

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA FLEXIBLE INCOME RET OPT; 1b Three-digit plan number (PN): 787; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (NEIL KOENCK, 08/22/2025).

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

Form 5500 (2024) v. 240311

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<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 <u>TRANSAMERICA FLEXIBLE INCOME RET OPT</u>	B Three-digit plan number (PN)	<u>787</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)
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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	THE AME GROUP 401(K) PLAN	
b	Name of plan sponsor	THE AME GROUP	c EIN-PN 35-1630314-001
a	Plan name	EQUITY INVESTMENT MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor	EQUITY INVESTMENT MORTGAGE, LLC	c EIN-PN 88-1901818-001
a	Plan name	PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL AUTOMOTIVE SERVICE LLC	c EIN-PN 85-3817843-001
a	Plan name	PROGRESS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	PROGRESS USA, INC.	c EIN-PN 01-0682657-001
a	Plan name	PROHEALTH GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PROHEALTH GROUP, INC.	c EIN-PN 47-5658024-002
a	Plan name	BIG HORN WIRELINE 401(K) PLAN	
b	Name of plan sponsor	BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001
a	Plan name	KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KREATIONS AUTO BODY	c EIN-PN 26-3285845-001
a	Plan name	KW CORPORATION 401(K) PLAN	
b	Name of plan sponsor	KW CORPORATION	c EIN-PN 26-0355410-001
a	Plan name	FAIRWAY ELECTRIC INC. 401(K) PLAN	
b	Name of plan sponsor	FAIRWAY ELECTRIC INC.	c EIN-PN 83-0658890-001
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	TKOR 401(K) PLAN	
b	Name of plan sponsor	RESTON CONSTRUCTION, LLC	c EIN-PN 85-3812403-001

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 REDHAWK COILED TUBING, LLC 401(K) PLAN	
b	Name of plan sponsor REDHAWK COILED TUBING, LLC	c EIN-PN 87-2997823-001
a	Plan name REGULUS 401(K)	
b	Name of plan sponsor REGULUS GROUP, LLC	c EIN-PN 33-1009928-002
a	Plan name TURBONETICS ENGINEERING & SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TURBONETICS ENGINEERING & SERVICES, INC.	c EIN-PN 74-2999395-001
a	Plan name TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO RETIREMENT PLAN	
b	Name of plan sponsor TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO	c EIN-PN 36-4153559-001
a	Plan name FSY ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor FSY ARCHITECTS	c EIN-PN 95-4638941-001
a	Plan name FUSION HEALTH 401(K) PLAN	
b	Name of plan sponsor FUSION HEALTHCARE STAFFING, LLC	c EIN-PN 46-2470418-001
a	Plan name REVOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor REVOLOGY, INC.	c EIN-PN 87-3441512-001
a	Plan name UNIVERSAL NORTH INC. - SH 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL NORTH INC.	c EIN-PN 34-1666673-001
a	Plan name MARLEYS MONSTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARLEYS MONSTERS, LLC	c EIN-PN 47-4495374-001
a	Plan name MEDIA MATTERS SF LLC 401(K) PLAN	
b	Name of plan sponsor MEDIA MATTERS SF, LLC DBA ARS X MACHINA	c EIN-PN 72-1607686-001
a	Plan name CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
b	Name of plan sponsor CHATHAM HABITAT FOR HUMANITY	c EIN-PN 56-1689599-001
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

