLLO HEALTHCARE, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor APOLLO HEALTHCARE, LLC	c EIN-PN 27-3107108-002
a	Plan name BAYSIDE AUTO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BAYSIDE AUTO GROUP	c EIN-PN 52-1664217-001
a	Plan name BOYS & GIRLS CLUB OF HAWTHORNE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BOYS & GIRLS CLUB OF HAWTHORNE	c EIN-PN 23-7112349-001
a	Plan name CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANNON MEDICAL, INC.	c EIN-PN 94-3251623-001
a	Plan name CASSILL MOTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CASSILL MOTORS, INC.	c EIN-PN 42-1375775-001
a	Plan name CHUZE FITNESS 401(K) PLAN	
b	Name of plan sponsor RACHAS, INC. DBA CHUZE FITNESS	c EIN-PN 26-2396678-001
a	Plan name DIEFFENBACH'S POTATO CHIPS 401(K) PLAN	
b	Name of plan sponsor DIEFFENBACH'S POTATO CHIPS, INC.	c EIN-PN 23-3044270-001
a	Plan name EL MANDADO 401(K) PLAN	
b	Name of plan sponsor EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	c EIN-PN 56-2067801-001
a	Plan name EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EXECUTIVE PROPERTY MANAGEMENT	c EIN-PN 22-2398215-001
a	Plan name EXPOTEL HOSPITALITY SERVICES 401K PLAN	
b	Name of plan sponsor EXPOTEL HOSPITALITY SERVICES, INC.	c EIN-PN 72-1456101-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
b	Name of plan sponsor	GREAT SOUTHERN CAPITAL CORPORATION	c EIN-PN 64-0604860-010
a	Plan name	HIGHWAY INN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HIGHWAY INN, INC.	c EIN-PN 99-0249967-222
a	Plan name	HIGROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE HAWAII GROUP, INC.	c EIN-PN 27-3129236-001
a	Plan name	J. L. RAYMAAKERS & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	J.L. RAYMAAKERS & SONS, INC.	c EIN-PN 26-1632270-001
a	Plan name	JOHN P. FRANGIE, M.D., P.C. RETIREMENT PLAN	
b	Name of plan sponsor	JOHN P. FRANGIE, M.D., P.C.	c EIN-PN 46-0538578-001
a	Plan name	KERN RIVER GOLF COURSE 401(K) PLAN	
b	Name of plan sponsor	KERN RIVER GOLF COURSE	c EIN-PN 95-3761837-001
a	Plan name	LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
b	Name of plan sponsor	LAND LIFE COMPANY USA, PBC	c EIN-PN 83-1925466-001
a	Plan name	A-1 SECURITY BARS, INC. 401(K) PLAN	
b	Name of plan sponsor	A-1 SECURITY BARS, INC.	c EIN-PN 52-2284626-001
a	Plan name	AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR GROUP, LLC	c EIN-PN 22-3620908-001
a	Plan name	ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name	CBD INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor	CBD INDUSTRIES, LLC	c EIN-PN 83-2775806-001
a	Plan name	COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	COMMERCE DISTRIBUTION CENTER, INC.	c EIN-PN 38-2684078-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name COMMERCIAL SEWING, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor COMMERCIAL SEWING, INC.	c EIN-PN 06-0863890-001
a	Plan name CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
b	Name of plan sponsor MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	c EIN-PN 48-0666889-001
a	Plan name ELMBROOK FAMILY DENTAL PARTNERS, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELMBROOK FAMILY DENTAL PARTNERS, S.C.	c EIN-PN 27-0556470-001
a	Plan name ELMER SCHULTZ SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELMER SCHULTZ SERVICES, INC.	c EIN-PN 23-1937880-001
a	Plan name KINA'OLE FAMILY OF COMPANIES 401(K) PLAN	
b	Name of plan sponsor KINA'OLE FAMILY OF COMPANIES	c EIN-PN 27-0287605-001
a	Plan name LEO TECH, LLC RETIREMENT PLAN	
b	Name of plan sponsor LEO TECH,LLC	c EIN-PN 47-4538892-001
a	Plan name MAYHEW STEEL/DEERFIELD PACKAGING RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor MAYHEW STEEL PRODUCTS, INC.	c EIN-PN 04-1595240-777
a	Plan name MAYVILLE STATE BANK PROFIT SHARING AND RETIREMENT TRUST PLAN	
b	Name of plan sponsor MAYVILLE STATE BANK	c EIN-PN 38-0803180-001
