

<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>▶ 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;">2024</p> <hr/> <p style="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>MID CAP VALUE FUND R6 CLASS</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>195</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 COMPANY</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	<u>Filed with authorized/valid electronic signature.</u>	<u>08/22/2025</u>	<u>NEIL KOENCK</u>
	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> <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>MID CAP VALUE FUND R6 CLASS</u>	B Three-digit plan number (PN)	<u>195</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):		
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d Entity code

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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	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	CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor	CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
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	CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name	CLEARLY SPEAKING 401(K) PLAN	
b	Name of plan sponsor	CLEARLY SPEAKING, L.L.C.	c EIN-PN 45-2988436-001
a	Plan name	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	CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	CLINKSCALES PORTABLE TOILETS LLC	c EIN-PN 93-1086752-001
a	Plan name	COLT NECK LABS, LLC - 401(K)	
b	Name of plan sponsor	COLT NECK LABS, LLC	c EIN-PN 83-4534512-001
a	Plan name	NADIA YAKOOB & ASSOCIATES 401(K) PLAN & TRUST	
b	Name of plan sponsor	NADIA YAKOOB & ASSOCIATES	c EIN-PN 47-3377120-001
a	Plan name	SESR 401(K) PLAN	
b	Name of plan sponsor	SOUTHEAST SHELBY COUNTY EMERGENCY MEDICAL RESCUE INC.	c EIN-PN 31-1583285-001
a	Plan name	2XE 401(K)	
b	Name of plan sponsor	2XE, LLC	c EIN-PN 85-0511624-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name A TO Z SPEECH THERAPY 401(K) PLAN	
b	Name of plan sponsor A TO Z SPEECH THERAPY	c EIN-PN 81-4796737-001
a	Plan name ABLEMKR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ABLEMKR, LLC	c EIN-PN 85-0890736-001
a	Plan name COMMERCIAL SEWING, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor COMMERCIAL SEWING, INC.	c EIN-PN 06-0863890-001
a	Plan name CONSCIOUS MINDS 401(K) PLAN	
b	Name of plan sponsor CONSCIOUS MINDS PRODUCTION LLC	c EIN-PN 80-0255443-001
a	Plan name CONTROL ASSOCIATES, INC. PROFIT SHARING AND 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CONTROL ASSOCIATES, INC.	c EIN-PN 22-1629238-004
a	Plan name COR 401(K) PLAN	
b	Name of plan sponsor COR CONSTRUCTION SERVICES, INC.	c EIN-PN 11-3742607-001
a	Plan name CORDEVALLE 401(K) PLAN	
b	Name of plan sponsor CORDEVALLE L.P.	c EIN-PN 20-8456270-001
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 HERITAGE AUTO 401(K) PLAN	
b	Name of plan sponsor HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001
a	Plan name HERITAGE FORD OF VERNAL 401K PLAN	
b	Name of plan sponsor HERITAGE FORD OF VERNAL	c EIN-PN 83-3589085-001
a	Plan name HI5.AGENCY 401(K) PLAN	
b	Name of plan sponsor HI5.AGENCY, LLC	c EIN-PN 83-2888505-001
a	Plan name HIALEAH PRODUCTS CO. INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HIALEAH PRODUCTS CO., INC.	c EIN-PN 65-0209836-001

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	NATURESCAPE 401(K) RETIREMENT PLAN
b	Name of plan sponsor	NATURESCAPE
c	EIN-PN	03-0448406-001
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	SKY DESSERT 401(K) PLAN
b	Name of plan sponsor	SKY DESSERT, LLC
c	EIN-PN	81-3848448-001
a	Plan name	SKYLINE MEDICAL PRACTICE 401(K)
b	Name of plan sponsor	SKYLINE MEDICAL PRACTICE
c	EIN-PN	85-1682831-001
a	Plan name	SLOANE DENTAL 401(K) PLAN
b	Name of plan sponsor	12 SOUTH DENTAL PLLC
c	EIN-PN	46-1289540-001
a	Plan name	SMI AUTOMOTIVE REPAIR 401(K) PLAN
b	Name of plan sponsor	KH AUTOMOTIVE, LLC
c	EIN-PN	84-4729796-001
a	Plan name	SNYDER-MARK DRUGS, INC. 401(K) PLAN
b	Name of plan sponsor	SNYDER MARK DRUGS ROSELLE, INC.
c	EIN-PN	36-3716454-001
a	Plan name	SOL DIGITAL 401(K) PLAN
b	Name of plan sponsor	SOL DIGITAL, LLC
c	EIN-PN	84-3111821-001
a	Plan name	SOLOMON GROUP PRODUCTIONS 401(K) PLAN
b	Name of plan sponsor	SOLOMON GROUP PRODUCTIONS, L.L.C.
c	EIN-PN	45-2497756-001
a	Plan name	ABRAMS PLUMBING AND HEATING LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ABRAMS PLUMBING AND HEATING LLC
c	EIN-PN	87-3493856-001
a	Plan name	ABSOLUTE QUALITY CARE FAMILY DENTISTRY 401(K) PLAN
b	Name of plan sponsor	ABSOLUTE QUALITY CARE FAMILY DENTISTRY
c	EIN-PN	72-1498951-001

