

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: AMERICAN CENTURY INFLATION-ADJUSTED BOND RET OPT
1b Three-digit plan number (PN): 097
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 82-5217478
2c Plan Sponsor's telephone number
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <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>AMERICAN CENTURY INFLATION-ADJUSTED BOND RET OPT</u>	B Three-digit plan number (PN)	<u>097</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>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)
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c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 20/20 CUSTOM MOLDED PLASTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 20/20 CUSTOM MOLDED PLASTICS, LLC	c EIN-PN 34-1945124-001
a	Plan name CITY OFFICE REIT 401(K) PLAN	
b	Name of plan sponsor CITY OFFICE REIT OPERATING PARTNERSHIP LP	c EIN-PN 46-4654279-001
a	Plan name CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CITYWIDE HOME HEALTH SERVICES, INC.	c EIN-PN 26-1920951-001
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 CLARK TRANSPORTATION SERVICES 401(K) PLAN	
b	Name of plan sponsor TEXARKANA SUGAR HILL, INC.	c EIN-PN 75-2776645-001
a	Plan name HANSEN CUSTOM CABINETS 401(K) PLAN	
b	Name of plan sponsor HANSEN CUSTOM CABINETS, INC.	c EIN-PN 36-3657875-001
a	Plan name HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name HEARING SOLUTIONS OF INDIANA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INNOVATIVE HEARING SOLUTIONS OF INDIANA, INC.	c EIN-PN 83-2099523-001
a	Plan name MORNSTAIR INC. 401(K) PLAN	
b	Name of plan sponsor MORNSTAIR INC.	c EIN-PN 35-2748426-001
a	Plan name MPX 401(K) PLAN	
b	Name of plan sponsor MPX	c EIN-PN 01-0457729-001
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 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

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	SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGMON FAMILY INVESTMENTS, INC.	c EIN-PN 20-3200494-001
a	Plan name	SIGNATURE SALON & SPA LIMITED 401(K) PLAN	
b	Name of plan sponsor	SIGNATURE SALON & SPA LIMITED	c EIN-PN 39-1743728-001
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	A CENTER FOR MENTAL WELLNESS, INC. 401(K) PLAN	
b	Name of plan sponsor	A CENTER FOR MENTAL WELLNESS, INC.	c EIN-PN 26-3087268-001
a	Plan name	A PLUS BOOKKEEPING 401(K) PLAN	
b	Name of plan sponsor	NOT OUR PROBLEM LLC DBA A PLUS BOOKKEEPING & TAX SERVICE	c EIN-PN 93-1497760-001
a	Plan name	A.D. PERKINS 401(K) PLAN	
b	Name of plan sponsor	A.D. PERKINS CORP.	c EIN-PN 26-0350579-001
a	Plan name	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A.W. OAKES & SON, INC.	c EIN-PN 39-0967026-003
a	Plan name	ABLEMKR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ABLEMKR, LLC	c EIN-PN 85-0890736-001
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	CORNEILLE LAW GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CORNEILLE LAW GROUP, LLC	c EIN-PN 39-1927889-001
a	Plan name	HEARTLAND FINANCIAL RESOURCE GROUP 401(K) PLAN	
b	Name of plan sponsor	RYAN SWALWELL DBA HEARTLAND FINANCIAL RESOURCE GROUP	c EIN-PN 47-4519658-001
a	Plan name	HERITAGE AUTO 401(K) PLAN	
b	Name of plan sponsor	HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001

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	HERITAGE FORD OF VERNAL 401K PLAN	
b	Name of plan sponsor	HERITAGE FORD OF VERNAL	c EIN-PN 83-3589085-001
a	Plan name	HERMA US INC. 401K PLAN	
b	Name of plan sponsor	HERMA US INC.	c EIN-PN 61-1780660-001
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	NATURE'S DESIGN 401(K) PLAN	
b	Name of plan sponsor	NATURE'S DESIGN OF STEAMBOAT SPRINGS, INC.	c EIN-PN 90-0054562-001
a	Plan name	NICK I. DEVANI, DDS, INC. 401K PLAN	
b	Name of plan sponsor	NICK I. DEVANI, DDS, INC.	c EIN-PN 56-2318046-001
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	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	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	CSAVC, P.C. DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	c EIN-PN 23-2339055-001
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	HJK INTERNATIONAL, INC. RETIREMENT PLAN	
b	Name of plan sponsor	HJK INTERNATIONAL, INC.	c EIN-PN 45-2103099-001
a	Plan name	HURTIS HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
b	Name of plan sponsor	HURTIS HEATING & AIR CONDITIONING, INC.	c EIN-PN 45-3676136-001

