

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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 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

<p>1a Name of plan <u>FEDERATED INSTITUTIONAL HIGH YIELD BOND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>032</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPNAY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>82-5217478</u></p> <hr/> <p>2c Plan Sponsor's telephone number</p> <hr/> <p>2d Business code (see instructions)</p>

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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	08/22/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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>FEDERATED INSTITUTIONAL HIGH YIELD BOND</u>	B Three-digit plan number (PN)	<u>032</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPNAY</u>	D Employer Identification Number (EIN) <u>82-5217478</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 1ST CLASS MAILING LLC 401(K) PLAN	
b	Name of plan sponsor 1ST CLASS MAILING LLC	c EIN-PN 82-5066361-001
a	Plan name CIRCLE FCU 401(K) PLAN	
b	Name of plan sponsor CIRCLE FEDERAL CREDIT UNION	c EIN-PN 38-1565948-001
a	Plan name CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
a	Plan name CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY 401(K) PLAN	
b	Name of plan sponsor CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY	c EIN-PN 31-1541953-001
a	Plan name CLIMATE SYSTEMS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CLIMATE SYSTEMS, INC.	c EIN-PN 46-0377208-001
a	Plan name HAGER-RICHTER GEOSCIENCE, INC. 401(K) PLAN	
b	Name of plan sponsor HAGER-RICHTER GEOSCIENCE, INC.	c EIN-PN 02-0381614-001
a	Plan name HAIN LOGISTICS, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor HAIN LOGISTICS, INC.	c EIN-PN 84-5096017-002
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 MORRISTOWN DRIVERS SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor MORRISTOWN DRIVERS SERVICE INC.	c EIN-PN 62-1156959-001
a	Plan name MURTCO, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor MURTCO, INC.	c EIN-PN 61-1127838-001
a	Plan name NA MAKANA ALOHA GROUP, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NA MAKANA ALOHA GROUP, INC.	c EIN-PN 83-3967421-001
a	Plan name NAPD 401(K) PLAN	
b	Name of plan sponsor NEW ADVANCES FOR PEOPLE WITH DISABILITIES	c EIN-PN 95-2630398-001

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 SEVEN CORNERS PRINTING 401(K) PLAN	
b	Name of plan sponsor SEVEN CORNERS PRINTING COMPANY	c EIN-PN 41-0992291-001
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 SHOEMAKER LUMBER CO. 401(K) PLAN	
b	Name of plan sponsor SHOEMAKER LUMBER CO., INC.	c EIN-PN 22-1756787-001
a	Plan name 911 CELLULAR 401(K) PLAN	
b	Name of plan sponsor 911 CELLULAR LLC	c EIN-PN 46-2956466-001
a	Plan name ABC OCCUPATIONAL MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor ABC HEALTH PROFESSIONALS, INC. DBA ABC OCCUPATIONAL MEDICAL CENTER	c EIN-PN 84-4820165-001
a	Plan name COMMUNITY STAR CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor COMMUNITY STAR CREDIT UNION	c EIN-PN 34-0728231-002
a	Plan name COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPASS RETIREMENT CONSULTING GROUP, INC.	c EIN-PN 20-4795685-001
a	Plan name COMPOSITE HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPOSITE HOLDINGS, INC.	c EIN-PN 47-0769139-001
a	Plan name CONSERVATION AND LIQUIDATION OFFICE 401(K) PLAN	
b	Name of plan sponsor CONSERVATION AND LIQUIDATION OFFICE	c EIN-PN 95-4332303-001
a	Plan name CONSERVATION FOUNDATION GC PLAN	
b	Name of plan sponsor CONSERVATION FOUNDATION OF THE GULF COAST	c EIN-PN 20-0345249-001
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 HI MARLEY, INC. 401(K) PLAN	
b	Name of plan sponsor HI MARLEY, INC.	c EIN-PN 82-1259445-001

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 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 NATIONAL WATER SERVICES 401(K) PLAN	
b	Name of plan sponsor NATIONAL WATER SERVICES	c EIN-PN 35-2158046-001
a	Plan name NATURESCAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NATURESCAPE	c EIN-PN 03-0448406-001
a	Plan name SIMPLE MILLS, INC. 401(K) PLAN	
b	Name of plan sponsor SIMPLE MILLS, INC.	c EIN-PN 47-1100664-001
a	Plan name SJCC, LLC 401(K) PLAN	
b	Name of plan sponsor SJ CONSTRUCTION CONSULTING, LLC	c EIN-PN 81-1815964-001
a	Plan name SJN ELECTRIC 401(K) PLAN	
b	Name of plan sponsor SJN ELECTRIC LLC	c EIN-PN 87-1716089-001
a	Plan name SONNEN, INC. 401(K) PLAN	
b	Name of plan sponsor SONNEN, INC.	c EIN-PN 47-3043045-001
a	Plan name ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor ACADEMY MANAGEMENT COMPANY	c EIN-PN 45-2344235-001
a	Plan name ACME SPRING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACME SPRING, INC.	c EIN-PN 31-0673741-001
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 ADDRESS HEALTHCARE ADMINISTRATION, LLC	
b	Name of plan sponsor ADDRESS HEALTHCARE ADMINISTRATION, LLC	c EIN-PN 99-1289536-001
a	Plan name CRAFT CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CRAFT CONSTRUCTION COMPANY	c EIN-PN 86-0853895-001