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 ACADIA DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor ACADIA DERMATOLOGY	c EIN-PN 84-4302481-001
a	Plan name ACT LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor ACT LABORATORIES, INC.	c EIN-PN 30-0857299-001
a	Plan name CORSO VENTURES 401(K) PLAN	
b	Name of plan sponsor CORSO VENTURES LLC	c EIN-PN 82-4268298-001
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 HOBAN MANAGEMENT INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HOBAN MANAGEMENT INC	c EIN-PN 33-0834204-001
a	Plan name HOME INSTEAD SENIOR CARE RETIREMENT PLAN	
b	Name of plan sponsor PAHOS, INC. DBA HOME INSTEAD SENIOR CARE	c EIN-PN 72-1351629-001
a	Plan name HOMEVETS, LLC 401(K) PLAN	
b	Name of plan sponsor HOMEVETS	c EIN-PN 85-1161581-001
a	Plan name HUMBLE SEA BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor HUMBLE SEA, INC.	c EIN-PN 47-4082461-001
a	Plan name HUNTINGTON SURF & SPORT 401(K) PLAN	
b	Name of plan sponsor HUNTINGTON SURF & SPORT, INC.	c EIN-PN 33-0342360-001
a	Plan name NODDLE SERVICES, LLC SALARY SAVINGS PLAN	
b	Name of plan sponsor NODDLE SERVICES, LLC	c EIN-PN 82-5468680-001
a	Plan name NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor NOMAD GLOBAL COMMUNICATION SOLUTIONS	c EIN-PN 35-2182794-777
a	Plan name NORSTAR TRAILERS 401(K) MATCHING PLAN	
b	Name of plan sponsor NORSTAR MANUFACTURING GROUP, INC.	c EIN-PN 47-4774244-001

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	NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a	Plan name	NORTHWEST WELLNESS GROUP 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST WELLNESS GROUP, LLC	c EIN-PN 47-2159223-001
a	Plan name	NUCLEUS ROBOTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	NUCLEUS ROBOTICS, LLC	c EIN-PN 84-2399526-001
a	Plan name	NUTRITION WELLNESS CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	NUTRITION WELLNESS CENTER, LLC	c EIN-PN 20-4979886-001
a	Plan name	SOPRIS LIQUOR & WINE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	K&A LLC DBA SOPRIS LIQUOR & WINE	c EIN-PN 46-5124977-001
a	Plan name	SOUTHERN LINE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN LINE SOLUTIONS, LLC	c EIN-PN 83-1890551-001
a	Plan name	SPARK INNOVATION RETIREMENT PLAN	
b	Name of plan sponsor	SPARK INNOVATION, LLC	c EIN-PN 47-2039601-001
a	Plan name	SPORTS SPECIALISTS OF MILWAUKEE, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	SPORTS SPECIALISTS OF MILWAUKEE, INC.	c EIN-PN 39-1624600-001
a	Plan name	STEP UP FAMILY SERVICE LLC- 401(K)	
b	Name of plan sponsor	STEP UP FAMILY SERVICES LLC	c EIN-PN 83-4093830-001
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	PRECISION CONCRETE CONSTRUCTION COMPANY 401K PLAN	
b	Name of plan sponsor	PRECISION CONCRETE CONSTRUCTION COMPANY	c EIN-PN 52-0851269-001

