

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: DFA U.S. SMALL CAP PORTFOLIO RET OPT
1b Three-digit plan number (PN): 725
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.

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>DFA U.S. SMALL CAP PORTFOLIO RET OPT</u>	B Three-digit plan number (PN) ▶ <u>725</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)
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d Entity code

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d Entity code

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BAKERSFIELD COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	BAKERSFIELD COUNTRY CLUB	c EIN-PN 95-1615940-001
a	Plan name	BAKERY AGENCY 401(K) PLAN	
b	Name of plan sponsor	BAKERY AGENCY LLC	c EIN-PN 27-4407040-001
a	Plan name	BALDWIN, BRISCOE, & STEINMETZ, P.C. 401(K) PLAN	
b	Name of plan sponsor	BALDWIN, BRISCOE, & STEINMETZ, P.C.	c EIN-PN 52-1564009-001
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	BANDERA BANK 401(K) PLAN	
b	Name of plan sponsor	BANDERA BANCSHARES, INC. DBA BANDERA BANK	c EIN-PN 74-2414594-001
a	Plan name	ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	ECHO PRODUCTION, INC.	c EIN-PN 75-1623080-001
a	Plan name	KAYE SURETY 401(K) PLAN	
b	Name of plan sponsor	KAYE ASSOCIATES LLC DBA KAYE SURETY	c EIN-PN 82-5453294-001
a	Plan name	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name	THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor	THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name	THE BROWNING GROUP INTERNATIONAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	THE BROWNING GROUP INTERNATIONAL, INC.	c EIN-PN 99-9973995-001
a	Plan name	EPPRIGHT HOMES LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	EPPRIGHT HOMES LLC	c EIN-PN 47-2384404-001
a	Plan name	ERG AEROSPACE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ERG AEROSPACE CORPORATION	c EIN-PN 74-3182426-002

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	PROFICIENT PATIOS 401(K) PLAN	
b	Name of plan sponsor	PROFICIENT PATIOS & BACKYARD DESIGNS	c EIN-PN 54-2194452-001
a	Plan name	PSF 401(K) PLAN	
b	Name of plan sponsor	PSF ACQUISITION COMPANY LLC	c EIN-PN 45-2976645-001
a	Plan name	PUGH HAGAN PRAHM PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PUGH HAGAN PRAHM PLC	c EIN-PN 46-4389694-001
a	Plan name	PUMP SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	PUMP SUPPLY INCORPORATED	c EIN-PN 20-2415627-334
a	Plan name	BLUEGRASS COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	BLUEGRASS PRIMARY HEALTH CARE CENTER, INC. DBA BLUEGRASS COMMUNITY H	c EIN-PN 06-1798832-001
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	TIRE SERVICES UNLIMITED, LLC 401(K) PLAN	
b	Name of plan sponsor	TIRE SERVICES UNLIMITED, LLC	c EIN-PN 26-0164707-001
a	Plan name	TKOR 401(K) PLAN	
b	Name of plan sponsor	RESTON CONSTRUCTION, LLC	c EIN-PN 85-3812403-001
a	Plan name	TKP ARCHITECTS, PC 401(K) PLAN	
b	Name of plan sponsor	TKP ARCHITECTS, PC	c EIN-PN 84-1180129-001
a	Plan name	TOBROCO MACHINERY LLC 401(K) PLAN	
b	Name of plan sponsor	TOBROCO MACHINERY LLC	c EIN-PN 30-0949003-001
a	Plan name	TURKEL, CUVA, BARRIOS, P.A. 401(K) PLAN	
b	Name of plan sponsor	TURKEL, CUVA, BARRIOS, P.A.	c EIN-PN 86-3329581-001
a	Plan name	BW WATER AMERICAS 401(K) PLAN	
b	Name of plan sponsor	BW WATER AMERICAS	c EIN-PN 03-0570656-001

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	FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	FREER MECHANICAL CONTRACTOR'S INC.	c EIN-PN 75-1046142-002
a	Plan name	FRIEDMAN LAW, P.A. 401(K) PLAN	
b	Name of plan sponsor	FRIEDMAN LAW, P.A.	c EIN-PN 46-4480334-001
a	Plan name	FRONTIER MEDICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	FRONTIER MEDICAL ASSOCIATES	c EIN-PN 45-0558452-001
a	Plan name	REV DRILL 401(K) PLAN	
b	Name of plan sponsor	REV DRILL SALES & RENTALS, INC.	c EIN-PN 52-2309414-001
a	Plan name	RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor	RFNR, LLP	c EIN-PN 95-4664923-001
a	Plan name	MARENGO THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	MARENGO THERAPEUTICS, INC.	c EIN-PN 47-5622851-001
a	Plan name	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name	CHEMCEL EMPLOYEES FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CHEMCEL FEDERAL CREDIT UNION	c EIN-PN 74-6047771-001
a	Plan name	VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001
a	Plan name	VMC CONTRACTING, INC. 401(K) PLAN B	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-002
a	Plan name	CLEAN FUELS RETIREMENT PLAN	
b	Name of plan sponsor	CLEAN FUELS OF INDIANA, INC. DBA CLEAN FUELS NATIONAL	c EIN-PN 35-2144332-001
a	Plan name	H&A FINANCING & SERVICES 401(K) PLAN	
b	Name of plan sponsor	H&A FINANCING & SERVICES CORP	c EIN-PN 01-0961192-001