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 CRANE REHAB CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor CRANE REHAB CENTER, LLC	c EIN-PN 72-1409970-001
a	Plan name CREEKSIDE ORGANICS 401(K) PLAN	
b	Name of plan sponsor CREEKSIDE ORGANICS, INC.	c EIN-PN 45-1558441-001
a	Plan name CRISWELL AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor CRISWELL CHEVROLET INC.	c EIN-PN 52-0950184-001
a	Plan name CRISWELL OF WOODSTOCK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CRISWELL FORD OF WOODSTOCK, INC.	c EIN-PN 84-4220321-002
a	Plan name CUKIERSKI & ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor CUKIERSKI & ASSOCIATES, LLC	c EIN-PN 36-4239322-001
a	Plan name HOLROYD GELMAN, P.C. 401(K) PLAN	
b	Name of plan sponsor HOLROYD GELMAN, P.C.	c EIN-PN 92-2604351-001
a	Plan name HOMEVETS, LLC 401(K) PLAN	
b	Name of plan sponsor HOMEVETS	c EIN-PN 85-1161581-001
a	Plan name IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IDAHO ASPHALT SUPPLY, INC.	c EIN-PN 82-0325664-001
a	Plan name IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001
a	Plan name NORTH JACKSON PRIMARY CARE, LLC 401(K) PLAN	
b	Name of plan sponsor NORTH JACKSON PRIMARY CARE, LLC	c EIN-PN 20-5560539-001
a	Plan name NORTHPOINT CONSTRUCTION MANAGEMENT, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHPOINT CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 20-2902599-001
a	Plan name NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor NORTHWEST CHRISTIAN SCHOOL	c EIN-PN 86-0445016-001

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 NOVA AMP 401(K) PLAN	
b	Name of plan sponsor NOVA ASSOCIATION MANAGEMENT PARTNERS, LLC	c EIN-PN 83-3585159-001
a	Plan name NU-WAY CONCESSIONAIRES, INC. 401(K) PLAN	
b	Name of plan sponsor NU-WAY CONCESSIONAIRES, INC.	c EIN-PN 22-1933816-001
a	Plan name NUOVO SALON & SPA 401(K)PLAN	
b	Name of plan sponsor NUOVO SALON GROUP	c EIN-PN 59-2737928-001
a	Plan name SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPRING GROVE CEMETERY	c EIN-PN 31-0235950-003
a	Plan name STINSON STATIONERS, INC. 401(K) PLAN	
b	Name of plan sponsor STINSON STATIONERS, INC.	c EIN-PN 95-3052095-001
a	Plan name PORT ELECTRONICS CORPORATION. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PORT ELECTRONICS CORPORATION	c EIN-PN 04-3009664-001
a	Plan name PORTWOOD FARMS 401(K) PLAN	
b	Name of plan sponsor PORTWOOD FARMS	c EIN-PN 77-0323294-001
a	Plan name POWER HOLDINGS 401(K) PLAN	
b	Name of plan sponsor POWER HOLDINGS LLC	c EIN-PN 20-0711558-001
a	Plan name PRECISION CONCRETE CONSTRUCTION COMPANY 401K PLAN	
b	Name of plan sponsor PRECISION CONCRETE CONSTRUCTION COMPANY	c EIN-PN 52-0851269-001
a	Plan name PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON AEROSPACE, LLC	c EIN-PN 46-5032055-001
a	Plan name PREFERRED MEATS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PREFERRED MEATS INC.	c EIN-PN 20-8293251-001
a	Plan name PREFERRED PAVING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PREFERRED PAVING COMPANY, INC.	c EIN-PN 33-0178191-001