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	PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMPSON AEROSPACE, LLC	c EIN-PN 46-5032055-001
a	Plan name	PRIME DOCK SUPPLIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN EAGLE GOLF VENTURES INC. DBA PRIME DOCK SUPPLIES	c EIN-PN 74-2905200-001
a	Plan name	REGULUS 401(K)	
b	Name of plan sponsor	REGULUS GROUP, LLC	c EIN-PN 33-1009928-002
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	RESIDENCE ARTISTS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RESIDENCE ARTISTS, INC.	c EIN-PN 34-1273217-001
a	Plan name	ADVANCED SHORING & UNDERPINNING 401(K)	
b	Name of plan sponsor	ADVANCED SHORING & UNDERPINNING	c EIN-PN 68-0532733-001
a	Plan name	ADVANCED WASTE & RECYCLING, INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED WASTE & RECYCLING, INC.	c EIN-PN 20-0110311-001
a	Plan name	AGRICAPTURE 401(K) PLAN	
b	Name of plan sponsor	AGRICAPTURE, INC.	c EIN-PN 86-3882425-001
a	Plan name	STOLER RUSSELL KEENER VERONA P.A. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	STOLER RUSSELL KEENER VERONA P.A	c EIN-PN 47-1812273-001
a	Plan name	STONE GUYS OF SWFL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STONE GUYS OF SWFL LLC	c EIN-PN 83-3825711-001
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	SULLIVAN PERIODONTICS 401(K) PLAN	
b	Name of plan sponsor	MARY LINDA SULLIVAN, DMD, PC	c EIN-PN 63-1228900-001

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 SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUMMIT SITEWORKS LLC	c EIN-PN 47-0967899-001
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&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 APPLIED SCIENCE AND ENGINEERING, LLC 401(K) PLAN	
b	Name of plan sponsor APPLIED SCIENCE AND ENGINEERING, LLC	c EIN-PN 99-2214322-001
a	Plan name APPLIED TECH SERVICES LLC 401(K)	
b	Name of plan sponsor APPLIED TECH SERVICES LLC	c EIN-PN 82-5498381-001
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 ATTORNEYS TITLE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor ATTORNEYS TITLE GROUP	c EIN-PN 47-4137488-001
a	Plan name THIRTEEN TWENTY-TWO ADVISORS 401(K) PLAN	
b	Name of plan sponsor THIRTEEN TWENTY-TWO ADVISORS	c EIN-PN 45-5609488-001
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 TIMMEL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor TIMMEL ASSOCIATES LLC	c EIN-PN 27-1928755-001
a	Plan name TK JAMS DRYWALL 401(K) PLAN	
b	Name of plan sponsor TK JAMS DRYWALL COMPANY	c EIN-PN 26-4725394-001
a	Plan name BRUSHFIRE TECHNOLOGY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor E-VENT SOFTWARE, INC.	c EIN-PN 42-1611993-001

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	BUD'S AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	BUD'S CHEVROLET, INC.	c EIN-PN 34-1626376-001
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	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	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	WELLRIGHT 401(K) PLAN	
b	Name of plan sponsor	WELLRIGHT, INC.	c EIN-PN 36-4763852-001
a	Plan name	D K ENTERPRISES LTD 401(K) PLAN	
b	Name of plan sponsor	D K ENTERPRISES LTD	c EIN-PN 42-1354703-001
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	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	DAIRY HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor	DAIRY HEALTH SERVICES, LLC	c EIN-PN 82-3029364-001
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	DEFENSESTORM, INC. 401(K) PLAN	
b	Name of plan sponsor	DEFENSESTORM, INC.	c EIN-PN 46-5598717-001