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	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	CLEARLY SPEAKING 401(K) PLAN	
b	Name of plan sponsor	CLEARLY SPEAKING, L.L.C.	c EIN-PN 45-2988436-001
a	Plan name	MILLS ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	c EIN-PN 81-1149328-001
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 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	CONNOLLY ELECTRIC & MECHANICAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHRIS CONNOLLY INC. DBA CONNOLLY ELECTRIC & MECHANICAL	c EIN-PN 86-0892259-001
a	Plan name	CONSCIOUS MINDS 401(K) PLAN	
b	Name of plan sponsor	CONSCIOUS MINDS PRODUCTION LLC	c EIN-PN 80-0255443-001
a	Plan name	CONSUMER ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor	CONSUMER ATTORNEYS PLC	c EIN-PN 86-3781893-001
a	Plan name	ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED NETWORK PRODUCTS, INC.	c EIN-PN 23-2316443-001
a	Plan name	COTTAGE COMPANY 401(K) PLAN	
b	Name of plan sponsor	THE COTTAGE COMPANY OF HARBOR SPRINGS, LLC	c EIN-PN 38-3561129-001

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	NEWCO TOWER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWCO TOWER, LLC	c EIN-PN 86-2053751-001
a	Plan name	INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INSTRUMEDICAL TECHNOLOGIES, INC.	c EIN-PN 35-1515768-001
a	Plan name	OMNI-TECH SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	OMNI-TECH SOLUTIONS, LLC	c EIN-PN 81-4983507-001
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	ONAL GALLANT & PARTNERS PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ONAL GALLANT & PARTNERS PC	c EIN-PN 82-2968635-001
a	Plan name	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD	c EIN-PN 02-0574359-001
a	Plan name	STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name	STEWARDSHIP SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	STEWARDSHIP SOLUTIONS, INC.	c EIN-PN 46-1656504-001
a	Plan name	P3 MARTIAL ARTS 401(K) PLAN	
b	Name of plan sponsor	SCOTT BAILEY'S MARTIAL ARTS ACADEMY, INC.	c EIN-PN 47-1694447-001
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	DES MOINES STEEL COMPANY	
b	Name of plan sponsor	DES MOINES STEEL COMPANY	c EIN-PN 42-1397053-001
a	Plan name	PCI OF MICHIGAN, INC. 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL CODE INSPECTIONS OF MICHIGAN, INC.	c EIN-PN 38-2832701-001

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 PEAR TREE, LLC 401(K) PLAN	
b	Name of plan sponsor PEAR TREE, LLC	c EIN-PN 20-3758059-001
a	Plan name ASSOCIATED INSURANCE BROKERS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED INSURANCE BROKERS, INC. DBA PACIFIC INTERSTATE INSURANCE	c EIN-PN 77-0382488-001
a	Plan name JERRY CHIDESTER MD, PLLC 401(K) PLAN	
b	Name of plan sponsor JERRY CHIDESTER MD, PLLC	c EIN-PN 84-4004479-001
a	Plan name TALMAN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor TALMAN CONSULTANTS, LLC	c EIN-PN 81-2709261-001
a	Plan name TX TEAM REHAB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TX TEAM REHAB, INC.	c EIN-PN 35-1565294-002
a	Plan name U.S. COMMUNICATION 401 (K) PLAN	
b	Name of plan sponsor U.S. COMMUNICATION INDUSTRIES, INC.	c EIN-PN 36-3138121-001
a	Plan name C.C. BATTERY CO., INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C.C. BATTERY CO., INC.	c EIN-PN 74-1871509-002
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 GERKEN RENT-ALL 401(K) PLAN	
b	Name of plan sponsor GERKEN RENT-ALL, INC.	c EIN-PN 75-3082715-001
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 GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRC DEVELOPMENT, INC.	c EIN-PN 27-1135741-001
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