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	RESIDENCE ARTISTS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RESIDENCE ARTISTS, INC.	c EIN-PN 34-1273217-001
a	Plan name	RESOURCE INFORMATION ASSOCIATES, INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RESOURCE INFORMATION ASSOCIATES, INC.	c EIN-PN 38-2287159-001
a	Plan name	AHEAD ENGINEERING LLC LIBERTY 401(K) PLAN	
b	Name of plan sponsor	AHEAD ENGINEERING LLC	c EIN-PN 82-3826108-001
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	STUART EYE INSTITUTE, PA 401(K) PLAN	
b	Name of plan sponsor	STUART EYE INSTITUTE, P.A.	c EIN-PN 59-1980090-001
a	Plan name	SUPERIOR CONTRACTING SERVICES 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR CONTRACTING SERVICES, LLC	c EIN-PN 47-3165305-001
a	Plan name	T&T LIBERTY SAFES, INC. 401(K) PLAN	
b	Name of plan sponsor	T&T LIBERTY SAFES, INC.	c EIN-PN 32-0255663-001
a	Plan name	ARCHIVIST CAPITAL MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHIVIST CAPITAL MANAGEMENT LLC	c EIN-PN 81-4554277-001
a	Plan name	ARMCORP CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	ARMCORP CONSTRUCTION, INC.	c EIN-PN 27-0308374-001
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	ASCEND DENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ASCEND DENTAL SERVICES, LLC	c EIN-PN 83-2589578-001
a	Plan name	ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001

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 VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN	
b	Name of plan sponsor THE VALLEY FERTILIZER CHEMICAL CO, INC.	c EIN-PN 54-0415185-002
a	Plan name THOMAS J. BOWER, DMD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMAS J. BOWER, D.M.D.	c EIN-PN 04-3246232-001
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 TIMIBO LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor TIMIBO LLC DBA INSIGNIA	c EIN-PN 92-3404102-001
a	Plan name BUKACEK CONSTRUCTION GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BUKACEK CONSTRUCTION GROUP, INC.	c EIN-PN 84-1906144-001
a	Plan name BURLEIGH DENTAL, S.C. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor BURLEIGH DENTAL, S.C.	c EIN-PN 39-1170894-001
a	Plan name BW WATER AMERICAS 401(K) PLAN	
b	Name of plan sponsor BW WATER AMERICAS	c EIN-PN 03-0570656-001
a	Plan name C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE	c EIN-PN 45-4487309-001
a	Plan name VIVILI HOSPITALITY 401(K) PLAN	
b	Name of plan sponsor VIVILI HOSPITALITY LLC	c EIN-PN 83-2016187-001
a	Plan name WATERCENTRIC 401(K) PLAN	
b	Name of plan sponsor WATERCENTRIC, LLC	c EIN-PN 46-4173970-001
a	Plan name WAYNE PALLA 401(K) PLAN	
b	Name of plan sponsor WAYNE E. PALLA	c EIN-PN 95-2431917-001
a	Plan name WENTWORTH BUILDERS, INC. SAFE HARBOR PLAN	
b	Name of plan sponsor WENTWORTH BUILDERS, INC.	c EIN-PN 38-2620809-001

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	WESLYNN MERIDIAN INC. 401K PLAN	
b	Name of plan sponsor	WESLYNN MERIDIAN INC.	c EIN-PN 45-0480587-001
a	Plan name	WEST DES MOINES OB/GYN ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	WEST DES MOINES OB/GYN ASSOCIATES, P.C.	c EIN-PN 42-1391851-001
a	Plan name	DACO PRECISION-TOOL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DACO PRECISION, INC.	c EIN-PN 39-1710167-001
a	Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DAIOHS U.S.A., INC.	c EIN-PN 95-4746377-001
a	Plan name	DANGIE BROS., INC. 401(K) PLAN	
b	Name of plan sponsor	DANGIE BROS., INC.	c EIN-PN 81-1002279-001
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	DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor	DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001
a	Plan name	DEFENSESTORM, INC. 401(K) PLAN	
b	Name of plan sponsor	DEFENSESTORM, INC.	c EIN-PN 46-5598717-001
a	Plan name	DEGRAAF INTERIORS, INC 401K PLAN	
b	Name of plan sponsor	DEGRAAF INTERIORS, INC.	c EIN-PN 38-3313137-001
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	DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DELTRAN OPERATIONS USA INC	c EIN-PN 46-3331632-001
a	Plan name	ECO LIPS 401(K) PLAN	
b	Name of plan sponsor	ECO LIPS	c EIN-PN 54-2113077-001

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 FIRST CHOICE MOBILE RADIOLOGY SERVICES 401(K) PLAN	
b	Name of plan sponsor FIRST CHOICE MOBILE RADIOLOGY SERVICE, LLC	c EIN-PN 20-5724682-001
a	Plan name FLOW-LINE CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor FLOW-LINE CONSTRUCTION	c EIN-PN 46-0730116-001
a	Plan name FLUX POWER, INC. 401(K) PLAN	
b	Name of plan sponsor FLUX POWER, INC.	c EIN-PN 27-1142066-001
a	Plan name FORD INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor FORD INSURANCE AGENCY	c EIN-PN 63-0980116-001
a	Plan name FOUR STAR MECHANICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOUR STAR MECHANICAL, INC.	c EIN-PN 31-1590413-001
a	Plan name FRY 401(K) PLAN	
b	Name of plan sponsor FRY ORTHODONTICS, PLLC	c EIN-PN 82-1631981-001
a	Plan name INTERMODAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTERMODAL SERVICES, INC.	c EIN-PN 82-2126201-001
a	Plan name JONESVILLE TOOL AND MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JONESVILLE TOOL AND MANUFACTURING, INC.	c EIN-PN 84-2214379-001
a	Plan name JSS ALMONDS, LLC 401(K) PLAN	
b	Name of plan sponsor JSS ALMONDS, LLC	c EIN-PN 45-4443854-001
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 KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
b	Name of plan sponsor KEAR CIVIL CORPORATION	c EIN-PN 20-8257122-001
a	Plan name KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor KEITH'S APPLIANCES	c EIN-PN 06-0973305-001