a	Plan name NORTHGATE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHGATE	c EIN-PN 38-2503040-001
a	Plan name NORTHPOINT CONSTRUCTION MANAGEMENT, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHPOINT CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 20-2902599-001
a	Plan name NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor NORTHWEST CHRISTIAN SCHOOL	c EIN-PN 86-0445016-001
a	Plan name NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHWEST EYE CENTER S.C.	c EIN-PN 36-3145951-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PARIS MOUNTAIN HOSPITALITY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARIS MOUNTAIN HOSPITALITY, LLC	c EIN-PN 47-1819250-001
a	Plan name	PRECISION ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION ELECTRIC, INC.	c EIN-PN 88-0203624-001
a	Plan name	R&F, INC. EMPLOYEES BENEFIT PLAN	
b	Name of plan sponsor	R&F, INC.	c EIN-PN 34-1016464-001
a	Plan name	RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001
a	Plan name	VELOCITY COMMERCIAL CAPITAL 401(K) PLAN	
b	Name of plan sponsor	VELOCITY COMMERCIAL CAPITAL, LLC	c EIN-PN 20-1193192-001
a	Plan name	VENTURE 401(K) PLAN	
b	Name of plan sponsor	VM SERVICES, INC.	c EIN-PN 77-0459829-222
a	Plan name	WINTERS, LLP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WINTERS, LLP	c EIN-PN 37-1366508-001
a	Plan name	HASSAYAMPA INN 401(K) PLAN	
b	Name of plan sponsor	HASSAYAMPA INN, LLC	c EIN-PN 86-1012069-001
a	Plan name	HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HATTERAS PRINTING, INC.	c EIN-PN 38-2168116-001
a	Plan name	IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IDAHO ASPHALT SUPPLY, INC.	c EIN-PN 82-0325664-001
a	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name	LIGHTHOUSE INSURANCE AGENCY, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LIGHTHOUSE INSURANCE AGENCY	c EIN-PN 04-3216220-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LISA M. SIMONE, ATTORNEY AT LAW, A PROFESSIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor LISA M. SIMONE ATTORNEY AT LAW, A PROFESSIONAL CORPORATION	c EIN-PN 87-4041442-001
a	Plan name MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MCCOURT EQUIPMENT, INC.	c EIN-PN 74-2913583-001
a	Plan name MCKELVIE, MCKELVIE, YEE & EPACS, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor MCKELVIE, MCKELVIE, YEE & EPACS, P.C.	c EIN-PN 81-5441353-001
a	Plan name SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 401(K) PLAN	
b	Name of plan sponsor SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY	c EIN-PN 23-1659451-002
a	Plan name SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor SYMONS FIRE PROTECTION, INC.	c EIN-PN 03-0378557-001
a	Plan name TRANSYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor TRANSPORT LEASING COMPANY, LLP DBA TRANSYSTEMS SERVICES	c EIN-PN 81-0359563-001
a	Plan name WM. TRENT GILLESPIE, DMD, MPH, LLC 401(K) PLAN	
b	Name of plan sponsor WM. TRENT GILLESPIE, DMD, MPH, LLC	c EIN-PN 20-4863407-001
a	Plan name A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A.W. OAKES & SON, INC.	c EIN-PN 39-0967026-003
a	Plan name AL TERRY PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AL TERRY PLUMBING & HEATING, INC.	c EIN-PN 02-0344810-002
a	Plan name ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALABAMA COLON & RECTAL INSTITUTE, PC	c EIN-PN 63-0795136-001
a	Plan name ALBERTY GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALBERTY GROUP, LLC	c EIN-PN 83-4525061-001
a	Plan name ARIZONA HOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor ARIZONA HOUSING, INC.	c EIN-PN 86-0811431-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COMMUNITY WHOLESale TIRE 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY WHOLESale TIRE DISTRIBUTING, INC.	c EIN-PN 43-0799202-001
a	Plan name	DORIGNAC'S FOOD CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DORIGNAC'S FOOD CENTER, LLC	c EIN-PN 72-0575457-001