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 MINNESOTA/WISCONSIN PLAYGROUND, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MINNESOTA PLAYGROUND, INC.	c EIN-PN 41-1382118-003
a	Plan name SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
a	Plan name SAMUELS & SON SEAFOOD CO. UNION 401(K) PLAN	
b	Name of plan sponsor SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540625-001
a	Plan name SAMUELS & SON SEAFOOD COMPANY, INC.401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540626-001
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 WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name SHAWVER WELL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SHAWVER WELL COMPANY, INC.	c EIN-PN 42-1095739-002
a	Plan name ACADIA.IO LLC 401(K) PLAN	
b	Name of plan sponsor ACADIA.IO LLC	c EIN-PN 86-2788877-001
a	Plan name CONSTELLATION BEHAVIORAL SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSTELLATIONS BEHAVIORAL SERVICES, LLC	c EIN-PN 27-0895470-001
a	Plan name NATIONAL HANGER CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL HANGER COMPANY, INC.	c EIN-PN 13-5582609-001
a	Plan name SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
a	Plan name HOANG TRAN NGUYEN, MD., INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor HOANG TRAN NGUYEN, MD., INC.	c EIN-PN 20-1880873-002

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	HOLLENBACH-OAKLEY, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HOLLENBACH-OAKLEY, LLC	c EIN-PN 06-1676076-001
a	Plan name	NEW PERCEPTIONS, INC. D/C RETIREMENT PLAN	
b	Name of plan sponsor	NEW PERCEPTIONS, INC.	c EIN-PN 61-0705047-001
a	Plan name	NEXT LEVEL SKILLS, LLC 401(K) PLAN	
b	Name of plan sponsor	NEXT LEVEL SKILLS, LLC	c EIN-PN 38-3777916-001
a	Plan name	ON DISPLAY 401(K) PLAN	
b	Name of plan sponsor	ON DISPLAY LTD	c EIN-PN 31-1480546-002
a	Plan name	SPORTS SPECIALISTS OF MILWAUKEE, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	SPORTS SPECIALISTS OF MILWAUKEE, INC.	c EIN-PN 39-1624600-001
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	ANDERSON AUTO SERVICE 401(K)PLAN	
b	Name of plan sponsor	ANDERSON AUTO SERVICE	c EIN-PN 33-1130970-001
a	Plan name	ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001
a	Plan name	DEPENDABLE TUBE BENDING 401(K) PLAN	
b	Name of plan sponsor	DEPENDABLE TUBE BENDING	c EIN-PN 20-4351581-001
a	Plan name	DESIGN READY CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor	DESIGN READY CONTROLS, INC.	c EIN-PN 41-1649617-001
a	Plan name	PDMA CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	PDMA CORPORATION	c EIN-PN 59-3191224-001
a	Plan name	PDS 401(K) PLAN	
b	Name of plan sponsor	PREFERRED DRILLING SOLUTIONS, INC	c EIN-PN 59-3757298-001

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 PEARL HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor PEARL OF ROLLING MEADOWS, LLC	c EIN-PN 83-1666833-001
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 DR. PAUL FISCHER, PC 401(K) PLAN	
b	Name of plan sponsor DR. PAUL FISCHER, PC	c EIN-PN 06-1329220-001
a	Plan name JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor JESSUP CELLARS HOLDING COMPANY, LLC	c EIN-PN 20-3071245-001
a	Plan name UNDERCOVER TOURIST 401(K) PLAN	
b	Name of plan sponsor INSIDERGUIDE, LLC	c EIN-PN 59-3652314-001
a	Plan name UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor UNI-GRIP, INC.	c EIN-PN 34-1108705-001
a	Plan name GARRY G. GAST, DDS PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GARRY G. GAST, DDS	c EIN-PN 94-2492853-001
a	Plan name MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MADDEN ELEVATOR COMPANY	c EIN-PN 27-4404800-001
a	Plan name MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN	
b	Name of plan sponsor MAGNETIC TECHNOLOGIES LTD.	c EIN-PN 04-2836991-005
a	Plan name GEORGETOWN DENTAL PROFESSIONALS PROFIT SHARING PLAN	
b	Name of plan sponsor GEORGETOWN DENTAL PROFESSIONALS LLC	c EIN-PN 20-3939693-001
a	Plan name CARMEL ACADEMY 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CARMEL ACADEMY	c EIN-PN 13-4013334-002
a	Plan name CARMEN TERREROS, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARMEN TERREROS, M.D., INC.	c EIN-PN 20-1750839-001