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	KENOSHA ACHIEVEMENT CENTER, INC. EMPLOYEES' PROFIT SHARING TRUST	
b	Name of plan sponsor	KENOSHA ACHIEVEMENT CENTER, INC.	c EIN-PN 39-1399101-001
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	KERN RIVER GOLF COURSE 401(K) PLAN	
b	Name of plan sponsor	KERN RIVER GOLF COURSE	c EIN-PN 95-3761837-001
a	Plan name	LONGVIEW NOR-JAY, LTD. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	LONGVIEW NOR-JAY, LTD. DBA DIAMOND SHOWCASE	c EIN-PN 91-1294382-001
a	Plan name	LUCERO POOL PLASTER INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LUCERO POOL PLASTER INC.	c EIN-PN 26-2050980-001
a	Plan name	M & G SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	MAXWELL & GRAVE SOLUTIONS, LLC	c EIN-PN 83-2535568-001
a	Plan name	MADDEN LAW GROUP, SC 401(K) PLAN	
b	Name of plan sponsor	MADDEN LAW GROUP, SC	c EIN-PN 41-2280038-001
a	Plan name	MADISEN MAHER ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	MADISEN MAHER ARCHITECTS, INC.	c EIN-PN 45-4762447-001
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	MALCOLM BRYANT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MALCOLM BRYANT CORPORATION	c EIN-PN 61-1318526-001
a	Plan name	OMSUM ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OMSUM ENGINEERING, LLC	c EIN-PN 45-0740346-001
a	Plan name	ONLINE TRUCKING LOGISTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	ONLINE TRUCKING LOGISTICS, INC.	c EIN-PN 45-1601389-001

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 OPM EARNINGS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor OPM EARNINGS DBA LIMESTONE WEALTH ADVISORS	c EIN-PN 61-1374312-001
a	Plan name PALLA AG SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor PALLA AG SERVICES, LLC	c EIN-PN 81-1409263-001
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 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 KINGWOOD CENTER GARDENS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KINGWOOD CENTER GARDENS	c EIN-PN 34-0750349-001
a	Plan name KIRKWOOD AUTO CENTER, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor KIRKWOOD AUTO CENTER, LLC	c EIN-PN 52-2063437-001
a	Plan name KONZEL CONSTRUCTION COMPANY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor KONZEL CONSTRUCTION COMPANY, INC.	c EIN-PN 45-3596434-001
a	Plan name KRASHIDBUILT 401(K) + PROFIT SHARING PLAN	
b	Name of plan sponsor KRASHIDBUILT LLC	c EIN-PN 81-5001167-001
a	Plan name KW CORPORATION 401(K) PLAN	
b	Name of plan sponsor KW CORPORATION	c EIN-PN 26-0355410-001
a	Plan name MARSHULL, INC. 401(K) PLAN	
b	Name of plan sponsor MARSHULL, INC.	c EIN-PN 38-1882600-002
a	Plan name MASOULEH CORP. 401(K) PLAN	
b	Name of plan sponsor MASOULEH CORP.	c EIN-PN 22-3193497-001
a	Plan name MASTECH CONSTRUCTION & INTERIORS, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MASTECH CONSTRUCTION & INTERIORS, INC	c EIN-PN 25-1712505-001

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 MAYBAR MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor MAYBAR MANUFACTURING CO., INC.	c EIN-PN 39-0842841-001
a	Plan name MBC 401(K) PLAN	
b	Name of plan sponsor MBC & ASSOCIATES, LLC	c EIN-PN 83-2391851-001
a	Plan name PARK PRINTING, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor PARK PRINTING, INC.	c EIN-PN 41-1363302-001
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 PAYNTER REALTY & INVESTMENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PAYNTER REALTY & INVESTMENTS	c EIN-PN 33-0335741-001
a	Plan name PEAK POWER, LLC 401(K) PLAN	
b	Name of plan sponsor PEAK POWER, LLC	c EIN-PN 81-3169295-001
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 PRO TIRES 401(K) PLAN	
b	Name of plan sponsor 1835 GGK TEAM INC	c EIN-PN 81-0757899-001
a	Plan name PRO-MEC ENGINEERING 401(K) PLAN	
b	Name of plan sponsor PRO-MEC ENGINEERING SERVICES, INC.	c EIN-PN 20-3786112-001
a	Plan name PROFESSIONAL RESTORATION 401(K) PLAN	
b	Name of plan sponsor DRS, INC.	c EIN-PN 84-1485846-002
a	Plan name PROFIT ENHANCEMENT SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROFIT ENHANCEMENT SYSTEMS, LLC	c EIN-PN 20-5730419-002