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	MERRITT, WEBB, WILSON, & CARUSO, PLLC 401(K) PLAN	
b	Name of plan sponsor	MERRITT, WEBB, WILSON, & CARUSO, PLLC	c EIN-PN 56-2264802-001
a	Plan name	SAPHYRE, INC. 401(K) PLAN	
b	Name of plan sponsor	SAPHYRE, INC.	c EIN-PN 82-3177747-001
a	Plan name	2XE 401(K)	
b	Name of plan sponsor	2XE, LLC	c EIN-PN 85-0511624-001
a	Plan name	365 HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor	365 HEALTH SERVICES, LLC	c EIN-PN 47-1842850-001
a	Plan name	HERSHMAN & FORMAN, P.C. 401(K)	
b	Name of plan sponsor	HERSHMAN & FORMAN, P.C.	c EIN-PN 86-1822868-001
a	Plan name	HI5.AGENCY 401(K) PLAN	
b	Name of plan sponsor	HI5.AGENCY, LLC	c EIN-PN 83-2888505-001
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	NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor	NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001
a	Plan name	SHERWOOD TAX AND ACCOUNTING 401(K) PLAN	
b	Name of plan sponsor	KRISTEN KEATS CPA, PC DBA. SHERWOOD TAX & ACCOUNTING	c EIN-PN 85-2133474-001
a	Plan name	ZENITH REHABILITATION 401(K) PLAN	
b	Name of plan sponsor	ZENITH REHABILITATION, LLC	c EIN-PN 82-4302535-001
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

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 HOME INSTEAD SENIOR CARE RETIREMENT PLAN	
b	Name of plan sponsor PAHOS, INC. DBA HOME INSTEAD SENIOR CARE	c EIN-PN 72-1351629-001
a	Plan name AFFINITY IT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ISS OHIO, LLC DBA AFFINITY IT GROUP	c EIN-PN 46-1599792-001
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 SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SKIENCE, LLC	c EIN-PN 54-2058238-001
a	Plan name ORIGIN HEALTH 401(K) PLAN	
b	Name of plan sponsor ORIGIN HEALTH	c EIN-PN 84-3463861-001
a	Plan name DELAWARE PROFESSIONAL FUNERAL SERVICES 401(K) PLAN	
b	Name of plan sponsor DELAWARE PROFESSIONAL FUNERAL SERVICES, INC	c EIN-PN 51-0381008-001
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 ANN SULLIVAN LEWIS 401(K) PLAN	
b	Name of plan sponsor ANN M. SULLIVAN INSURANCE AGENCY, INC.	c EIN-PN 57-1142720-001
a	Plan name APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
b	Name of plan sponsor APARTMENT HOUSE BUILDERS, INC.	c EIN-PN 71-0649991-001
a	Plan name DEVOL ENGINEERING 401(K) PLAN	
b	Name of plan sponsor DEVOL ENGINEERING, INC.	c EIN-PN 52-7255997-001
a	Plan name IRON EAGLE WELDING ACADEMY 401(K) PLAN	
b	Name of plan sponsor IRON EAGLE WELDING ACADEMY	c EIN-PN 85-1505205-001
a	Plan name J AND J INDUSTRIAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor J AND J INDUSTRIAL CONTRACTING	c EIN-PN 30-0867952-001

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	STRATEGIC ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	STRATEGIC ENVIRONMENTAL SERVICES, INC.	c EIN-PN 04-3553212-002
a	Plan name	STYLECRAFT HOME COLLECTION, INC 401(K) PLAN	
b	Name of plan sponsor	STYLECRAFT HOME COLLECTION, INC.	c EIN-PN 27-0439124-001
a	Plan name	ATLAS ESSENTIALS 401(K) PLAN	
b	Name of plan sponsor	ATLAS ESSENTIALS USA LLC	c EIN-PN 99-1874504-001
a	Plan name	ATPWC 401(K) PLAN	
b	Name of plan sponsor	ALL THINGS POSSIBLE	c EIN-PN 47-4673471-001
a	Plan name	DUOTECH SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	DUOTECH SERVICES LLC	c EIN-PN 59-2658665-001
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	JJW SERVICES 401(K) PLAN	
b	Name of plan sponsor	JJW SERVICES CORPORATION	c EIN-PN 26-2650264-001
a	Plan name	PORTER CORPORATION CASH BALANCE PLAN	
b	Name of plan sponsor	PORTER CORPORATION	c EIN-PN 85-1429006-777
a	Plan name	BARANOF HOLDINGS STORAGE LLC 401(K) PLAN	
b	Name of plan sponsor	BARANOF HOLDINGS STORAGE LLC	c EIN-PN 47-4472605-001
a	Plan name	KDJ SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor	KDJ SALES & SERVICE, INC.	c EIN-PN 37-1131827-001
a	Plan name	THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name	EVOLUTION DESIGN INC. 401(K) PLAN	
b	Name of plan sponsor	EVOLUTION DESIGN INC.	c EIN-PN 88-4173749-001