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 DEGRAAF INTERIORS, INC 401K PLAN	
b	Name of plan sponsor DEGRAAF INTERIORS, INC.	c EIN-PN 38-3313137-001
a	Plan name DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor DWIGHT LEWIS STATE FARM INSURANCE AGENCY	c EIN-PN 47-2834035-001
a	Plan name E-TOWN EXTERMINATING PROFIT SHARING PLAN	
b	Name of plan sponsor E-TOWN EXTERMINATING CO., INC.	c EIN-PN 61-0904647-002
a	Plan name E.J. WARD, INC. 401(K) PLAN	
b	Name of plan sponsor E.J. WARD, INC.	c EIN-PN 88-0284475-001
a	Plan name EAST VALLEY UROLOGY CENTER 401(K) PLAN	
b	Name of plan sponsor EAST VALLEY UROLOGY CENTER, PLC	c EIN-PN 81-3825715-001
a	Plan name EAST-WEST TRADING CORP. LTD 401(K) PLAN	
b	Name of plan sponsor EAST-WEST TRADING CORP. LTD	c EIN-PN 32-2741416-001
a	Plan name FIVE RIVERS BANK 401(K) PLAN	
b	Name of plan sponsor FIVE RIVERS BANK (IN ORG.) FIVE RIVERS INVESTMENT GROUP LLC	c EIN-PN 87-4571225-001
a	Plan name IN FOCUS PSYCHIATRY 401K PLAN	
b	Name of plan sponsor IN FOCUS PSYCHIATRY	c EIN-PN 81-2638084-001
a	Plan name IN GOOD TASTE, LLC RETIREMENT PLAN	
b	Name of plan sponsor IN GOOD TASTE, LLC	c EIN-PN 37-2000641-001
a	Plan name INFINITI CREATIONS RETIREMENT PLAN	
b	Name of plan sponsor INFINITI CREATIONS, LLC	c EIN-PN 27-2501647-001
a	Plan name INNER CITY MISSION 401(K) PLAN	
b	Name of plan sponsor INNER CITY MISSION OF SPRINGFIELD, INC.	c EIN-PN 37-1156121-001
a	Plan name KBKC DESIGN 401(K) PLAN	
b	Name of plan sponsor KBKC DESIGN	c EIN-PN 99-3478083-001

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	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
b	Name of plan sponsor	KEAR CIVIL CORPORATION	c EIN-PN 20-8257122-001
a	Plan name	KENECT RETIREMENT PLAN	
b	Name of plan sponsor	KENECT, LLC	c EIN-PN 82-1997153-777
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	M AMIN 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	M AMIN & CO.	c EIN-PN 20-4088934-001
a	Plan name	M2G VENTURES 401(K) PLAN	
b	Name of plan sponsor	M2G VENTURES, LLC	c EIN-PN 46-2390264-001
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	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	OMNI-TECH SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	OMNI-TECH SOLUTIONS, LLC	c EIN-PN 81-4983507-001
a	Plan name	OUTDOORSY HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	OUTDOORSY HOLDINGS, INC.	c EIN-PN 85-0558661-001

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	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	PACBLU 401(K) PLAN	
b	Name of plan sponsor	PACBLU	c EIN-PN 11-3691833-001
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	KIMBERLY SCHAFFER, LLC 401(K) PLAN	
b	Name of plan sponsor	KIMBERLY SCHAFFER, LLC	c EIN-PN 57-1207261-001
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	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	KMW 401(K) PLAN	
b	Name of plan sponsor	KELLER, MELCHIORRE AND WALSH, PLLC	c EIN-PN 83-2864534-001
a	Plan name	KNOWLEDGE SAVES LIVES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	KNOWLEDGE SAVES LIVES, INC.	c EIN-PN 27-2230784-001
a	Plan name	MAXX/HOA WEST RETIREMENT PLAN	
b	Name of plan sponsor	HOA PARTNERS WEST, LLC	c EIN-PN 81-5184683-001
a	Plan name	MAYVILLE STATE BANK PROFIT SHARING AND RETIREMENT TRUST PLAN	
b	Name of plan sponsor	MAYVILLE STATE BANK	c EIN-PN 38-0803180-001
a	Plan name	PARAGON PERFORMANCE 401K PLAN	
b	Name of plan sponsor	PARAGON PERFORMANCE	c EIN-PN 84-5134367-001
a	Plan name	PARAMOUNT ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	PARAMOUNT ASSOCIATES, LLC	c EIN-PN 82-1770805-001

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 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 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 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 PAUL MEYER ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor PAUL MEYER ARCHITECTS, INC.	c EIN-PN 41-1846160-001
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 PRO TIRES 401(K) PLAN	
b	Name of plan sponsor 1835 GGK TEAM INC	c EIN-PN 81-0757899-001
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 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 REV DRILL 401(K) PLAN	
b	Name of plan sponsor REV DRILL SALES & RENTALS, INC.	c EIN-PN 52-2309414-001
a	Plan name RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIVER DENTAL CARE	c EIN-PN 92-0862580-001
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 RIVIERA IMAGING 401(K) PLAN	
b	Name of plan sponsor RIVIERA IMAGING, INC.	c EIN-PN 85-2960270-001