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	PROOF LOGISTICS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROOF LOGISTICS INC.	c EIN-PN 83-4204713-001
a	Plan name	PROOF LOGISTICS INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	PROOF LOGISTICS INC.	c EIN-PN 83-4204713-002
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	RLM INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RLM INDUSTRIES, INC.	c EIN-PN 38-2067475-001
a	Plan name	ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE 401(K) PSP	
b	Name of plan sponsor	ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE CO.	c EIN-PN 33-0197591-001
a	Plan name	ALL GLASS & WINDOWS, LLC 401(K) PLAN	
b	Name of plan sponsor	ALL GLASS & WINDOWS, LLC	c EIN-PN 36-4845255-001
a	Plan name	ALL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	ALL INSURANCE AGENCY, INC.	c EIN-PN 39-1809610-001
a	Plan name	ALLEGHENY MILLWORK 401(K) PLAN	
b	Name of plan sponsor	ALLEGHENY MILLWORK	c EIN-PN 25-1369567-002
a	Plan name	ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	ALLIANCE GROUP HOLDINGS, LLC DBA ALLIANCE MARKETING PARTNERS	c EIN-PN 20-1317574-001
a	Plan name	ALPHA INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALPHA INDUSTRIES, INC.	c EIN-PN 62-0627504-002
a	Plan name	TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TELETRONIC SERVICES, INC.	c EIN-PN 34-1317163-001
a	Plan name	TERRA NATIONAL REAL ESTATE GROUP 401(K) AND PROFIT SHARING	
b	Name of plan sponsor	JBRS REALTY, LLC DBA TERRA NATIONAL REAL ESTATE GROUP	c EIN-PN 01-0554308-001

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 AME GROUP 401(K) PLAN	
b	Name of plan sponsor	THE AME GROUP	c EIN-PN 35-1630314-001
a	Plan name	AUTOELECTRIC OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	AUTOELECTRIC OF AMERICA, INC.	c EIN-PN 74-2964877-001
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	AXION RMS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AXION RMS, LTD	c EIN-PN 47-2464302-002
a	Plan name	B & G HVAC, INC. 401(K) PLAN	
b	Name of plan sponsor	B & G HVAC, INC.	c EIN-PN 20-4345115-001
a	Plan name	BAJ INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BAJ INCORPORATED	c EIN-PN 38-3517795-001
a	Plan name	BASHARA SCHWARTZ, PLLC 401(K) PLAN	
b	Name of plan sponsor	BASHARA SCHWARTZ, PLLC	c EIN-PN 86-1275370-001
a	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	c EIN-PN 56-1970120-001
a	Plan name	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	c EIN-PN 34-1752737-001
a	Plan name	CARMEX PRECISION TOOLS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	CARMEX PRECISION TOOLS, LLC	c EIN-PN 11-3730072-001
a	Plan name	WEST VALLEY ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST VALLEY ENDOCRINOLOGY, DIABETES AND METABOLISM CENTER	c EIN-PN 82-2123099-001
a	Plan name	WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WESTERN EMULSIONS INC.	c EIN-PN 86-0336082-001

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	WILLIAM D. STINSON, M.D. 401(K) PLAN	
b	Name of plan sponsor	WILLIAM D. STINSON, M.D.	c EIN-PN 26-3333013-001
a	Plan name	WINFREY DENTAL AESTHETICS 401(K) PLAN	
b	Name of plan sponsor	WINFREY DENTAL AESTHETICS	c EIN-PN 73-1642618-001
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	DEMAJE HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor	DEMAJE HOLDINGS, LLC	c EIN-PN 26-2330844-001
a	Plan name	DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	DENNIS SEAMAN CO., L.P.A.	c EIN-PN 34-1207750-001
a	Plan name	DESERT VISTA DENTAL WEST, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DESERT VISTA DENTAL WEST, PLLC	c EIN-PN 43-1971397-001
a	Plan name	DESIMONE LOGISTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DESIMONE LOGISTICS, LLC	c EIN-PN 84-3096586-001
a	Plan name	DGC USA 401(K) PLAN	
b	Name of plan sponsor	DGC USA OPCO1 INC.	c EIN-PN 35-2753753-001
a	Plan name	DIAL-X AUTOMATED EQUIPMENT, INC. 401(K) RETIREMENT PROFIT SHARING PLAN	
b	Name of plan sponsor	DIAL-X ACQUISITION COMPANY, INC. DBA DIAL-X AUTOMATED EQUIPMENT	c EIN-PN 46-4936140-001
a	Plan name	DIEFFENBACH'S POTATO CHIPS 401(K) PLAN	
b	Name of plan sponsor	DIEFFENBACH'S POTATO CHIPS, INC.	c EIN-PN 23-3044270-001
a	Plan name	DIRT POOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HELMS & SONS EXCAVATING, INC.	c EIN-PN 31-1547042-001
a	Plan name	DOETSCH ENVIRONMENTAL INC RETIREMENT PLAN	
b	Name of plan sponsor	DOETSCH ENVIRONMENTAL, INC.	c EIN-PN 82-0701564-001