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	LAKE MANAGEMENT SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	LAKE MANAGEMENT SERVICES, LP	c EIN-PN 20-5300112-001
a	Plan name	LAKEVIEW PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	LAKEVIEW PHYSICAL THERAPY AND SPINE LLC	c EIN-PN 83-4244452-001
a	Plan name	PURE ENERGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PURE ENERGY GROUP, INC.	c EIN-PN 86-2201015-001
a	Plan name	QMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	QMETRICS, INC.	c EIN-PN 87-0761590-001
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	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	TOP NOTCH LANDSCAPING & SUPPLY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOP NOTCH LANDSCAPING & SUPPLY, LLC	c EIN-PN 90-1021218-001
a	Plan name	TOP SHELF LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	TOP SHELF LOGISTICS, LLC	c EIN-PN 26-0272605-001
a	Plan name	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.	c EIN-PN 48-1180359-001
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	MASTER PLUMBING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	MASTER PLUMBING SOLUTIONS LLC	c EIN-PN 46-3187028-001
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

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 MICHAEL YARDLEY FARMS 401(K) PLAN	
b	Name of plan sponsor MICHAEL YARDLEY FARMS, LLC	c EIN-PN 26-1223608-001
a	Plan name MONROE INDUSTRIAL MACHINE SHOP, LLC 401(K) PLAN	
b	Name of plan sponsor MONROE INDUSTRIAL MACHINE SHOP, LLC	c EIN-PN 20-1041002-001
a	Plan name NORTHEAST TITLE & TAG INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NORTHEAST TITLE & TAG INC	c EIN-PN 23-3034907-001
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 PETERSEN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor VALLEY DESIGN & CONSTRUCTION, INC.	c EIN-PN 87-0328548-001
a	Plan name POZITIV FERTILITY 401(K) PLAN	
b	Name of plan sponsor POZITIV FERTILITY MANAGEMENT, LLC	c EIN-PN 86-2291004-001
a	Plan name RESTLESS SOFTWARE 401(K) PLAN	
b	Name of plan sponsor RESTLESS SOFTWARE LLC	c EIN-PN 83-2568090-001
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 SIGNATURE LANDSCAPE L.L.C. 401(K) PLAN & TRUST	
b	Name of plan sponsor SIGNATURE LANDSCAPE L.L.C.	c EIN-PN 11-3652968-001
a	Plan name SULLIVAN PERIODONTICS 401(K) PLAN	
b	Name of plan sponsor MARY LINDA SULLIVAN, DMD, PC	c EIN-PN 63-1228900-001
a	Plan name SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUNBURY ANIMAL HOSPITAL	c EIN-PN 20-1018098-001
a	Plan name SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
b	Name of plan sponsor MY WAY HOLDINGS, LLC	c EIN-PN 88-0475995-001