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 NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor NOMAD GLOBAL COMMUNICATION SOLUTIONS	c EIN-PN 35-2182794-777
a	Plan name 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 OBRA RAMOS 401(K) PLAN	
b	Name of plan sponsor OBRA RAMOS CONSTRUCTION, LLC	c EIN-PN 46-2310284-001
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 SPARTAN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPARTAN PRINTING AND PACKAGING, INC.	c EIN-PN 75-1155218-001
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 POLLART MILLER, LLC 401(K) PLAN	
b	Name of plan sponsor POLLART MILLER, LLC	c EIN-PN 20-0022305-001
a	Plan name POZITIVF FERTILITY 401(K) PLAN	
b	Name of plan sponsor POZITIVF FERTILITY MANAGEMENT, LLC	c EIN-PN 86-2291004-001
a	Plan name REHAB 1 LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor REHAB 1 LLC	c EIN-PN 20-5270860-001
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 AFFINITY DESIGN, LLC 401(K) P/S PLAN	
b	Name of plan sponsor AFFINITY DESIGN, LLC	c EIN-PN 47-2084931-001
a	Plan name AGCULTURE MARKETING, LLC 401(K) PLAN	
b	Name of plan sponsor AGCULTURE MARKETING, LLC	c EIN-PN 81-3881269-001

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	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
a	Plan name	AJ PETERSEN HOMES, LLC 401(K) PLAN	
b	Name of plan sponsor	AJ PETERSEN HOMES, LLC	c EIN-PN 81-0872583-001
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	STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001
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	SUMMIT DENTAL & IMPLANT CLINIC 401(K) PLAN	
b	Name of plan sponsor	SUMMIT DENTAL & IMPLANT CLINIC	c EIN-PN 82-1344355-001
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	SUSSEX EYE CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUSSEX EYE CENTER	c EIN-PN 51-0349408-001
a	Plan name	T&N RELIABLE NURSING CARE 401(K) PLAN	
b	Name of plan sponsor	T&N RELIABLE NURSING CARE, LLC	c EIN-PN 46-0482657-001
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
a	Plan name	ATLAS ESSENTIALS 401(K) PLAN	
b	Name of plan sponsor	ATLAS ESSENTIALS USA LLC	c EIN-PN 99-1874504-001

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	ATPWC 401(K) PLAN
b	Name of plan sponsor	ALL THINGS POSSIBLE
c	EIN-PN	47-4673471-001
a	Plan name	AURORA SYSTEMS CONSULTING, INC. 401(K) PLAN
b	Name of plan sponsor	AURORA SYSTEMS CONSULTING, INC.
c	EIN-PN	95-4843264-001
a	Plan name	AUSTERE 401(K) PLAN
b	Name of plan sponsor	CARE ADVOCATE INC.
c	EIN-PN	36-4567027-001
a	Plan name	TIMMEL ASSOCIATES 401(K) PLAN
b	Name of plan sponsor	TIMMEL ASSOCIATES LLC
c	EIN-PN	27-1928755-001
a	Plan name	BROADWAY BUILDERS 401(K) PLAN
b	Name of plan sponsor	BROADWAY BUILDERS, INC.
c	EIN-PN	42-1522144-001
a	Plan name	BRUSHFIRE TECHNOLOGY 401(K) RETIREMENT PLAN
b	Name of plan sponsor	E-VENT SOFTWARE, INC.
c	EIN-PN	42-1611993-001
a	Plan name	BRYNER CHEVROLET INC. SALARY DEFERRAL 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BRYNER CHEVROLET INC.
c	EIN-PN	23-1912111-001
a	Plan name	BUSENBARK, CLARK & ASSOCIATES 401(K) PLAN
b	Name of plan sponsor	CLARK CPA GROUP, P.C. DBA BUSENBARK, CLARK & ASSOCIATES
c	EIN-PN	84-3793000-001
a	Plan name	CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN
b	Name of plan sponsor	CADILLAC COFFEE COMPANY
c	EIN-PN	38-0570380-001
a	Plan name	VITAL INTERNATIONAL SOLUTIONS INCORPORATED 401(K) PLAN
b	Name of plan sponsor	VITAL INTERNATIONAL SOLUTION INCORPORATED
c	EIN-PN	45-4861293-001
a	Plan name	VIVINO SELECTIONS, INC. 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	VIVINO SELECTIONS, INC.
c	EIN-PN	46-0995789-001
a	Plan name	WAYNE PREPARATORY ACADEMY 401(K) PLAN
b	Name of plan sponsor	WAYNE PREPARATORY ACADEMY, LP
c	EIN-PN	30-0826240-001