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 MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	c EIN-PN 20-4106052-001
a	Plan name USA WATER SKI INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor USA WATER SKI & WAKE SPORTS INC.	c EIN-PN 59-0841458-001
a	Plan name WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
b	Name of plan sponsor WARSHAUER WOODWARD ATKINS, LLC.	c EIN-PN 88-2972581-001
a	Plan name GRANDVILLE DENTAL HEALTH CENTER P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRANDVILLE DENTAL HEALTH CENTER P.C.	c EIN-PN 38-2373825-001
a	Plan name GRAY, SALT & ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRAY, SALT & ASSOCIATES, LLP	c EIN-PN 45-0606931-001
a	Plan name MEROS, SMITH, BRENNAN, BRENNAN AND GREGG, P.A. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MEROS, SMITH, BRENNAN, BRENNAN AND GREGG, P.A.	c EIN-PN 59-1458887-002
a	Plan name SAVE ON EVERYTHING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SAVE ON EVERYTHING, INC.	c EIN-PN 38-3294544-001
a	Plan name CLICK2BIND INSURANCE 401(K) PLAN	
b	Name of plan sponsor CLICK2BIND INSURANCE SERVICES, INC.	c EIN-PN 81-3280949-001
a	Plan name HERZOG ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor HERZOG ROOFING, INC.	c EIN-PN 41-1380767-001
a	Plan name CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001
a	Plan name CONVENTION & VISITORS BUREAU OF GREATER PORTLAND 401(K) PLAN	
b	Name of plan sponsor CONVENTION & VISITORS BUREAU OF GREATER PORTLAND	c EIN-PN 01-0384674-001
a	Plan name CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001

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	ACTION CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	ACTION CARE, INC. DBA HOME INSTEAD	c EIN-PN 37-1976029-001
a	Plan name	ACTON MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	ACTON MECHANICAL, INC.	c EIN-PN 45-0483488-001
a	Plan name	NETS NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor	NETS NEW ENGLAND LLC	c EIN-PN 26-0743519-001
a	Plan name	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C. 401(K) PLAN	
b	Name of plan sponsor	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C.	c EIN-PN 42-1506318-001
a	Plan name	SHOCO OIL, INC 401(K) PLAN	
b	Name of plan sponsor	SHOCO OIL, INC.	c EIN-PN 84-1275009-001
a	Plan name	Z2 MARKETING, LTD 401(K) PLAN	
b	Name of plan sponsor	Z2 MARKETING, LTD	c EIN-PN 20-0581373-001
a	Plan name	NLA 401(K) PLAN	
b	Name of plan sponsor	NANCY LEDBETTER & ASSOCIATES, INC.	c EIN-PN 75-3059985-001
a	Plan name	NORMSHIELD INC. 401(K) PLAN	
b	Name of plan sponsor	NORMSHIELD INC.	c EIN-PN 81-1561086-001
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	SKELLY HOME RENOVATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	SKELLY HOME RENOVATION, LLC	c EIN-PN 81-5055958-001
a	Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	c EIN-PN 38-3601887-001
a	Plan name	DEGRAAF INTERIORS, INC 401K PLAN	
b	Name of plan sponsor	DEGRAAF INTERIORS, INC.	c EIN-PN 38-3313137-001

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	INTEGRIS SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INTEGRIS SOLUTIONS LLC	c EIN-PN 47-1620164-001
a	Plan name	DEVOLVER DIGITAL 401(K) PLAN	
b	Name of plan sponsor	DEVOLVER DIGITAL, INC.	c EIN-PN 26-2326643-001
a	Plan name	STORIED DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor	STORIED DEVELOPMENT, LLC	c EIN-PN 82-2999814-001
a	Plan name	STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001
a	Plan name	ATWORK GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	ATWORK GROUP LLC	c EIN-PN 46-4195710-001
a	Plan name	JHD CORPORATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	JHD CORPORATION, INC.	c EIN-PN 06-0856707-001
a	Plan name	JKA WELL DRILLING 401(K) PLAN	
b	Name of plan sponsor	JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	c EIN-PN 91-1893642-001
a	Plan name	EIRECON CONSTRUCTION, LLC DEFINED BENEFIT PLAN	
b	Name of plan sponsor	EIRECON CONSTRUCTION, LLC	c EIN-PN 83-0424733-002
a	Plan name	THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE COLUMBIA PROPERTY GROUP, INC.	c EIN-PN 27-0013342-001
a	Plan name	PROJECT INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	PROJECT INDEPENDENCE	c EIN-PN 95-3147421-001
a	Plan name	BJB ELECTRIC, LP 401(K) PLAN	
b	Name of plan sponsor	BJB ELECTRIC, LP	c EIN-PN 58-2438805-002
a	Plan name	THREE OAKS HOMELESS SHELTER, INC. 401K PLAN	
b	Name of plan sponsor	THREE OAKS HOMELESS SHELTER, INC.	c EIN-PN 52-1849276-001