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	EDUCE PROSPERITY PLAN	
b	Name of plan sponsor	EDUCE SALON	c EIN-PN 45-5491594-001
a	Plan name	EHS SUPPORT SERVICES 401(K) PLAN	
b	Name of plan sponsor	EHS SUPPORT SERVICES, LLC	c EIN-PN 20-0915717-001
a	Plan name	EMERGE ATS, LLC 401K PLAN	
b	Name of plan sponsor	EMERGE ADVANCED TECHNOLOGY SOLUTIONS, LLC	c EIN-PN 20-8060822-001
a	Plan name	ENT CLINIC OF IOWA, P.C. 401(K) PLAN	
b	Name of plan sponsor	ENT CLINIC OF IOWA, P.C.	c EIN-PN 42-1487214-002
a	Plan name	ENVIROCHEM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENVIROCHEM, INC.	c EIN-PN 22-2051993-001
a	Plan name	ENVISION FOODS 401(K) PLAN	
b	Name of plan sponsor	ENVISION FOODS, LLC	c EIN-PN 20-4278964-001
a	Plan name	GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NANALU INDUSTRIES, LLC	c EIN-PN 26-4532527-001
a	Plan name	GKBK 401(K) PLAN	
b	Name of plan sponsor	GAUNTT KOEN BINNEY & KIDD, LLP	c EIN-PN 76-0574603-001
a	Plan name	INTERNATIONAL COLLEGE COUNSELORS 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL COLLEGE COUNSELORS, INC.	c EIN-PN 26-4096102-001
a	Plan name	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO	c EIN-PN 52-1139564-001
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	INVESTING TOGETHER IN YOUR FUTURE PLAN	
b	Name of plan sponsor	GREEN PEAK INDUSTRIES, LLC	c EIN-PN 81-4533921-001

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 JASMINE GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JASMINE GROUP LLC	c EIN-PN 90-0346507-001
a	Plan name AMERICA WEST MEDICAL TRANSPORTATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AMERICA WEST MEDICAL TRANSPORTATION, INC.	c EIN-PN 27-4518471-001
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 AMI SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATION MANAGEMENT, INC.	c EIN-PN 38-2134786-001
a	Plan name BBB AUTO 401(K) PLAN	
b	Name of plan sponsor BBB AUTOMOTIVE	c EIN-PN 85-2848240-001
a	Plan name BEAR RIVER ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEAR RIVER ELECTRIC COMPANY	c EIN-PN 38-3264163-001
a	Plan name BERGERT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BERGERT GROUP LTD.	c EIN-PN 81-0777309-001
a	Plan name BERKS FIRE WATER RESTORATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor BERKS FIRE WATER RESTORATIONS, INC.	c EIN-PN 23-3048910-001
a	Plan name BIG SKY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor BIG SKY ENGINEERING, INC	c EIN-PN 39-1940162-001
a	Plan name BLEU TANGERINE SALON & DAY SPA 401K	
b	Name of plan sponsor BLEU TANGERINE SALON & DAY SPA LLC	c EIN-PN 27-0813374-001
a	Plan name BLUE CLOUD SOLUTIONS INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor BLUE CLOUD SOLUTIONS, INC.	c EIN-PN 85-3966443-002
a	Plan name BLUE CLOUD SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE CLOUD SOLUTIONS, INC.	c EIN-PN 85-3966443-001