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	WCR 401(K) PLAN	
b	Name of plan sponsor	WEST COAST RESURFACING LLC	c EIN-PN 26-1605380-001
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	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	DAKINE SERVICES 401(K) PLAN	
b	Name of plan sponsor	DAKINE SERVICES, INC.	c EIN-PN 81-1390019-001
a	Plan name	DANSCO ENGINEERING LLC 401(K) PLAN	
b	Name of plan sponsor	DANSCO ENGINEERING LLC	c EIN-PN 04-3788074-001
a	Plan name	DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	DC SHEETMETAL, LLC	c EIN-PN 06-1570038-002
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	DURAMARK TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	DURAMARK TECHNOLOGIES, INC.	c EIN-PN 26-0529942-001
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	EASTERN CONNECTOR SPECIALTY CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EASTERN CONNECTOR SPECIALTY CORPORATION	c EIN-PN 06-1384769-001
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	FOUR SEASONS CONSULTING 401(K) PLAN	
b	Name of plan sponsor	FOUR SEASONS CONSULTING, INC.	c EIN-PN 20-4370441-001

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	FUJI ROBOTICS 401(K) PLAN	
b	Name of plan sponsor	FUJI YUSOKI KOGYO CO., LTD DBA FUJI ROBOTICS	c EIN-PN 90-0049938-001
a	Plan name	IMPERIUM UTILITY SERVICES 401(K) PLAN	
b	Name of plan sponsor	IMPERIUM UTILITY SERVICES, LLC	c EIN-PN 82-3004992-001
a	Plan name	INCAB AMERICA, LLC 401(K) PLAN	
b	Name of plan sponsor	INCAB AMERICA, LLC	c EIN-PN 82-0671947-001
a	Plan name	INDEAVOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INDEAVOR CORPORATION	c EIN-PN 39-1870041-001
a	Plan name	INDIANA HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor	INDIANA HEALTH GROUP	c EIN-PN 35-1706785-001
a	Plan name	JON CHASE AGENCY 401K PLAN	
b	Name of plan sponsor	JON CHASE AGENCY	c EIN-PN 30-0695620-001
a	Plan name	KBKC DESIGN 401(K) PLAN	
b	Name of plan sponsor	KBKC DESIGN	c EIN-PN 99-3478083-001
a	Plan name	KDG 401(K) RETIREMENT SAVING PLAN	
b	Name of plan sponsor	THE KYLE DAVID GROUP, LLC	c EIN-PN 68-0608571-001
a	Plan name	LOUISVILLE MEDICAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	LOUISVILLE MEDICAL GROUP, LLC	c EIN-PN 82-4752011-001
a	Plan name	LOUKUS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	LOUKUS TECHNOLOGIES, INC.	c EIN-PN 82-4773107-001
a	Plan name	LRM CONCRETE & EXCAVATION SERVICES	
b	Name of plan sponsor	LRM HOLDINGS, LLC	c EIN-PN 86-1394980-001
a	Plan name	MANHART INSURANCE GROUP 401(K) PLAN	
b	Name of plan sponsor	MANHART INSURANCE GROUP, INC.	c EIN-PN 46-4812835-001