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 BOOT RANCH 401(K) PLAN	
b	Name of plan sponsor BOOT RANCH HR, LLC	c EIN-PN 47-4784683-001
a	Plan name BOS MANUFACTURING, L.L.C. 401(K) PLAN	
b	Name of plan sponsor BOS MANUFACTURING, L.L.C.	c EIN-PN 20-1152345-001
a	Plan name FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor FERGUSON COX ASSOCIATES, INC.	c EIN-PN 06-1242231-001
a	Plan name FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name LD PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor LD PLASTICS, INC.	c EIN-PN 04-2702532-001
a	Plan name TODD STRATEGY 401(K) PLAN	
b	Name of plan sponsor TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	c EIN-PN 46-5566087-001
a	Plan name LEE RIDDICK PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor LEE RIDDICK PLUMBING & HEATING INC.	c EIN-PN 46-4276258-001
a	Plan name LEGENDARY SVS, LLC 401(K) PLAN	
b	Name of plan sponsor LEGENDARY SVS, LLC	c EIN-PN 37-1915944-001
a	Plan name MAPP DIGITAL US, LLC 401(K) PLAN	
b	Name of plan sponsor MAPP DIGITAL US, LLC	c EIN-PN 33-0901880-001
a	Plan name MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001
a	Plan name MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	c EIN-PN 25-1382848-001
a	Plan name MOJO SOLO 401(K) PLAN	
b	Name of plan sponsor MOJO SOLO, INC.	c EIN-PN 20-1101717-001

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 NORSTAR TRAILERS 401(K) MATCHING PLAN	
b	Name of plan sponsor NORSTAR MANUFACTURING GROUP, INC.	c EIN-PN 47-4774244-001
a	Plan name ORTHODONTIC OFFICE OF JACK B. DUCLOS DDS MS PC 401(K) PLAN	
b	Name of plan sponsor ORTHODONTIC OFFICE OF JACK B DUCLOS DDS MS PC	c EIN-PN 92-0161239-001
a	Plan name PARADYME MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor PARADYME MANAGEMENT, INC.	c EIN-PN 13-4271306-004
a	Plan name PREACHER, LLC 401(K) PLAN	
b	Name of plan sponsor PREACHER, LLC	c EIN-PN 46-4405855-001
a	Plan name PROSERVICE HAWAII 401(K) PLAN	
b	Name of plan sponsor PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	c EIN-PN 61-1582293-001
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 PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE HOSPITALITY PARTNERS LLC	c EIN-PN 84-1610444-001
a	Plan name QUERREY & HARROW LTD. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor QUERREY & HARROW, LTD.	c EIN-PN 36-2777440-001
a	Plan name RISING SUN DEVELOPING COMPANY 401(K) PLAN	
b	Name of plan sponsor RISING SUN DEVELOPING COMPANY	c EIN-PN 31-1557343-001
a	Plan name S JACOBS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor S JACOBS DBA ANNE BARGE	c EIN-PN 46-5423797-001
a	Plan name S. G. SWENSON & SONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor S. G. SWENSON & SONS, INC.	c EIN-PN 46-0252744-002
a	Plan name SCHEER GREEN AND BURKE LPA 401(K) PLAN	
b	Name of plan sponsor SCHEER GREEN AND BURKE LPA	c EIN-PN 34-1234557-001

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 SCHMIDT & STACY CONSULTING ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor SCHMIDT & STACY CONSULTING ENGINEERS, INC.	c EIN-PN 75-2410170-001
a	Plan name SIGN ME UP 401(K) PLAN	
b	Name of plan sponsor SIGN ME UP OF WISCONSIN, LLC	c EIN-PN 01-0793749-001
a	Plan name SMART, LLC 401(K) PLAN	
b	Name of plan sponsor SMART, LLC	c EIN-PN 30-0269003-001
a	Plan name STEPPING STONES PEDIATRIC THERAPY 401(K) PLAN	
b	Name of plan sponsor STEPPING STONES PEDIATRIC THERAPY, PLLC	c EIN-PN 27-1777939-001
a	Plan name SUN CHLORELLA USA 401(K) PLAN	
b	Name of plan sponsor SUN CHLORELLA USA	c EIN-PN 95-3807726-001
a	Plan name TEAM SAN JOSE 401(K) PLAN	
b	Name of plan sponsor TEAM SAN JOSE	c EIN-PN 20-0507663-001
a	Plan name TECHNOLOGY INSTALL PARTNERS 401(K) PLAN	
b	Name of plan sponsor TECHNOLOGY INSTALL PARTNERS, LLC	c EIN-PN 46-4786835-001
a	Plan name THUNDER HEART PERFORMANCE CORP. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THUNDER HEART PERFORMANCE CORP	c EIN-PN 62-1630064-001
a	Plan name THUREN FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor THUREN FABRICATION, INC.	c EIN-PN 20-5081862-001
a	Plan name UNION CRAFT BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor UNION CRAFT BREWING COMPANY, LLC	c EIN-PN 45-3261482-001
a	Plan name WILLIAMS INSTITUTIONAL FOODS 401(K) PLAN	
b	Name of plan sponsor WILLIAMS INSTITUTIONAL FOODS	c EIN-PN 58-1148285-001
a	Plan name ADDRESS HEALTHCARE ADMINISTRATION, LLC	
b	Name of plan sponsor ADDRESS HEALTHCARE ADMINISTRATION, LLC	c EIN-PN 99-1289536-001