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	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	ROBERT KEATING LAW, INC. 401(K) PLAN	
b	Name of plan sponsor	ROBERT KEATING LAW, INC.	c EIN-PN 26-4657763-001
a	Plan name	ROBIN CHIANG & COMPANY 401(K) PLAN	
b	Name of plan sponsor	ROBIN CHIANG & COMPANY	c EIN-PN 94-3271917-001
a	Plan name	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	ALL ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL ENVIRONMENTAL, INC.	c EIN-PN 68-0288965-001
a	Plan name	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	TANERA TRANSPORT, LLC 401(K) PLAN	
b	Name of plan sponsor	TANERA TRANSPORT, LLC	c EIN-PN 83-2766372-001
a	Plan name	TEAM CONSULTANTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAM CONSULTANTS, INC.	c EIN-PN 75-2860506-001
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	AUSTERE 401(K) PLAN	
b	Name of plan sponsor	CARE ADVOCATE INC.	c EIN-PN 36-4567027-001
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	BALL AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	BALL AUTOMOTIVE GROUP	c EIN-PN 95-2571142-002

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 BASHARA SCHWARTZ, PLLC 401(K) PLAN	
b	Name of plan sponsor BASHARA SCHWARTZ, PLLC	c EIN-PN 86-1275370-001
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 TORELCO LLC 401(K) PLAN	
b	Name of plan sponsor TORELCO LLC	c EIN-PN 88-0965718-001
a	Plan name TRAIN'S TOWERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TRAIN'S TOWERS, INC.	c EIN-PN 22-3309976-001
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 TRI CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor TRI CONSTRUCTION CO., INC.	c EIN-PN 04-2786413-001
a	Plan name CANOPY ROADS ADVISORS RETIREMENT PLAN	
b	Name of plan sponsor CANOPY ROADS ADVISORS, LLC	c EIN-PN 88-2788599-001
a	Plan name CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANTOR BIOCONNECT, LLC	c EIN-PN 37-1837234-001
a	Plan name CARL F. RIEDELL & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARL F. RIEDELL & SON, INC.	c EIN-PN 04-2459660-002
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 WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor WEST WEALTH MANAGEMENT INC.	c EIN-PN 85-2279060-001
a	Plan name WILL CLARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor WILL CLARK ELECTRIC INC.	c EIN-PN 46-0382827-001

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 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 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 DENT DEFENSE GROUP 401(K) PLAN & TRUST	
b	Name of plan sponsor DENT DEFENSE GROUP	c EIN-PN 68-0533537-001
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 DONOVAN HANSEN, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DONOVAN HANSEN, PLLC	c EIN-PN 46-2829443-001
a	Plan name EDUCE PROSPERITY PLAN	
b	Name of plan sponsor EDUCE SALON	c EIN-PN 45-5491594-001
a	Plan name EGER EYE GROUP, PC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor EGER EYE GROUP, PC	c EIN-PN 25-1634387-001
a	Plan name ELECTRONIC DESIGN TO MARKET, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRONIC DESIGN TO MARKET, INC.	c EIN-PN 34-1752024-001
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
a	Plan name GENESIS GOLD GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor GENESIS GOLD GROUP, INC.	c EIN-PN 88-4026083-001