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	TECHNOLOGY INSTALL PARTNERS 401(K) PLAN	
b	Name of plan sponsor	TECHNOLOGY INSTALL PARTNERS, LLC	c EIN-PN 46-4786835-001
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	VAN SANT ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VAN SANT ENTERPRISES INC.	c EIN-PN 42-1464060-001
a	Plan name	WATER WELL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	WATER WELL INVESTMENTS, LLC	c EIN-PN 85-2736894-001
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	WILL CLARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	WILL CLARK ELECTRIC INC.	c EIN-PN 46-0382827-001
a	Plan name	WILLOW GRACE VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	WILLOW GRACE VETERINARY HOSPITAL	c EIN-PN 85-0851518-001
a	Plan name	A TO Z SPEECH THERAPY 401(K) PLAN	
b	Name of plan sponsor	A TO Z SPEECH THERAPY	c EIN-PN 81-4796737-001
a	Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name	ADRIAN PULKRABEK DDS PLLC 401(K) PLAN	
b	Name of plan sponsor	ADRIAN PULKRABEK DDS PLLC	c EIN-PN 76-0716251-001
a	Plan name	AGX SITEWORX 401(K) PLAN	
b	Name of plan sponsor	EAC ENTERPRISES, LLC DBA AGX SITEWORX	c EIN-PN 47-2997502-001
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

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	AMERICAN HYDROVAC LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN HYDROVAC LLC	c EIN-PN 32-0657536-001
a	Plan name	AMERICAN RELIANCE INDUSTRIES COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN RELIANCE INDUSTRIES COMPANY	c EIN-PN 35-2131825-001
a	Plan name	AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001
a	Plan name	BLUE BLAZER VENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor	BLUE BLAZER VENTURES, INC.	c EIN-PN 85-1002874-001
a	Plan name	CANDACE SILVERS STUDIOS 401K	
b	Name of plan sponsor	CANDACE SILVERS STUDIOS, LLC	c EIN-PN 88-3921225-001
a	Plan name	CARROLL DENTAL CLINIC P.L.C. RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	CARROLL DENTAL CLINIC P.L.C	c EIN-PN 20-5699792-001
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	CHURCHILL CABINET COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CHURCHILL CABINET COMPANY	c EIN-PN 36-0915600-001
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	DILS ROOFING 401(K) PLAN	
b	Name of plan sponsor	TRUPRO, INC. DBA DILS ROOFING	c EIN-PN 33-0492050-001
a	Plan name	DURAMARK TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	DURAMARK TECHNOLOGIES, INC.	c EIN-PN 26-0529942-001
a	Plan name	DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	DWIGHT LEWIS STATE FARM INSURANCE AGENCY	c EIN-PN 47-2834035-001

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	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	GAZI ATASEVEN 401(K) PLAN	
b	Name of plan sponsor	A TO Z REAL ESTATE TRANSACTION LLC	c EIN-PN 86-1384624-001
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	GILSTER-MARY LEE CORPORATION EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	GILSTER-MARY LEE	c EIN-PN 37-0951425-002
a	Plan name	GL KREINER, INC. 401(K) PLAN	
b	Name of plan sponsor	GL KREINER, INC.	c EIN-PN 81-1723713-001
a	Plan name	GREAT OUTDOORS FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	GREAT OUTDOORS FOUNDATION	c EIN-PN 42-1441098-001
a	Plan name	GREBE'S BAKERIES, INC. 401(K) PLAN	
b	Name of plan sponsor	GREBE'S BAKERIES, INC.	c EIN-PN 39-0770820-001
a	Plan name	INTERSTATE COMMERCIAL GLASS & DOOR, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	INTERSTATE COMMERCIAL GLASS & DOOR, INC.	c EIN-PN 38-2822716-001
a	Plan name	J&M SERVICES 401(K) PLAN	
b	Name of plan sponsor	J&M SERVICES	c EIN-PN 82-4526041-001
a	Plan name	A&B MARKET, LLC 401(K) PLAN	
b	Name of plan sponsor	A&B MARKET, LLC	c EIN-PN 47-2479032-001
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