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 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 MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-001
a	Plan name MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-222
a	Plan name OMEGA THERMO PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor OMEGA THERMO PRODUCTS, LLC	c EIN-PN 39-1930105-001
a	Plan name ON POINT INSTALLATIONS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ON POINT INSTALLATIONS, INC.	c EIN-PN 27-1738155-001
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 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 PACIFIC DRIVE-INS LLC 401(K)	
b	Name of plan sponsor PACIFIC DRIVE-INS LLC	c EIN-PN 46-3867535-001
a	Plan name PALLADIUM NETWORKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PALLADIUM NETWORKS, INC.	c EIN-PN 56-2098156-001
a	Plan name KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001
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 KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor KREATIONS AUTO BODY	c EIN-PN 26-3285845-001

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 MARLEYS MONSTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARLEYS MONSTERS, LLC	c EIN-PN 47-4495374-001
a	Plan name MARTIN'S METAL FABRICATION & WELDING, INC.	
b	Name of plan sponsor MARTIN'S METAL FABRICATION & WELDING, INC.	c EIN-PN 68-0157908-001
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 MCBRIDE QUALITY CARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor MCBRIDE QUALITY CARE SERVICES, INC.	c EIN-PN 38-2905688-002
a	Plan name PARAGON PERFORMANCE 401K PLAN	
b	Name of plan sponsor PARAGON PERFORMANCE	c EIN-PN 84-5134367-001
a	Plan name PARKS DRILLING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PARKS DRILLING COMPANY	c EIN-PN 31-0796361-001
a	Plan name PARTNER VALUATION ADVISORS LLC 401(K) PLAN	
b	Name of plan sponsor PARTNER VALUATION ADVISORS LLC	c EIN-PN 88-3351652-001
a	Plan name PASCAL ENGINEERING INC. 401(K) PLAN	
b	Name of plan sponsor PASCAL ENGINEERING INC.	c EIN-PN 51-0374020-001
a	Plan name PATRICK MACDONALD DDS PC 401(K) PLAN	
b	Name of plan sponsor PATRICK MACDONALD DDS PC	c EIN-PN 20-1206683-001
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 PCG CAPITAL 401(K) PLAN	
b	Name of plan sponsor PCG CAPITAL	c EIN-PN 38-3885127-001
a	Plan name PDS 401(K) PLAN	
b	Name of plan sponsor PREFERRED DRILLING SOLUTIONS, INC	c EIN-PN 59-3757298-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PEDIATRIC ASSOCIATES OF MORRIS 401(K) PLAN	
b	Name of plan sponsor PEDIATRIC ASSOCIATES OF MORRIS	c EIN-PN 46-2139435-001
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 PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE AIR SYSTEMS, INC.	c EIN-PN 59-3124591-001
a	Plan name REVOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor REVOLOGY, INC.	c EIN-PN 87-3441512-001
a	Plan name RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor RICHWOODS ACADEMY, LLC	c EIN-PN 84-4059471-001
a	Plan name RIVER MARKET 401(K) PLAN	
b	Name of plan sponsor RIVER MARKET COMMUNITY CO-OP	c EIN-PN 41-1335460-001
a	Plan name RIZZI LAW GROUP RETIREMENT PLAN	
b	Name of plan sponsor RIZZI LAW GROUP, P.A.	c EIN-PN 81-0946166-001
a	Plan name RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001
a	Plan name ROCK & ROSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCK & ROSE, INC.	c EIN-PN 30-0117391-001
a	Plan name RODELA PRODUCE & FLOWERS, INC. 401(K) PLAN	
b	Name of plan sponsor RODELA PRODUCE & FLOWERS, INC.	c EIN-PN 81-4700937-001
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

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	ALESIG CONSULTING 401(K) PLAN	
b	Name of plan sponsor	ALESIG CONSULTING	c EIN-PN 61-1591534-001
a	Plan name	ALIBI MUSIC, LP 401(K) PLAN	
b	Name of plan sponsor	ALIBI MUSIC, LP	c EIN-PN 27-4860450-001
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	TANERA TRANSPORT, LLC 401(K) PLAN	
b	Name of plan sponsor	TANERA TRANSPORT, LLC	c EIN-PN 83-2766372-001
a	Plan name	TARRY MEDICAL PRODUCTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	TARRY MEDICAL PRODUCTS, INC.	c EIN-PN 06-1683982-001
a	Plan name	TED GROB CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TED GROB CORPORATION	c EIN-PN 39-1027921-001
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	AUTO GLASS SPECIALISTS INC. 401(K) PLAN	
b	Name of plan sponsor	AUTO GLASS SPECIALISTS INC.	c EIN-PN 03-0392483-001
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	BATP 401(K) PLAN	
b	Name of plan sponsor	BEHAVIOR ANALYSIS & THERAPY PARTNERS	c EIN-PN 20-4756508-001
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	TRADER PHD 401(K)	
b	Name of plan sponsor	TRADER PHD, LLC	c EIN-PN 47-4703769-001