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	AMERICAN READING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE	c EIN-PN 23-2965253-001
a	Plan name	AMI SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ASSOCIATION MANAGEMENT, INC.	c EIN-PN 38-2134786-001
a	Plan name	BRAND JOURNALISTS LLC 401K PLAN	
b	Name of plan sponsor	BRAND JOURNALISTS LLC	c EIN-PN 27-4681999-001
a	Plan name	BRANDT HEATING AND AIR CONDITIONING CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRANDT HEATING AND AIR CONDITIONING CO., INC.	c EIN-PN 42-1291576-001
a	Plan name	CANIZARO CAWTHON DAVIS, APA PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	CANIZARO CAWTHON DAVIS, APA	c EIN-PN 64-0651290-001
a	Plan name	CASA DE LOS NINOS 401(K) PLAN	
b	Name of plan sponsor	CASA DE LOS NINOS	c EIN-PN 86-0314595-002
a	Plan name	CHRISTIAN HERITAGE ACADEMY 401(K) PLAN	
b	Name of plan sponsor	CHRISTIAN HERITAGE ACADEMY	c EIN-PN 36-3237612-001
a	Plan name	CRISP ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	CRISP ENTERPRISES, INC.	c EIN-PN 33-0934203-001
a	Plan name	DELTA PEANUT, LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA PEANUT, LLC	c EIN-PN 83-2811029-001
a	Plan name	DENBESTE COMPANIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	DENBESTE COMPANIES, INC.	c EIN-PN 93-3878708-001
a	Plan name	DILS ROOFING 401(K) PLAN	
b	Name of plan sponsor	TRUPRO, INC. DBA DILS ROOFING	c EIN-PN 33-0492050-001
a	Plan name	EVT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENTERPRISE VISION TECHNOLOGIES	c EIN-PN 73-1686616-001

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	FIBERGLASS SOLUTIONS LLC 401K RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	FIBERGLASS SOLUTIONS LLC	c EIN-PN 82-4663901-001
a	Plan name	FIBERPLUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIBERPLUS, INC.	c EIN-PN 52-1762520-001
a	Plan name	FIDDLEHEAD BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor	FIDDLEHEAD BREWERY	c EIN-PN 27-3621652-001
a	Plan name	GIENAPP ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	GIENAPP ARCHITECTS, LLC	c EIN-PN 87-0759464-001
a	Plan name	GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GISCLAIR & ASSOCIATES, INC.	c EIN-PN 72-1012609-001
a	Plan name	GREAT OAKS COUNTRY CLUB, INC. 401(K) PLAN	
b	Name of plan sponsor	GREAT OAKS COUNTRY CLUB, INC.	c EIN-PN 38-2274018-001
a	Plan name	HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
b	Name of plan sponsor	HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	c EIN-PN 34-1165089-001
a	Plan name	HILLSDALE CONSTRUCTION AND EXCAVATING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	HILLSDALE CONSTRUCTION AND EXCAVATION COMPANY, INC.	c EIN-PN 25-1570704-001
a	Plan name	JOE'S REAL B-B-Q 401(K) PLAN	
b	Name of plan sponsor	HARVEST MERCANTILE COMPANY, INC.	c EIN-PN 86-0883424-001
a	Plan name	KERN LASER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KERN ELECTRONICS & LASER, INC.	c EIN-PN 41-1773678-001
a	Plan name	LANSING ICE AND FUEL COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	LANSING ICE AND FUEL	c EIN-PN 38-0745480-001
a	Plan name	A-OK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A-OK SANITARY & GARBAGE SERVICE, INC.	c EIN-PN 46-0416889-001