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	GEORGANTAS CLAIMS SERVICES, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	GEORGANTAS CLAIMS SERVICES, INC.	c EIN-PN 27-0726427-222
a Plan name	J FOX AGENCY LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	J FOX AGENCY LLC	c EIN-PN 45-3506450-001
a Plan name	JACK PIXLEY SWEEPS 401(K) PLAN	
b Name of plan sponsor	JACK PIXLEY SWEEPS	c EIN-PN 41-1374763-002
a Plan name	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	AMBIO INC. 401(K) PLAN	
b Name of plan sponsor	AMBIO INC.	c EIN-PN 45-5506902-001
a Plan name	AMBIOPHARM, INC. 401(K) PLAN	
b Name of plan sponsor	AMBIOPHARM, INC.	c EIN-PN 22-3940281-001
a Plan name	AMI SAVINGS & RETIREMENT PLAN	
b Name of plan sponsor	ASSOCIATION MANAGEMENT, INC.	c EIN-PN 38-2134786-001
a Plan name	ANIMAL NUTRITION SYSTEMS 401(K) PLAN	
b Name of plan sponsor	ANIMAL NUTRITION SYSTEMS, LLLP	c EIN-PN 86-0536485-001
a Plan name	APLIN MASONRY 401(K) PLAN	
b Name of plan sponsor	APLIN MASONRY OF TELLURIDE, INC.	c EIN-PN 84-1586727-001
a Plan name	APPLE VALLEY DIAMONDS 401(K) PLAN	
b Name of plan sponsor	APPLE VALLEY DIAMONDS LLC	c EIN-PN 46-1884796-001
a Plan name	BAY AREA TECH WORKERS 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	BAY AREA TECH WORKERS	c EIN-PN 94-3310364-001
a Plan name	BEEP 401(K) PLAN	
b Name of plan sponsor	BEEP, INC.	c EIN-PN 61-1908700-334

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 BEETS CATERING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BEETS CATERING, INC.	c EIN-PN 94-6694661-001
a	Plan name BENDER WAREHOUSE CO. 401(K) PLAN	
b	Name of plan sponsor BENDER WAREHOUSE CO.	c EIN-PN 88-0085787-002
a	Plan name BERGERT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BERGERT GROUP LTD.	c EIN-PN 81-0777309-001
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 BIGSMILE ORTHODONTICS RETIREMENT PLAN	
b	Name of plan sponsor H SAM TONG DDS PHD INC.	c EIN-PN 90-0288471-001
a	Plan name CATHOLIC CHARITIES 401(K) PLAN	
b	Name of plan sponsor CATHOLIC CHARITIES	c EIN-PN 85-0110070-001
a	Plan name CEDAR VALLEY CHEESE STORE	
b	Name of plan sponsor CEDAR VALLEY CHEESE STORE	c EIN-PN 20-2863599-001
a	Plan name DREAM MM 401(K) PLAN	
b	Name of plan sponsor DREAM MANAGEMENT, INC.	c EIN-PN 52-2223274-001
a	Plan name EVOLUTION DESIGN INC. 401(K) PLAN	
b	Name of plan sponsor EVOLUTION DESIGN INC.	c EIN-PN 88-4173749-001
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 EYNCON 401(K) PLAN	
b	Name of plan sponsor EYNCON, LLC	c EIN-PN 47-2720798-001
a	Plan name FALCONE & TRUMAN PLUMBING & HEATING INC. 401(K) PLAN	
b	Name of plan sponsor FALCONE & TRUMAN PLUMBING & HEATING INC.	c EIN-PN 23-2386576-001
a	Plan name GL KREINER, INC. 401(K) PLAN	
b	Name of plan sponsor GL KREINER, INC.	c EIN-PN 81-1723713-001
a	Plan name GMP GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMP GROUP, INC.	c EIN-PN 85-2276642-001
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 GOURMET SOURCE SALES & CONSULTING 401(K) PLAN	
b	Name of plan sponsor GOURMET SOURCE SALES & CONSULTING LLC	c EIN-PN 85-3802006-001
a	Plan name GRAFFEN BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor GRAFFEN BUSINESS SYSTEMS, INC.	c EIN-PN 23-1908016-001
a	Plan name JE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JE ENGINEERING, INC.	c EIN-PN 20-0849858-001
a	Plan name JJW SERVICES 401(K) PLAN	
b	Name of plan sponsor JJW SERVICES CORPORATION	c EIN-PN 26-2650264-001
a	Plan name LAKEVIEW PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor LAKEVIEW PHYSICAL THERAPY AND SPINE LLC	c EIN-PN 83-4244452-001
a	Plan name 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 MEYERING INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor MEYERING INSURANCE AGENCY	c EIN-PN 38-2217296-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MICHAEL YARDLEY FARMS 401(K) PLAN	
b	Name of plan sponsor	MICHAEL YARDLEY FARMS, LLC	c EIN-PN 26-1223608-001
a	Plan name	PENINSULA PLASTIC SURGERY MEDICAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PENINSULA PLASTIC SURGERY MEDICAL GROUP, INC.	c EIN-PN 94-1703121-002
a	Plan name	PERINATAL MEDICAL GROUP, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERINATAL MEDICAL GROUP, INC	c EIN-PN 94-2673505-001
a	Plan name	PERSPECTIVE PV 401(K) PLAN	
b	Name of plan sponsor	PERSPECTIVE PV	c EIN-PN 81-5230196-002
a	Plan name	PETERSEN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY DESIGN & CONSTRUCTION, INC.	c EIN-PN 87-0328548-001
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	PROVING GROUNDS COFFEE 401(K) PLAN	
b	Name of plan sponsor	THE PROVING GROUNDS COFFEE & ICE CREAM	c EIN-PN 30-0970793-001
a	Plan name	PSGM LAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACE SELDEN GILMAN MARKS, PLLC DBA PSGM LAW	c EIN-PN 93-2786572-001
a	Plan name	QMETRICS, INC. 401(K) PLAN	
b	Name of plan sponsor	QMETRICS, INC.	c EIN-PN 87-0761590-001
a	Plan name	ROMEO N. LAUREANO, DMD, PSC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROMEO N. LAUREANO, DMD, PSC	c EIN-PN 61-1371980-001
a	Plan name	ROSE ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor	ROSE ORTHODONTICS	c EIN-PN 82-2529653-001
a	Plan name	RUIZ SALON GROUP 401(K) PLAN	
b	Name of plan sponsor	RUIZ WEST END MANAGEMENT LC	c EIN-PN 74-2951507-001