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	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
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	CATHOLIC CHARITIES 401(K) PLAN	
b Name of plan sponsor	CATHOLIC CHARITIES	c EIN-PN 85-0110070-001
a Plan name	COMMUNITIES IN SCHOOLS 401(K) RETIREMENT PLAN	
b Name of plan sponsor	COMMUNITIES IN SCHOOLS OF EL PASO, INC.	c EIN-PN 74-2024715-001
a Plan name	CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
b Name of plan sponsor	CROSSING BORDERS LANGUAGE CENTER, LLC.	c EIN-PN 45-5111582-001
a Plan name	CSKS BUDGET BLINDS 401(K) PLAN	
b Name of plan sponsor	CSKS CORPORATION DBA BUDGET BLINDS	c EIN-PN 20-4904777-001
a Plan name	DMD BUILDERS, INC. 401(K) PLAN	
b Name of plan sponsor	DMD WINDOW AND DOOR, INC.	c EIN-PN 81-4449392-001
a Plan name	HUTKER ARCHITECTS INC 401(K) PLAN	
b Name of plan sponsor	HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001
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	MAYOR'S YOUTH EMPOWERMENT PROGRAM 401(K) PLAN	
b Name of plan sponsor	MAYOR'S YOUTH EMPOWERMENT PROGRAM	c EIN-PN 42-1444335-001
a Plan name	MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b Name of plan sponsor	MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001

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 NORTHERN NJ CHAPTER, INC. NECA SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor NORTHERN NJ CHAPTER, INC. NECA	c EIN-PN 22-1455827-002
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 SEER TEAM RETIREMENT PLAN	
b	Name of plan sponsor THE NEW EQUATION LIMITED LIABILITY COMPANY DBA SEER INTERACTIVE	c EIN-PN 03-0512205-001
a	Plan name SNYDER-MARK DRUGS, INC. 401(K) PLAN	
b	Name of plan sponsor SNYDER MARK DRUGS ROSELLE, INC.	c EIN-PN 36-3716454-001
a	Plan name SOL DIGITAL 401(K) PLAN	
b	Name of plan sponsor SOL DIGITAL, LLC	c EIN-PN 84-3111821-001
a	Plan name THE LAW OFFICE OF HEATHER A. LONG, LLC 401(K) PLAN	
b	Name of plan sponsor THE LAW OFFICE OF HEATHER A. LONG, LLC	c EIN-PN 33-3432013-001
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 LINCOLN PARK SCHOOLS 401(K) PLAN	
b	Name of plan sponsor LINCOLN PARK NURSERY SCHOOL, INC.	c EIN-PN 36-3940940-001
a	Plan name MSW CORP 401(K) PLAN	
b	Name of plan sponsor MARINE STORES WHOLESale CORP.	c EIN-PN 45-3934995-001
a	Plan name RADNER DESIGN ASSOCIATES INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RADNER DESIGN ASSOCIATES, INC.	c EIN-PN 45-4513364-001
a	Plan name ROBIN CHIANG & COMPANY 401(K) PLAN	
b	Name of plan sponsor ROBIN CHIANG & COMPANY	c EIN-PN 94-3271917-001
a	Plan name ROCK & ROSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCK & ROSE, INC.	c EIN-PN 30-0117391-001

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	SERCOM 401(K) PLAN	
b	Name of plan sponsor	SCIENTIFIC EQUIPMENT REPAIR COMPANY	c EIN-PN 84-1469712-001
a	Plan name	SWC OFFICE FURNITURE OUTLET 401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor	SWC OFFICE FURNITURE OUTLET	c EIN-PN 06-1532118-002
a	Plan name	THE OSCHMANN ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THE OSCHMANN ORGANIZATION, INC. DBA AZC DRUG TESTING	c EIN-PN 86-0994137-001
a	Plan name	TRAVERTINE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAVERTINE, INC.	c EIN-PN 73-1616445-001
a	Plan name	VERGE THERAPY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VERGE THERAPY, LLC	c EIN-PN 86-2268804-001
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	BEETS CATERING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BEETS CATERING, INC.	c EIN-PN 94-6694661-001
a	Plan name	COMPLETE AGRI SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	COMPLETE AGRI SERVICES	c EIN-PN 46-2836066-001
a	Plan name	COMPLETE INTERACTIVE TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor	COMPLETE INTERACTIVE TECHNOLOGIES INC	c EIN-PN 38-2942737-001
a	Plan name	DONOVAN HANSEN, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DONOVAN HANSEN, PLLC	c EIN-PN 46-2829443-001
a	Plan name	DORSETT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	DORSETT'S AUTO SALES, INC.	c EIN-PN 35-1269099-001