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	A. BRIGHT IDEA, LLC 401K P/S PLAN	
b	Name of plan sponsor	A. BRIGHT IDEA, LLC	c EIN-PN 52-2199010-001
a	Plan name	AQUA POWER, INC. 401(K) PLAN	
b	Name of plan sponsor	AQUA POWER	c EIN-PN 61-1592855-001
a	Plan name	ARCHAMBAULT CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHAMBAULT CONSTRUCTION, INC.	c EIN-PN 04-3574452-001
a	Plan name	ARCHI'S 401(K) PLAN	
b	Name of plan sponsor	SIRIWAN LLC	c EIN-PN 47-0882555-001
a	Plan name	BRET STEEL CORP 401(K) PLAN	
b	Name of plan sponsor	BRET STEEL CORP	c EIN-PN 02-0493597-001
a	Plan name	FIFTH WHEEL FREIGHT 401(K) PLAN	
b	Name of plan sponsor	B&L SYSTEMS LLC DBA FIFTH WHEEL FREIGHT	c EIN-PN 46-1122501-001
a	Plan name	HARKER HEATING & COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor	HARKER HEATING & COOLING, INC.	c EIN-PN 39-1634801-001
a	Plan name	HARKERS HOLLOW GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor	HARKER'S HOLLOW GOLF CLUB	c EIN-PN 82-3107421-001
a	Plan name	JACK PIXLEY SWEEPS 401(K) PLAN	
b	Name of plan sponsor	JACK PIXLEY SWEEPS	c EIN-PN 41-1374763-002
a	Plan name	JACKSON'S SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	JACKSON'S BISTRO AND BAR, LC	c EIN-PN 65-0701546-001
a	Plan name	KEY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	KEY ENGINEERING, INC.	c EIN-PN 75-3112205-001
a	Plan name	KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYROCK ENERGY, LLC	c EIN-PN 26-0602410-001

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	KIMBERLY SCHAFFER, LLC 401(K) PLAN	
b Name of plan sponsor	KIMBERLY SCHAFFER, LLC	c EIN-PN 57-1207261-001
a Plan name	MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	MORELAND PLAZA PHARMACY, INC.	c EIN-PN 39-0968183-001
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	PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b Name of plan sponsor	PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
a Plan name	PARKER SQUARED AND AFFILIATED COMPANIES 401(K) PLAN	
b Name of plan sponsor	PARKER SQUARED, INC. DBA SLEEPING BABY, INC.	c EIN-PN 27-0402271-001
a Plan name	R.D. KLEINSCHMIDT, INC. 401(K) PLAN	
b Name of plan sponsor	R. D. KLEINSCHMIDT, INC.	c EIN-PN 38-2075748-001
a Plan name	SMITH CURRY 401(K) PLAN	
b Name of plan sponsor	SMITH CURRY	c EIN-PN 56-2145650-001
a Plan name	VAUGHN WATER COMPANY 401(K) PLAN	
b Name of plan sponsor	VAUGHN WATER COMPANY	c EIN-PN 95-1600230-002
a Plan name	WINDOW ENERGY FILM, INC. / SOLAR TINT 401(K) RETIREMENT PLAN	
b Name of plan sponsor	WINDOW ENERGY FILM, INC. / SOLAR TINT	c EIN-PN 03-0381876-001
a Plan name	WINSLOW CAMPUS OF CARE 401(K) PLAN	
b Name of plan sponsor	WINSLOW CONVALESCENT CENTER DBA WINSLOW CAMPUS OF CARE	c EIN-PN 86-0320039-001
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	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	ICONERGY LTD	c EIN-PN 27-2414344-001

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 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 JAINDL PROPERTIES LLC RETIREMENT PLAN	
b	Name of plan sponsor JAINDL PROPERTIES LLC	c EIN-PN 20-1690137-001
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 LINDAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LINDAR CORPORATION	c EIN-PN 41-1752658-001
a	Plan name LIVA EYE CENTER 401(K) PLAN	
b	Name of plan sponsor LIVA EYE CENTER, LLC	c EIN-PN 20-0466607-002
a	Plan name MCCAULEY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor MCCAULEY CONSTRUCTORS, INC.	c EIN-PN 20-3374514-001
a	Plan name MRK FINANCIAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor SNIEGOCKI WEAVER FINANCIAL SERVICES	c EIN-PN 27-4522792-001
a	Plan name PARTS AND SCREENS, INC. 401(K) PLAN	
b	Name of plan sponsor PARTS AND SCREENS DBA BROWN MANUFACTURING	c EIN-PN 38-3266935-001
a	Plan name PRESTIGE ELECTRIC CO. OF FLORIDA, LLC 401(K) PLAN	
b	Name of plan sponsor PRESTIGE ELECTRIC CO. OF FLORIDA, LLC	c EIN-PN 82-3714094-001
a	Plan name PRETTY PICKY PROPERTIES INC. 401(K) PLAN	
b	Name of plan sponsor PRETTY PICKY PROPERTIES INC	c EIN-PN 47-2657890-001
a	Plan name RABENI DENTAL 401(K) PLAN	
b	Name of plan sponsor MELANIE M. RABENI, DDS PC	c EIN-PN 27-0679041-001
a	Plan name ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001