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	SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
b	Name of plan sponsor	THE GUIDANCE CENTER, INC.	c EIN-PN 86-0223720-001
a	Plan name	SALUS GRC 401(K) PLAN	
b	Name of plan sponsor	SALUS GRC, LLC	c EIN-PN 92-2714966-001
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 DOVE AGENCY 401(K) PLAN	
b	Name of plan sponsor	THE DOVE AGENCY, LLC	c EIN-PN 82-2809327-001
a	Plan name	THE HORN FUNDING CORP, 401(K) PLAN	
b	Name of plan sponsor	THE HORN FUNDING CORP	c EIN-PN 45-3599694-002
a	Plan name	THE INCEPTION COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE INCEPTION COMPANY LLC	c EIN-PN 20-1885148-001
a	Plan name	THE KITCHEN, INC. 401(K) PLAN	
b	Name of plan sponsor	THE KITCHEN, INC.	c EIN-PN 38-2716204-001
a	Plan name	THE NORTHRIDGE HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	ALTERCARE, INC DBA NORTHRIDGE HEALTH CENTER	c EIN-PN 34-1400803-001
a	Plan name	THE OSCHMANN ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THE OSCHMANN ORGANIZATION, INC. DBA AZC DRUG TESTING	c EIN-PN 86-0994137-001
a	Plan name	THE SPARROW GROUP 401(K) PLAN	
b	Name of plan sponsor	THE SPARROW GROUP, INC.	c EIN-PN 46-5643850-001
a	Plan name	TRIFECTA NETWORKS, LLC 401(K) PLAN	
b	Name of plan sponsor	TRIFECTA NETWORKS, LLC	c EIN-PN 82-3534139-001
a	Plan name	TURKEL, CUVA, BARRIOS, P.A. 401(K) PLAN	
b	Name of plan sponsor	TURKEL, CUVA, BARRIOS, P.A.	c EIN-PN 86-3329581-001