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 TRANS TEXAS TIRE 401(K) PLAN	
b	Name of plan sponsor TRANS TEXAS TIRE, LLC	c EIN-PN 46-1688184-001
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 TRIANGLE WELLNESS & RECOVERY PLLC 401(K) PLAN	
b	Name of plan sponsor TRIANGLE WELLNESS & RECOVERY PLLC	c EIN-PN 83-3003224-001
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 DEVOL ENGINEERING 401(K) PLAN	
b	Name of plan sponsor DEVOL ENGINEERING, INC.	c EIN-PN 52-7255997-001
a	Plan name DHG 401K PLAN	
b	Name of plan sponsor WINSIGHT INTERNATIONAL SOLUTIONS, INC.	c EIN-PN 46-2045764-001
a	Plan name DJ'S SPORTS BAR, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DJ'S SPORTS BAR, INC.	c EIN-PN 36-3924989-001
a	Plan name EDMOND MUSIC, INC. 401(K) PLAN	
b	Name of plan sponsor EDMOND MUSIC, INC.	c EIN-PN 73-1499074-001
a	Plan name EHLEN & FULLER, DDS RETIREMENT PLAN	
b	Name of plan sponsor EHLEN & FULLER, DDS, PLLC	c EIN-PN 27-5224563-001
a	Plan name EL MANDADO 401(K) PLAN	
b	Name of plan sponsor EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	c EIN-PN 56-2067801-001
a	Plan name ELMBROOK FAMILY DENTAL PARTNERS, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELMBROOK FAMILY DENTAL PARTNERS, S.C.	c EIN-PN 27-0556470-001
a	Plan name EMERALD PROFESSIONAL STAFFING INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EMERALD PROFESSIONAL STAFFING INC.	c EIN-PN 46-1362080-001

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	ENVOY LIGHTING 401(K) PLAN	
b	Name of plan sponsor	ENVOY LIGHTING, INC.	c EIN-PN 27-4393479-001
a	Plan name	GABOR DESIGN BUILD LLC 401(K) PLAN	
b	Name of plan sponsor	GABOR DESIGN BUILD LLC	c EIN-PN 20-2803793-001
a	Plan name	GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
b	Name of plan sponsor	GATEWAY TO PREVENTION AND RECOVERY, INC.	c EIN-PN 73-1215510-001
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	GEORGETOWN FAMILY MEDICINE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GEORGETOWN FAMILY MEDICINE	c EIN-PN 51-0402748-001
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	J AND J INDUSTRIAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	J AND J INDUSTRIAL CONTRACTING	c EIN-PN 30-0867952-001
a	Plan name	JACKSON TIRE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACKSON TIRE SERVICE, INC.	c EIN-PN 94-2295698-001
a	Plan name	JACOBS & WALLACE, PLLC 401(K) PLAN	
b	Name of plan sponsor	JACOBS & WALLACE, PLLC	c EIN-PN 82-2495338-001
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	AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001
a	Plan name	ANDREW CAPALDO, DMD, PC 401(K) PLAN	
b	Name of plan sponsor	ANDREW CAPALDO, DMD, PC	c EIN-PN 23-2986985-001

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 APPLEWOOD PLASTERING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor APPLEWOOD PLASTERING SERVICES, INC.	c EIN-PN 20-5274149-001
a	Plan name BAY VIEW SHADE & BLIND, INC. 401(K) PLAN	
b	Name of plan sponsor BAY VIEW SHADE & BLIND INC.	c EIN-PN 39-1211655-001
a	Plan name BDG 401(K) PLAN	
b	Name of plan sponsor BARBARO DENTAL GROUP, LLC	c EIN-PN 38-4060034-001
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 BERKELEY HALL CLUB RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BERKELEY HALL CLUB	c EIN-PN 57-1105488-001
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 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 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 CEDAR VALLEY CHEESE STORE	
b	Name of plan sponsor CEDAR VALLEY CHEESE STORE	c EIN-PN 20-2863599-001
a	Plan name DRS. BLACK & BENTON PSC SAFE HARBOR EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor DRS. BLACK & BENTON, PSC	c EIN-PN 62-0853193-002
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 GL KREINER, INC. 401(K) PLAN	
b	Name of plan sponsor GL KREINER, INC.	c EIN-PN 81-1723713-001