a	Plan name	FIRST CUT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FIRST CUT SAWING AND BREAKING, INC.	c EIN-PN 86-0881313-333
a	Plan name	FIRST ILLINOIS BANCORP., INC. PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FIRST ILLINOIS BANCORP., INC.	c EIN-PN 37-1057402-001
a	Plan name	FISHMAN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSS H. FISHMAN, D.M.D., M.S., P.A.	c EIN-PN 45-5429730-001
a	Plan name	GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	c EIN-PN 57-1093357-001
a	Plan name	NUTRITION WELLNESS CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	NUTRITION WELLNESS CENTER, LLC	c EIN-PN 20-4979886-001
a	Plan name	O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	O'CONNELL LANDSCAPE MAINTENANCE INC.	c EIN-PN 95-3141443-002
a	Plan name	SGI 401(K) PLAN	
b	Name of plan sponsor	SGI	c EIN-PN 93-4216744-001
a	Plan name	SOURCE ONE TECHNICAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SOURCE ONE TECHNICAL SOLUTIONS, LLC	c EIN-PN 13-4224406-777
a	Plan name	TAG MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	TAG MANUFACTURING, INC.	c EIN-PN 72-1578630-001
a	Plan name	TRI CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	TRI CONSTRUCTION CO., INC.	c EIN-PN 04-2786413-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	ACADEMY MANAGEMENT COMPANY	c EIN-PN 45-2344235-001
a	Plan name	ALL ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL ENVIRONMENTAL, INC.	c EIN-PN 68-0288965-001
a	Plan name	ASCENDANT COMMERCIAL INSURANCE 401K PLAN	
b	Name of plan sponsor	ASCENDANT COMMERCIAL INSURANCE, INC.	c EIN-PN 27-0835494-001
a	Plan name	BEST CLEANERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BEST CLEANERS, INC.	c EIN-PN 06-1333413-001
a	Plan name	DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DOUGLAS MACHINES CORP	c EIN-PN 59-1906520-001
a	Plan name	GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	GOOD FOUNDATIONS ACADEMY	c EIN-PN 36-4664197-001
a	Plan name	HEARTLAND FOOD PRODUCTS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	TC HEARTLAND, LLC DBA HEARTLAND FOOD PRODUCTS GROUP	c EIN-PN 20-1938376-001
a	Plan name	JAY HODGE AUTO 401(K) PLAN	
b	Name of plan sponsor	JAY HODGE CHEVROLET, INC.	c EIN-PN 75-2466263-001
a	Plan name	ALLIANCE CASTINGS COMPANY, LLC 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ALLIANCE CASTINGS COMPANY, LLC	c EIN-PN 20-0254788-001
a	Plan name	CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor	CIRCLE COMPUTER RESOURCES, INC.	c EIN-PN 42-1404024-001
a	Plan name	E-T-M ENTERPRISES I, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	E-T-M ENTERPRISES I, INC.	c EIN-PN 38-3457372-001
a	Plan name	FLORIDA SPINE 401(K) PLAN	
b	Name of plan sponsor	FLORIDA SPINE ASSOCIATES, LLC	c EIN-PN 82-0835183-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name FLOYD AND HOWERTON PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FLOYD AND HOWERTON PLUMBING, INC.	c EIN-PN 95-2779968-003
a	Plan name FONTENELLE & GOODREAU INSURANCE, LLC RETIREMENT PLAN	
b	Name of plan sponsor FONTENELLE & GOODREAU INSURANCE, LLC	c EIN-PN 20-5889299-001
a	Plan name JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name LOOMIS INTERNATIONAL, LTD. 401(K) PLAN	
b	Name of plan sponsor LOOMIS INTERNATIONAL, LTD	c EIN-PN 36-3361456-001
a	Plan name MID-CITIES MOTOR FREIGHT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MID-CITIES MOTOR FREIGHT, INC.	c EIN-PN 43-1119604-001
a	Plan name OHANA NUI MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor OHANA NUI MANAGEMENT, INC.	c EIN-PN 33-1091808-001
a	Plan name RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor RAZOR, USA, LLC	c EIN-PN 95-4807765-001
a	Plan name RC FURNITURE, INC. 401(K) PLAN	
b	Name of plan sponsor RC FURNITURE, INC.	c EIN-PN 95-4033862-001
a	Plan name SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
b	Name of plan sponsor THE GUIDANCE CENTER, INC.	c EIN-PN 86-0223720-001