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	EMCO GLADE SPRINGS HOSPITALITY, LLC 401(K) PLAN	
b	Name of plan sponsor	EMCO GLADE SPRINGS HOSPITALITY, LLC	c EIN-PN 20-0976658-001
a	Plan name	FIS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	FIS GROUP, LLC	c EIN-PN 83-3475402-001
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	GLOSS IN THE CITY LLC 401(K) PLAN	
b	Name of plan sponsor	GLOSS IN THE CITY LLC	c EIN-PN 46-2224761-001
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	NADIA YAKOOB & ASSOCIATES 401(K) PLAN & TRUST	
b	Name of plan sponsor	NADIA YAKOOB & ASSOCIATES	c EIN-PN 47-3377120-001
a	Plan name	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA	c EIN-PN 83-3838404-001
a	Plan name	PC TELECOM GROUP & ASSOCIATES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PC TELECOM GROUP & ASSOCIATES, LLC	c EIN-PN 61-1390231-001
a	Plan name	RAPIDS WHOLESALE & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	DASCOA, INC. D/B/A RAPIDS WHOLESALE EQUIPMENT CO.	c EIN-PN 42-1378309-001
a	Plan name	SOUTH POINT COUNSELING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	SOUTH POINT COUNSELING SERVICES, LLC	c EIN-PN 45-3866896-001
a	Plan name	SOUTHEASTERN MACHINE WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHEASTERN MACHINE WORKS, INC.	c EIN-PN 65-0940872-001
a	Plan name	T. AARON BUICE, M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor	T. AARON BUICE, M.D., P.C.	c EIN-PN 20-0717378-001

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 THE REALTIME GROUP 401(K) PLAN	
b	Name of plan sponsor RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC	c EIN-PN 46-0876004-001
a	Plan name TRAYER SOLUTIONS, LLC 401(K)	
b	Name of plan sponsor TRAYER SOLUTIONS, LLC	c EIN-PN 46-4500573-001
a	Plan name TREEHOUSE CALIFORNIA ALMONDS, LLC 401(K) PLAN	
b	Name of plan sponsor TREEHOUSE CALIFORNIA ALMONDS, LLC	c EIN-PN 04-3671330-001
a	Plan name WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN	
b	Name of plan sponsor WORKFORCE SOLUTIONS BORDERPLEX, INC.	c EIN-PN 74-2911834-001
a	Plan name ABLEMKR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ABLEMKR, LLC	c EIN-PN 85-0890736-001
a	Plan name ABRAMS PLUMBING AND HEATING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABRAMS PLUMBING AND HEATING LLC	c EIN-PN 87-3493856-001
a	Plan name ABSOLUTE QUALITY CARE FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor ABSOLUTE QUALITY CARE FAMILY DENTISTRY	c EIN-PN 72-1498951-001
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 ASANA RECOVERY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASANA RECOVERY, INC.	c EIN-PN 30-1000319-001
a	Plan name BENDER WAREHOUSE CO. 401(K) PLAN	
b	Name of plan sponsor BENDER WAREHOUSE CO.	c EIN-PN 88-0085787-002
a	Plan name BROWN-DAUB EURO INC. 401(K) PLAN	
b	Name of plan sponsor BROWN-DAUB EURO, INC.	c EIN-PN 27-4502291-001
a	Plan name D & S MACHINE REPAIR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor D & S MACHINE REPAIR, INC.	c EIN-PN 38-2339143-001