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 WOODFIELD DEVELOPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor WOODFIELD DEVELOPMENT COMPANY, LLC	c EIN-PN 45-3995607-001
a	Plan name WORLD TRUCK TOWING AND RECOVERY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WORLD TRUCK TOWING AND RECOVERY, INC.	c EIN-PN 30-0079946-001
a	Plan name Z2 MARKETING, LTD 401(K) PLAN	
b	Name of plan sponsor Z2 MARKETING, LTD	c EIN-PN 20-0581373-001
a	Plan name BLUE TOP STEERING GEARS, INC. 401K	
b	Name of plan sponsor BLUE TOP STEERING GEARS, INC.	c EIN-PN 80-0336991-001
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 BOS MANUFACTURING, L.L.C. 401(K) PLAN	
b	Name of plan sponsor BOS MANUFACTURING, L.L.C.	c EIN-PN 20-1152345-001
a	Plan name BRIDGEVIEW 401(K) PLAN	
b	Name of plan sponsor BRIDGEVIEW MULTIFAMILY LLC	c EIN-PN 46-5043301-001
a	Plan name BRIGHTINSIGHT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRIGHTINSIGHT, INC.	c EIN-PN 82-2242267-001
a	Plan name BRIQUETTES 401(K) PLAN	
b	Name of plan sponsor BRIQUETTES	c EIN-PN 46-1353447-001
a	Plan name FARMERS BUILDING AND SAVINGS BANK 401(K) PLAN	
b	Name of plan sponsor FARMERS BUILDING AND SAVINGS BANK	c EIN-PN 25-0471835-001
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 FIBERGLASS SOLUTIONS LLC 401K RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor FIBERGLASS SOLUTIONS LLC	c EIN-PN 82-4663901-001

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	FIMG 401(K) PLAN	
b	Name of plan sponsor	FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	c EIN-PN 27-3693949-001
a	Plan name	FINANCIAL FREEDOM GROUP LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FINANCIAL FREEDOM GROUP LLC	c EIN-PN 83-2567551-001
a	Plan name	LEE & ASSOCIATES NORTHWEST	
b	Name of plan sponsor	LEE & ASSOCIATES	c EIN-PN 81-4374046-001
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	LIBBOS LAW, P.C. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIBBOS LAW, P.C.	c EIN-PN 04-3111949-001
a	Plan name	LIMBWALKER TREE SERVICE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LIMBWALKER TREE SERVICE INC.	c EIN-PN 20-2001838-001
a	Plan name	RAMSEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAMSEY & ASSOCIATES INC.	c EIN-PN 61-1197581-001
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	REASON CONSULTING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	REASON CONSULTING CORPORATION	c EIN-PN 87-3746346-001
a	Plan name	RED FERN PET LODGE, LLC 401(K) PLAN	
b	Name of plan sponsor	RED FERN PET LODGE, LLC	c EIN-PN 47-3467265-001
a	Plan name	UPPER CERVICAL CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor	UPPER CERVICAL CHIROPRACTIC OF MONMOUTH, LLC	c EIN-PN 25-1910563-001
a	Plan name	VISKOTEPAK 401(K) PLAN	
b	Name of plan sponsor	VISKOTEPAK, LLC	c EIN-PN 20-1267287-001

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	CHARLESTON FLEET SERVICES 401(K) PLAN	
b	Name of plan sponsor	CHARLESTON FLEET SERVICES	c EIN-PN 30-0765016-001
a	Plan name	CHBIOA 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY OF HARBOR BAY ISLE OWNERS ASSOCIATION, INC.	c EIN-PN 94-2496154-001
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
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	GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRC DEVELOPMENT, INC.	c EIN-PN 27-1135741-001
a	Plan name	GUARDIAN, INC. 401(K) PLAN	
b	Name of plan sponsor	GUARDIAN PROFESSIONAL CONTRACTING SERVICES, INC.	c EIN-PN 45-2501714-001
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	MILLER VALVE & CONTROLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MILLER VALVE & CONTROLS, LLC	c EIN-PN 85-4352454-001
a	Plan name	MISSION CITY REBAR, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MISSION CITY REBAR, INC.	c EIN-PN 94-2146294-004
a	Plan name	MONICA DOBBIN DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MONICA L. DOBBIN DDS, PROFESSIONAL LLC	c EIN-PN 20-3941899-002
a	Plan name	SCHLOSSER ORTHODONTICS401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SCHLOSSER ORTHODONTICS, L.L.C.	c EIN-PN 85-1521677-001

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	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	SENIOR MARKET TEAM LLC 401(K) PLAN	
b Name of plan sponsor	SENIOR MARKET TEAM LLC	c EIN-PN 46-5533414-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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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 MID CAP VALUE FUND R6 CLASS	B Three-digit plan number (PN) ▶ 195
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)	13921609
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13369510
(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	13921609	13369510
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	13921609	13369510

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)	265673	
(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)	29250	
(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)		877305
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1172228

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		1172228
l Transfers of assets:			
(1) To this plan.....	2l(1)		2694556
(2) From this plan	2l(2)		4418883

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 _____.