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	BLUE COMMERCE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE COMMERCE INC.	c EIN-PN 47-4494129-001
a	Plan name	CARROLL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	CARROLL INSURANCE AGENCY, LTD	c EIN-PN 76-0297522-001
a	Plan name	CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTURY BUILDING SOLUTIONS, INC.	c EIN-PN 46-0631230-001
a	Plan name	CET & ASSOCIATES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CET & ASSOCIATES, LLC	c EIN-PN 80-0660613-001
a	Plan name	DPIM 401(K) PLAN	
b	Name of plan sponsor	DPI MERCHANDISING, INC.	c EIN-PN 37-2029278-001
a	Plan name	EPPY'S DRUG 401(K)	
b	Name of plan sponsor	EPPY'S DRUG STORE, INC.	c EIN-PN 55-0607772-001
a	Plan name	EUFORA INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	EUFORA INTERNATIONAL	c EIN-PN 33-0617396-001
a	Plan name	EVERGREEN ENVIRONMENTAL CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EVERGREEN ENVIRONMENTAL CORPORATION	c EIN-PN 34-1816433-001
a	Plan name	EVESHAM MORTGAGE 401(K) PLAN	
b	Name of plan sponsor	EVESHAM MORTGAGE, LLC	c EIN-PN 26-1234319-001
a	Plan name	EVS 401(K) PLAN	
b	Name of plan sponsor	EVANS VETERINARY SERVICES, PLLC	c EIN-PN 84-5150912-001
a	Plan name	EYEONE, P.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EYEONE, P.L.C.	c EIN-PN 54-1738160-001
a	Plan name	EYEONE, P.L.C. 401(K) PROFIT SHARING PLAN 002	
b	Name of plan sponsor	EYEONE, P.L.C.	c EIN-PN 54-1738160-002

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 FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor FALLBROOK FAMILY HEALTH CENTER, LLC	c EIN-PN 45-2548037-001
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 GOLF CART KING 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GOLF CART KING LLC	c EIN-PN 80-0743217-001
a	Plan name JDS PUMPING 401(K) PLAN	
b	Name of plan sponsor JD'S PUMPING	c EIN-PN 20-3983639-001
a	Plan name JEFFREY A. STOLARZ, DDS, P.C. SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor JEFFREY A. STOLARZ, DDS, P.C.	c EIN-PN 35-2111364-001
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 LAMMEY & GIORGIO 401(K) PLAN	
b	Name of plan sponsor LAMMEY & GIORGIO, P.A.	c EIN-PN 22-2433653-001
a	Plan name LANDSCAPING SUN VALLEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LANDSCAPING SUN VALLEY, INC. DBA TERRA LANDSCAPES	c EIN-PN 26-2425399-001
a	Plan name LANEY LA, INC. 401(K) PLAN	
b	Name of plan sponsor LANEY LA, INC.	c EIN-PN 46-5334241-001
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 LAUREL EYE CLINIC GROUP RETIREMENT PLAN AND TRUST AGREEMENT	
b	Name of plan sponsor LAUREL EYE CLINIC GROUP	c EIN-PN 25-1375158-002
a	Plan name MERAKEI SOCIAL, LLC 401(K) PLAN	
b	Name of plan sponsor MERAKEI SOCIAL, LLC	c EIN-PN 81-2114618-001

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 MERJIL'S STEEL FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor MERJIL'S STEEL FABRICATION, INC.	c EIN-PN 42-1732830-001
a	Plan name MICHIGAN EXTRUDED ALUMINUM SALARIED 401(K) PLAN	
b	Name of plan sponsor MICHIGAN EXTRUDED ALUMINUM	c EIN-PN 38-2696585-777
a	Plan name MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, P.S.C. 401(K) PLAN	
b	Name of plan sponsor MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, PSC	c EIN-PN 20-4753970-001
a	Plan name PETOSKEY DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor PETOSKEY DENTAL ASSOCIATES	c EIN-PN 83-1942627-001
a	Plan name PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PETOSKEY SURGEONS, P.C.	c EIN-PN 38-3448511-001
a	Plan name QUALITY CARTON AND CONVERTING 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor QUALITY CARTON & CONVERTING, LLC	c EIN-PN 04-3530095-001
a	Plan name QUALITY ENVIRONMENTAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor QUALITY ENVIRONMENTAL SERVICES	c EIN-PN 31-1372155-001
a	Plan name RSA CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RSA CORPORATION	c EIN-PN 65-1201831-001
a	Plan name RUE & ZIFFRA, P.A. 401(K) PLAN	
b	Name of plan sponsor RUE & ZIFFRA, P.A.	c EIN-PN 59-3154090-001
a	Plan name RUSSELL PETROLEUM 401(K) SAVINGS PLAN	
b	Name of plan sponsor RUSSELL PETROLEUM CORP.	c EIN-PN 27-1487169-002
a	Plan name RVC, INC. 401(K) PLAN	
b	Name of plan sponsor RVC, INC. 401(K) PLAN	c EIN-PN 55-0703498-001
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