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 D. LINK GRIMES PLLC 401(K) PLAN	
b	Name of plan sponsor D. LINK GRIMES, PLLC	c EIN-PN 99-0423657-001
a	Plan name DOWNS COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOWNS ENERGY	c EIN-PN 77-0445131-002
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 ALL STAR PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor VERL D. WARNIMONT DBA ALL STAR PLUMBING & HEATING	c EIN-PN 34-1972332-001
a	Plan name BROWN-DAUB INC. 401(K) PLAN	
b	Name of plan sponsor BROWN-DAUB, INC.	c EIN-PN 24-0535610-001
a	Plan name CIPM RETIREMENT PLAN	
b	Name of plan sponsor CUSTOM INTERVENTIONAL PAIN MANAGEMENT, LLC	c EIN-PN 27-2527059-001
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.J. WARD, INC. 401(K) PLAN	
b	Name of plan sponsor E.J. WARD, INC.	c EIN-PN 88-0284475-001
a	Plan name INDEAVOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor INDEAVOR CORPORATION	c EIN-PN 39-1870041-001
a	Plan name JOHNSON IRON INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON IRON, INC.	c EIN-PN 20-1832486-001
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 JOINER CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOINER CONSTRUCTION COMPANY, INC.	c EIN-PN 75-2218562-001

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	PGS 401(K) PLAN	
b	Name of plan sponsor	PRECISION GLOBAL SYSTEMS, INC.	c EIN-PN 38-2504223-001
a	Plan name	PHOENIX CIVIL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHOENIX CIVIL ENGINEERING, INC.	c EIN-PN 27-2975162-001
a	Plan name	RCD DEMOLITION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RCD DEMOLITION	c EIN-PN 46-3209242-001
a	Plan name	S.C. SWIDERSKI MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	S.C. SWIDERSKI MANAGEMENT, INC.	c EIN-PN 47-2837847-001
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	TELEPATHY NETWORKS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	TELEPATHY NETWORKS LLC	c EIN-PN 27-0056105-001
a	Plan name	TRIDENT SYSTEMS, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	TRIDENT SYSTEMS, LLC	c EIN-PN 75-3054109-004
a	Plan name	WCMS 401(K) PLAN	
b	Name of plan sponsor	WCMS	c EIN-PN 35-1997542-001
a	Plan name	WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WEAVER MEMORIALS, INC.	c EIN-PN 23-1714594-001
a	Plan name	B&J'S PIZZA 401(K) PLAN	
b	Name of plan sponsor	JAKC INC. DBA B&J'S PIZZA	c EIN-PN 74-2468849-001
a	Plan name	CIVILWORX CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	CIVILWORX CONTRACTING LLC	c EIN-PN 87-4305816-001
a	Plan name	DAVID CUSTOM ROOFING & PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAVIDS CUSTOM ROOFING & PAINTING, INC.	c EIN-PN 99-0314996-001

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	EAP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ELEGANT ALUMINUM PRODUCTS USA LLC	c EIN-PN 46-3034570-001
a	Plan name	INDIANA HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor	INDIANA HEALTH GROUP	c EIN-PN 35-1706785-001
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	SALT LAKE BREWING CO., LLC 401(K) P/S PLAN	
b	Name of plan sponsor	SALT LAKE BREWING CO., LLC	c EIN-PN 87-0518311-001
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	SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAMCO PROPERTIES, INC.	c EIN-PN 59-2396906-001
a	Plan name	TEXAS BANK 401(K) PLAN	
b	Name of plan sponsor	TEXAS BANK	c EIN-PN 75-1405029-001
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		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
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 TRANSAMERICA FLEXIBLE INCOME RET OPT	B Three-digit plan number (PN) ▶ 787
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.

Assets	(a) Beginning of Year	(b) End of Year
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)	8227025
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	86012649
(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	8227025	86012649
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	8227025	86012649

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)	4524279	
(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)		4524279
(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)	-555944	
(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		3968335

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)	14005	
(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)		14005
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		14005

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3954330
l Transfers of assets:			
(1) To this plan.....	2l(1)		128172616
(2) From this plan	2l(2)		54341322

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 _____.