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	GLENNWOOD CUSTOM BUILDERS 401(K) PLAN	
b	Name of plan sponsor	GLENNWOOD CUSTOM BUILDERS, INC	c EIN-PN 20-2045461-001
a	Plan name	GLLC 401(K) PLAN	
b	Name of plan sponsor	GREEN LIGHT LAWN CARE	c EIN-PN 26-2036398-001
a	Plan name	GLPC 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES POTATO CHIP COMPANY, LLC	c EIN-PN 27-1435611-001
a	Plan name	GOLDFISH SWIM SCHOOL, LLC 401(K) PLAN	
b	Name of plan sponsor	KEVANE SWIM SCHOOL, LLC	c EIN-PN 37-1759034-001
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	JET HELSETH MFG, INC. 401(K) PLAN	
b	Name of plan sponsor	JET HELSETH MANUFACTURING, INC.	c EIN-PN 59-3402920-001
a	Plan name	JOBCONNECTION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	JOBCONNECTION SERVICES, INC.	c EIN-PN 23-2913722-001
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	LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	LABRASCA PLASTIC SURGERY, INC.	c EIN-PN 46-4013077-001
a	Plan name	LANCE PAUL AUTOMOTIVE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LANCE PAUL AUTOMOTIVE LLC	c EIN-PN 27-2029875-001
a	Plan name	LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
b	Name of plan sponsor	LAND LIFE COMPANY USA, PBC	c EIN-PN 83-1925466-001
a	Plan name	MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MCCOLLOUGH SCHOLTEN CONSTRUCTION	c EIN-PN 35-1685271-001

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	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	PENNSYLVANIA MEDICAL TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor	PENNSYLVANIA MEDICAL TRANSPORT, INC.	c EIN-PN 25-1643041-001
a	Plan name	PERMIAN INTERNATIONAL ENERGY SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERMIAN INTERNATIONAL ENERGY SERVICES LLC	c EIN-PN 82-1930351-001
a	Plan name	PETITBON ALARM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	PETITBON ALARM COMPANY, INC.	c EIN-PN 52-1908898-001
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 CENTER RETIREMENT PLAN	
b	Name of plan sponsor	PHOENIX CENTER FOR ADVANCED LEGAL & ECONOMIC PUBLIC POLICY STUDIES	c EIN-PN 52-2079266-001
a	Plan name	PIEPER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIEPER AND ASSOCIATES, INC.	c EIN-PN 95-3140624-001
a	Plan name	QUINTESSA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	QUINTESSA	c EIN-PN 27-1561454-002
a	Plan name	ROME ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	ROME ENTERPRISES, INC. D/B/A/ ROME BATH REMODELING	c EIN-PN 23-2651135-001
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	THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
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

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 MEDIA LAB 401(K) PLAN	
b	Name of plan sponsor STORY HORSE INC. DBA THE MEDIA LAB	c EIN-PN 84-3203491-001
a	Plan name THE RUCKLE TEAM, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor TMR TEAM, INC.	c EIN-PN 84-4927543-001
a	Plan name THE SPARROW GROUP 401(K) PLAN	
b	Name of plan sponsor THE SPARROW GROUP, INC.	c EIN-PN 46-5643850-001
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 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 BLUE STARS ADMISSIONS CONSULTING, LLC RETIREMENT PLAN	
b	Name of plan sponsor BLUE STARS ADMISSIONS CONSULTING, LLC	c EIN-PN 83-3693605-001
a	Plan name BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHCOAST CYCLES, LLC DBA BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND	c EIN-PN 47-0911536-001
a	Plan name BOIZELLE INSURANCE ASSOC. INC, 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BOIZELLE INSURANCE ASSOC., INC.	c EIN-PN 52-1379532-002
a	Plan name BREAK IT DOWN, LLC 401(K) PLAN	
b	Name of plan sponsor BREAK IT DOWN, LLC	c EIN-PN 27-1788791-001
a	Plan name FEDVEL CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor FEDVEL CONSTRUCTION, INC.	c EIN-PN 82-2603538-001
a	Plan name FIORELLA DESIGN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIORELLA DESIGN, LLC	c EIN-PN 45-4844657-001
a	Plan name LC PROPERTY L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LC PROPERTY L.L.C.	c EIN-PN 80-0635906-001