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 COUNTRY CLUB OF MARYLAND, INC. 401(K) PLAN	
b	Name of plan sponsor THE COUNTRY CLUB OF MARYLAND, INC.	c EIN-PN 52-2185200-001
a	Plan name THE ORIANA SHEA GROUP 401(K) PLAN	
b	Name of plan sponsor THE ORIANA SHEA GROUP	c EIN-PN 26-2733920-001
a	Plan name THE SPARTAN 401(K) PLAN	
b	Name of plan sponsor BULLDOG LEASING COMPANY, INC.	c EIN-PN 90-0181558-001
a	Plan name TRUEMAN WELTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUEMAN WELTERS, INC.	c EIN-PN 41-0909356-001
a	Plan name TURNER TRANS LIFT, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TURNER TRANS LIFT, INC.	c EIN-PN 26-0731612-001
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 WOMEN'S WELLNESS INSTITUTE OF DALLAS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WOMEN'S WELLNESS INSTITUTE	c EIN-PN 20-5451389-001
a	Plan name WOOD CHEVROLET PLUMVILLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOOD CHEVROLET PLUMVILLE, INC.	c EIN-PN 25-1024311-001
a	Plan name WOODFIELD DEVELOPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor WOODFIELD DEVELOPMENT COMPANY, LLC	c EIN-PN 45-3995607-001
a	Plan name Z-BEST CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor Z-BEST CONCRETE, INC.	c EIN-PN 33-0777383-001
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

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	BOYS & GIRLS CLUB OF HAWTHORNE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF HAWTHORNE	c EIN-PN 23-7112349-001
a	Plan name	BRAND JOURNALISTS LLC 401K PLAN	
b	Name of plan sponsor	BRAND JOURNALISTS LLC	c EIN-PN 27-4681999-001
a	Plan name	BRIGHTINSIGHT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BRIGHTINSIGHT, INC.	c EIN-PN 82-2242267-001
a	Plan name	LAWINGER & JACOB LLC 401(K) PLAN	
b	Name of plan sponsor	LAWINGER & JACOB LLC	c EIN-PN 84-0892054-001
a	Plan name	LEAN TECHNIQUES, INC. 401(K) PLAN	
b	Name of plan sponsor	LEAN TECHNIQUES, INC.	c EIN-PN 38-3836804-001
a	Plan name	LIBERTY UCC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LIBERTY UCC MANAGEMENT, LLC	c EIN-PN 81-3126287-001
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	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	R.L. BODEKER & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	R.L. BODEKER & SONS, INC.	c EIN-PN 41-1379442-001
a	Plan name	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	c EIN-PN 38-2487912-001
a	Plan name	CHARLES AUTO FAMILY 401(K) PLAN	
b	Name of plan sponsor	CHARLES CHEVROLET OLDSMOBILE, INC. DBA CHARLES AUTO FAMILY	c EIN-PN 34-0877679-001
a	Plan name	CHOICE COMPANIES INC. 401(K) PLAN	
b	Name of plan sponsor	CHOICE COMPANIES INC.	c EIN-PN 52-1318848-001

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	CHUZE FITNESS 401(K) PLAN	
b	Name of plan sponsor	RACHAS, INC. DBA CHUZE FITNESS	c EIN-PN 26-2396678-001
a	Plan name	GRAND BAY MARINE, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAND BAY MARINE, INC.	c EIN-PN 38-3356449-001
a	Plan name	GRAPHIC WEST PACKAGING MACHINERY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRAPHIC WEST PACKAGING MACHINERY, LLC	c EIN-PN 06-1622227-001
a	Plan name	GUSTO DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	GUSTO DISTRIBUTING	c EIN-PN 81-0295720-001
a	Plan name	MILKMAID GOODS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILKMAID GOODS	c EIN-PN 47-4478047-001
a	Plan name	MISSOURI JACK LLC & ILLINOIS JACK LLC 401(K) PLAN	
b	Name of plan sponsor	MISSOURI JACK, LLC	c EIN-PN 45-2037527-001
a	Plan name	MONODE MARKING PRODUCTS, INC. TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	MONODE MARKING PRODUCTS, INC.	c EIN-PN 34-0812439-001
a	Plan name	MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE 401(K) PLAN	
b	Name of plan sponsor	MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE	c EIN-PN 38-2536891-001
a	Plan name	SCOGGIN DICKEY CHEVROLET 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOGGIN DICKEY CHEVROLET BUICK, INC.	c EIN-PN 75-0744374-001
a	Plan name	SEATTLE DOGWOOD 401(K) PLAN	
b	Name of plan sponsor	DOGWOOD MANAGEMENT, LLC	c EIN-PN 47-3254818-001
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 FEDERATED INSTITUTIONAL HIGH YIELD BOND	B Three-digit plan number (PN) ▶ 032
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPNAY	D Employer Identification Number (EIN) 82-5217478

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)	21093589
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	19574662
(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	19574662	21093589
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	19574662	21093589

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)	1228741	
(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)	74099	
(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		1302840

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1302840
l Transfers of assets:			
(1) To this plan.....	2l(1)		3918444
(2) From this plan	2l(2)		3702357

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 _____.