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 SONNEN, INC. 401(K) PLAN	
b	Name of plan sponsor SONNEN, INC.	c EIN-PN 47-3043045-001
a	Plan name SONSHINE FAMILY TELEVISION CORP 401(K) PLAN	
b	Name of plan sponsor SONSHINE FAMILY TELEVISION CORP	c EIN-PN 22-2672541-001
a	Plan name SOS WELL SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOS WELL SERVICES, LLC	c EIN-PN 83-0330736-001
a	Plan name SYNERGY AG 401(K) PLAN	
b	Name of plan sponsor SYNERGY AG	c EIN-PN 83-2057742-001
a	Plan name TRANSCONTINENTAL CONTRACTING, INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSCONTINENTAL CONTRACTING INC.	c EIN-PN 22-3416826-001
a	Plan name TRANSWORLD MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CHUZ-U CONSTRUCTION INC. DBA TRANSWORLD MANAGEMENT	c EIN-PN 82-0672287-001
a	Plan name WOODBINE 401(K) PLAN	
b	Name of plan sponsor WOODBINE DEVELOPMENT I, LTD.	c EIN-PN 75-2574239-001
a	Plan name ALDERMAN BERNSTEIN 401(K) PLAN	
b	Name of plan sponsor ALDERMAN BERNSTEIN	c EIN-PN 26-4416105-001
a	Plan name BRINKERHOFF EXCAVATING 401(K) PLAN	
b	Name of plan sponsor BRINKERHOFF EXCAVATING AND CONSTRUCTION, LNC.	c EIN-PN 87-0560259-001
a	Plan name CENTRAL DISTRIBUTING RETIREMENT PLAN	
b	Name of plan sponsor NORTHERN CENTRAL DISTRIBUTING, INC. DBA CENTRAL DISTRIBUTING	c EIN-PN 77-0135542-001
a	Plan name CTCO BENEFIT SERVICES 401(K) PLAN	
b	Name of plan sponsor CTCO BENEFIT SERVICES, LLC	c EIN-PN 30-0515404-002
a	Plan name ENERGY SERVICES OF COLORADO, INC. 401(K) PLAN	
b	Name of plan sponsor ENERGY SERVICES OF COLORADO, INC.	c EIN-PN 68-0577024-001

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 GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMS MINE REPAIR & MAINTENANCE, INC.	c EIN-PN 52-1908118-001
a	Plan name PAUL'S AUTO REPAIR, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PAUL'S AUTO REPAIR, LLC	c EIN-PN 27-2538433-001
a	Plan name PAYNTER REALTY & INVESTMENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PAYNTER REALTY & INVESTMENTS	c EIN-PN 33-0335741-001
a	Plan name PRISM CAPITAL MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor PRISM CAPITAL MANAGEMENT, LLC	c EIN-PN 27-0125515-001
a	Plan name PRO BOX STORAGE 401(K) PLAN	
b	Name of plan sponsor PRO BOX PORTABLE STORAGE, LLC	c EIN-PN 35-2485775-001
a	Plan name RANGECRAFT 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RANGECRAFT	c EIN-PN 22-3330263-001
a	Plan name SOUND SOURCES TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor SOUND SOURCES TECHNOLOGY, INC.	c EIN-PN 36-4508386-001
a	Plan name T K CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor T K CONCRETE, INC.	c EIN-PN 39-1898532-001
a	Plan name THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY 401(K)	
b	Name of plan sponsor THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY	c EIN-PN 24-0522575-001
a	Plan name TREASURE FIRE EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor TREASURE FIRE EQUIPMENT, INC.	c EIN-PN 87-0656861-001
a	Plan name ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABERDEEN CAPTIONING, INC.	c EIN-PN 33-0983867-001
a	Plan name ABLE SALES COMPANY, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor ABLE SALES COMPANY INC.	c EIN-PN 66-0320315-001

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 ALL CURRENTS ELECTRIC 401(K) PLAN	
b	Name of plan sponsor ALL CURRENTS ELECTRIC, LLC	c EIN-PN 82-4166195-001
a	Plan name ALL PURPOSE, LLC 401(K) PLAN	
b	Name of plan sponsor ALL PURPOSE, LLC	c EIN-PN 82-1968528-001
a	Plan name ARTEX LABEL & GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor ARTEX LABEL & GRAPHICS, INC.	c EIN-PN 38-3470303-001
a	Plan name ARTHURS AND COMPANY CPA, LLC 401(K) PLAN	
b	Name of plan sponsor ARTHURS AND COMPANY CPA, LLC	c EIN-PN 47-2006900-001
a	Plan name CHADE FASHIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CHADE FASHIONS, INC.	c EIN-PN 36-3203528-001
a	Plan name COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
a	Plan name ENGLANDER & CHICOINE, P.C. RETIREMENT PLAN	
b	Name of plan sponsor ENGLANDER & CHICOINE, P.C.	c EIN-PN 04-3220769-001
a	Plan name ENVIRONMENTAL WATER ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor ENVIRONMENTAL WATER	c EIN-PN 34-1956432-001
a	Plan name FLEETWOOD HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor FLEETWOOD HEATING, INC.	c EIN-PN 46-1584949-001
a	Plan name GONYEA HOMES & REMODELING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GONYEA HOMES AND REMODELING	c EIN-PN 41-1641699-001
a	Plan name IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001