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	LEO TECH, LLC RETIREMENT PLAN	
b	Name of plan sponsor	LEO TECH, LLC	c EIN-PN 47-4538892-001
a	Plan name	LEVENTHAL PUGA BRALEY P.C., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVENTHAL PUGA BRALEY P.C.	c EIN-PN 84-0852333-001
a	Plan name	RABB WATER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	RABB WATER SYSTEMS, INC.	c EIN-PN 35-1750694-001
a	Plan name	RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
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	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	URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor	URTHPACT, LLC	c EIN-PN 04-3339273-001
a	Plan name	VAN-BAR, INCORPORATED PROFIT SHARING & SAVINGS PLAN	
b	Name of plan sponsor	VAN-BAR, INC.	c EIN-PN 35-1522749-001
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	VISKOTEERPAK 401(K) PLAN	
b	Name of plan sponsor	VISKOTEERPAK, LLC	c EIN-PN 20-1267287-001
a	Plan name	CHRISTENSEN HSU SIPES LLP 401(K) PLAN	
b	Name of plan sponsor	CHRISTENSEN HSU SIPES LLP	c EIN-PN 20-4038082-001
a	Plan name	CI-DELL PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	CI-DELL PLASTICS, INC.	c EIN-PN 39-1556975-001

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	CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN	c	EIN-PN	42-1404024-001
b	Name of plan sponsor	CIRCLE COMPUTER RESOURCES, INC.	c	EIN-PN	42-1404024-001
a	Plan name	GREAT OUTDOORS FOUNDATION 401(K) PLAN	c	EIN-PN	42-1441098-001
b	Name of plan sponsor	GREAT OUTDOORS FOUNDATION	c	EIN-PN	42-1441098-001
a	Plan name	GUARDIAN, INC. 401(K) PLAN	c	EIN-PN	45-2501714-001
b	Name of plan sponsor	GUARDIAN PROFESSIONAL CONTRACTING SERVICES, INC.	c	EIN-PN	45-2501714-001
a	Plan name	MITCHELL GRAPHICS, INC. 401(K) PLAN	c	EIN-PN	38-2084428-001
b	Name of plan sponsor	MITCHELL GRAPHICS, INC.	c	EIN-PN	38-2084428-001
a	Plan name	SANKEN ELECTRIC 401(K) PLAN	c	EIN-PN	86-1259219-001
b	Name of plan sponsor	SANKEN ELECTRIC USA INC.	c	EIN-PN	86-1259219-001
a	Plan name	SAPHYRE, INC. 401(K) PLAN	c	EIN-PN	82-3177747-001
b	Name of plan sponsor	SAPHYRE, INC.	c	EIN-PN	82-3177747-001
a	Plan name	SENIOR MARKET TEAM LLC 401(K) PLAN	c	EIN-PN	46-5533414-001
b	Name of plan sponsor	SENIOR MARKET TEAM LLC	c	EIN-PN	46-5533414-001
a	Plan name	SENTINEL CONTRACTORS 401(K) PROFIT SHARING PLAN	c	EIN-PN	88-1828953-001
b	Name of plan sponsor	SENTINEL CONTRACTORS, LLC	c	EIN-PN	88-1828953-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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 AMERICAN CENTURY INFLATION-ADJUSTED BOND RET OPT	B Three-digit plan number (PN) ▶ 097
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12132763
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	71090042
(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	12132763	71090042
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	12132763	71090042

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)	1762735	
(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)		1762735
(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)	84792	
(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		1847527

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		1847527
l Transfers of assets:			
(1) To this plan.....	2l(1)		89635452
(2) From this plan	2l(2)		32525700

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 _____.