a	Plan name SOUTHERN PAINT & SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor SOUTHERN PAINT & SUPPLY COMPANY	c EIN-PN 59-0719579-001
a	Plan name WELL GO USA, INC. 401(K) PLAN	
b	Name of plan sponsor WELL GO USA, INC.	c EIN-PN 75-2542366-001
a	Plan name ALLSAINTS USA LIMITED 401(K) PLAN	
b	Name of plan sponsor ALLSAINTS USA LIMITED	c EIN-PN 98-0621566-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	ALPHA ENGINEERING, INC. 401(K) PLAN	
b Name of plan sponsor	ALPHA ENGINEERING OF INDIANA, INC. DBA ALPHA ENGINEERING, INC.	c EIN-PN 35-1463178-001
a Plan name	B & B TRUCKING, INC. 401(K) PLAN	
b Name of plan sponsor	B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
a Plan name	CITY CLUB APARTMENTS, LLC RETIREMENT PLAN	
b Name of plan sponsor	CITY CLUB APARTMENTS, LLC	c EIN-PN 81-1284363-001
a Plan name	GUERRA GUTIERREZ MORTUARY, INC. 401(K) PLAN	
b Name of plan sponsor	GUERRA GUTIERREZ MORTUARY, INC.	c EIN-PN 95-2748697-001
a Plan name	MIDWEST WELL & PUMP 401(K) PLAN	
b Name of plan sponsor	MIDWEST WELL & PUMP, INC.	c EIN-PN 74-2819991-001
a Plan name	MILK SOURCE COMPANIES RETIREMENT PLAN	
b Name of plan sponsor	MILK SOURCE, LLC	c EIN-PN 39-1954636-001
a Plan name	OMNI MANUFACTURING, INC. PROFIT SHARING AND 401(K) SAVINGS RETIREMENT PLAN AND TRUST	
b Name of plan sponsor	OMNI MANUFACTURING, INC.	c EIN-PN 34-1383211-001
a Plan name	PIMMEX CONTRACTING RETIREMENT PLAN	
b Name of plan sponsor	PIMMEX CONTRACTING CORPORATION	c EIN-PN 26-4017964-001
a Plan name	PIVOTAL HOUSING PARTNERS LLC 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	PIVOTAL HOUSING PARTNERS LLC	c EIN-PN 81-4615424-001
a Plan name	REA & ASSOCIATES 401(K)/PROFIT SHARING PLAN	
b Name of plan sponsor	REA & ASSOCIATES LLP	c EIN-PN 77-0164868-001
a Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	
b Name of plan sponsor	REASON CONSULTING CORPORATION	c EIN-PN 87-3746346-001
a Plan name	SAINT JOE DISTRIBUTING 401(K) PLAN	
b Name of plan sponsor	ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	c EIN-PN 44-0565944-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	TEXAS STREET SHELL SERVICES INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TEXAS STREET SHELL SERVICES INC	c EIN-PN 33-0063098-001
a Plan name	TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
b Name of plan sponsor	TFC MANUFACTURING, INC.	c EIN-PN 91-1951857-001
a Plan name	THE AEROLITE UNION 401(K) PLAN	
b Name of plan sponsor	AEROLITE EXTRUSION COMPANY	c EIN-PN 82-3731073-003
a Plan name	TRUE PUMP & EQUIPMENT RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	TRUE PUMP & EQUIPMENT, INC.	c EIN-PN 84-0620318-001
a Plan name	TSM VENTURES, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	TSM VENTURES, INC.	c EIN-PN 37-0809985-001
a Plan name	WESLYNN MERIDIAN INC. 401K PLAN	
b Name of plan sponsor	WESLYNN MERIDIAN INC.	c EIN-PN 45-0480587-001
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
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a Plan name		
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SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS 2015 TARGET DATE RETIREMENT RET OPT	B Three-digit plan number (PN) 688
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	21066202	17970440
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	21066202	17970440
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	21066202	17970440

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1620301	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1620301

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	44467	
(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)		44467
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		44467

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1575834
l Transfers of assets:			
(1) To this plan.....	2l(1)		4253279
(2) From this plan	2l(2)		8924875

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.