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	IES COMPANIES, INC 401(K)	
b	Name of plan sponsor	I.E.S. INCORPORATED	c EIN-PN 04-2920789-001
a	Plan name	IKE HEAPHY, D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor	IKE HEAPHY, D.D.S., P.C.	c EIN-PN 90-0074728-001
a	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-001
a	Plan name	KNIGHT FARMS 401(K) PLAN	
b	Name of plan sponsor	KNIGHT FARMS	c EIN-PN 68-0255456-001
a	Plan name	LLANO SECO RANCHO 401(K) PLAN & TRUST	
b	Name of plan sponsor	LLANO SECO RANCHO	c EIN-PN 94-2314298-001
a	Plan name	AVANTECH 401(K) PLAN	
b	Name of plan sponsor	SELF GROUP USA, LLC	c EIN-PN 92-3663081-001
a	Plan name	AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name	BSB RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor	THE BIPPUS STATE BANK	c EIN-PN 35-0180140-001
a	Plan name	CINDERELLA DIVINE INC. RETIREMENT PLAN	
b	Name of plan sponsor	CINDERELLA DIVINE, INC.	c EIN-PN 20-4533301-002
a	Plan name	DANIEL BRIAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	DANIEL BRIAN & ASSOCIATES	c EIN-PN 38-3169316-001
a	Plan name	DYNAMIC RESTAURANT HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC RESTAURANT HOLDINGS, LLC	c EIN-PN 36-4878000-001
a	Plan name	FORD INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	FORD INSURANCE AGENCY	c EIN-PN 63-0980116-001

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	LOWEN HOSPITALITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	LOWEN HOSPITALITY MANAGEMENT, LLC	c EIN-PN 75-2946797-001
a	Plan name	OASYS 401(K) PLAN	
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001
a	Plan name	OK MEDIA SOLUTIONS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OK MEDIA SOLUTIONS, INC.	c EIN-PN 45-2633274-001
a	Plan name	SABRE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SABRE ENGINEERING, INC.	c EIN-PN 27-2067753-001
a	Plan name	SOUTHERN REBAR & SUPPLIES, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN REBAR & SUPPLIES, INC.	c EIN-PN 83-0890207-001
a	Plan name	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C.	c EIN-PN 87-0545902-001
a	Plan name	CITY OF GIRARD RETIREMENT PLAN	
b	Name of plan sponsor	CITY OF GIRARD ILLINOIS	c EIN-PN 37-6001364-001
a	Plan name	EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
b	Name of plan sponsor	EASTERN WAREHOUSE DISTRIBUTORS, LLC	c EIN-PN 23-2566520-001
a	Plan name	GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001
a	Plan name	JWC BUILDING SPECIALTIES, INC. 401(K) PLAN	
b	Name of plan sponsor	JWC BUILDING SPECIALTIES, INC.	c EIN-PN 39-1569926-001
a	Plan name	LUKE DRAILY CONSTRUCTION CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LUKE DRAILY CONSTRUCTION COMPANY, INC.	c EIN-PN 43-1796529-001
a	Plan name	OKMULGEE PEDIATRICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	OKMULGEE PEDIATRICS	c EIN-PN 73-1473375-001

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	OLE SOUTH PROPERTIES, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	OLE SOUTH PROPERTIES, INC.	c EIN-PN 62-1336679-001
a Plan name	OLIVEIRA WEALTH PROFIT SHARING 401(K) PLAN	
b Name of plan sponsor	OLIVEIRA WEALTH	c EIN-PN 77-0514829-001
a Plan name	SPARKMAN INDUSTRIES, INC. AND SPARKMAN MANAGEMENT GROUP, INC. 401(K) PLAN	
b Name of plan sponsor	SPARKMAN INDUSTRIES, INC.	c EIN-PN 74-1874129-002
a Plan name	TEXAS HUMANE HEROES 401(K) PLAN	
b Name of plan sponsor	TEXAS HUMANE HEROES, INC.	c EIN-PN 74-2069592-001
a Plan name	TEXAS SAFFIRE, LLC 401(K) PLAN	
b Name of plan sponsor	TEXAS SAFFIRE, LLC	c EIN-PN 27-5482729-001
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
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b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DFA U.S. SMALL CAP PORTFOLIO RET OPT	B Three-digit plan number (PN) ▶ 725
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)	26834871
(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	15110386	26834871
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	15110386	26834871

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)	244586	
(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)	1959409	
(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		2203995

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)	30021	
(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)		30021
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		30021

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2173974
l Transfers of assets:			
(1) To this plan.....	2l(1)		13182882
(2) From this plan	2l(2)		3632371

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 _____.