

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>JANUS HENDERSON TRITON RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>834</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>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <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>09/08/2025</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> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>JANUS HENDERSON TRITON RET OPT</u>		B Three-digit plan number (PN) ▶ <u>834</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>39-0989781</u>

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BAKERSFIELD COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor BAKERSFIELD COUNTRY CLUB	c EIN-PN 95-1615940-001
a	Plan name BALDWIN, BRISCOE, & STEINMETZ, P.C. 401(K) PLAN	
b	Name of plan sponsor BALDWIN, BRISCOE, & STEINMETZ, P.C.	c EIN-PN 52-1564009-001
a	Plan name BALL AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor BALL AUTOMOTIVE GROUP	c EIN-PN 95-2571142-002
a	Plan name BANYAN EDUCATION CONSULTANCY USA, LLC 401(K) PLAN	
b	Name of plan sponsor BANYAN EDUCATIONAL CONSULTANCY USA, LLC	c EIN-PN 84-1746095-001
a	Plan name ECCO EQUIPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor ECCO EQUIPMENT COMPANY LLC	c EIN-PN 95-2800890-001
a	Plan name KAYE SURETY 401(K) PLAN	
b	Name of plan sponsor KAYE ASSOCIATES LLC DBA KAYE SURETY	c EIN-PN 82-5453294-001
a	Plan name THE AME GROUP 401(K) PLAN	
b	Name of plan sponsor THE AME GROUP	c EIN-PN 35-1630314-001
a	Plan name THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name ENVISION FOODS 401(K) PLAN	
b	Name of plan sponsor ENVISION FOODS, LLC	c EIN-PN 20-4278964-001
a	Plan name EPPY'S DRUG 401(K)	
b	Name of plan sponsor EPPY'S DRUG STORE, INC.	c EIN-PN 55-0607772-001
a	Plan name BETH HOLMES DO FAFAP 401(K) PROFIT SHARING	
b	Name of plan sponsor MICHAEL L. CARR, MD, PSC DBA BETH HOLMES DO FAFAP	c EIN-PN 61-1254374-002
a	Plan name KW CORPORATION 401(K) PLAN	
b	Name of plan sponsor KW CORPORATION	c EIN-PN 26-0355410-001

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	THE VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN	
b	Name of plan sponsor	THE VALLEY FERTILIZER CHEMICAL CO, INC.	c EIN-PN 54-0415185-002
a	Plan name	FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	FALLBROOK FAMILY HEALTH CENTER, LLC	c EIN-PN 45-2548037-001
a	Plan name	PUGH HAGAN PRAHM PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PUGH HAGAN PRAHM PLC	c EIN-PN 46-4389694-001
a	Plan name	BLUEGRASS COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	BLUEGRASS PRIMARY HEALTH CARE CENTER, INC. DBA BLUEGRASS COMMUNITY H	c EIN-PN 06-1798832-001
a	Plan name	BONE-A-PATREAT 401(K) PLAN	
b	Name of plan sponsor	BONE-A-PATREAT	c EIN-PN 20-1319477-001
a	Plan name	REGINA INTER-PARISH CATHOLIC EDUCATION CENTER 401(K) PLAN	
b	Name of plan sponsor	REGINA INTER-PARISH CATHOLIC EDUCATION CENTER	c EIN-PN 42-0957166-001
a	Plan name	BURLEIGH DENTAL, S.C. CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	BURLEIGH DENTAL, S.C.	c EIN-PN 39-1170894-001
a	Plan name	FRESH SOURCE PRODUCE, LLC 401(K) PLAN	
b	Name of plan sponsor	FRESH SOURCE PRODUCE, LLC	c EIN-PN 35-2514795-001
a	Plan name	FRY 401(K) PLAN	
b	Name of plan sponsor	FRY ORTHODONTICS, PLLC	c EIN-PN 82-1631981-001
a	Plan name	FULLERTON, LEMANN, SCHAEFER & DOMINICK 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FULLERTON, LEMANN, SCHAEFER & DOMINICK LLP	c EIN-PN 95-3346435-001
a	Plan name	M & G SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	MAXWELL & GRAVE SOLUTIONS, LLC	c EIN-PN 83-2535568-001
a	Plan name	MACADAMIA BEAUTY 401(K) PLAN	
b	Name of plan sponsor	MACADAMIA BEAUTY, LLC	c EIN-PN 46-0560479-001

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 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 UPTOWN DENTAL 401(K) PLAN	
b	Name of plan sponsor RHONDA R. SAVAGE DDS P.L.L.C. DBA UPTOWN DENTAL	c EIN-PN 46-4323416-001
a	Plan name CAPITAL STEEL ERECTORS, INC. 401(K) PLAN	
b	Name of plan sponsor CAPITAL STEEL ERECTORS, INC.	c EIN-PN 27-1376167-001
a	Plan name CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPTURA GROUP, INC.	c EIN-PN 20-2083614-001
a	Plan name MARENGO THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor MARENGO THERAPEUTICS, INC.	c EIN-PN 47-5622851-001
a	Plan name CHEMCEL EMPLOYEES FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor CHEMCEL FEDERAL CREDIT UNION	c EIN-PN 74-6047771-001
a	Plan name GORDON AND DESANTIS ORTHODONTICS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor GORDON AND DESANTIS ORTHODONTICS LLC	c EIN-PN 36-4513149-001
a	Plan name GRADIENT CYBER, INC. 401(K) PLAN	
b	Name of plan sponsor GRADIENT CYBER, INC.	c EIN-PN 37-1833819-002
a	Plan name VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001
a	Plan name VMC CONTRACTING, INC. 401(K) PLAN B	
b	Name of plan sponsor VMC CONTRACTING, INC.	c EIN-PN 75-3049345-002
a	Plan name W & D IMPORTS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor W & D IMPORTS, INC.	c EIN-PN 22-2148916-003
a	Plan name GUSTO DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor GUSTO DISTRIBUTING	c EIN-PN 81-0295720-001

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 H&A FINANCING & SERVICES 401(K) PLAN	
b	Name of plan sponsor H&A FINANCING & SERVICES CORP	c EIN-PN 01-0961192-001
a	Plan name MISSOURI JACK LLC & ILLINOIS JACK LLC 401(K) PLAN	
b	Name of plan sponsor MISSOURI JACK, LLC	c EIN-PN 45-2037527-001
a	Plan name SAMUELS & SON SEAFOOD CO. UNION 401(K) PLAN	
b	Name of plan sponsor SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540625-001
a	Plan name SAMUELS & SON SEAFOOD COMPANY, INC.401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540626-001
a	Plan name SANCHEZ & AMADOR, LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SANCHEZ & AMADOR, LLP	c EIN-PN 95-4460273-001
a	Plan name WESTON & AGNESS LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WESTON & AGNESS LLP	c EIN-PN 95-4668187-001
a	Plan name WESTOVER BUILDING SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor WESTOVER BUILDING SUPPLY, INC.	c EIN-PN 46-2700779-001
a	Plan name SHAFER COMPANIES 401(K) PLAN	
b	Name of plan sponsor SHAFER REDI-MIX, INC.	c EIN-PN 38-2412059-002
a	Plan name SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name ACCURATE REGRINDING 401(K) PLAN	
b	Name of plan sponsor VAN TUIJEN COMPANY DBA ACCURATE REGRINDING SERVICE	c EIN-PN 38-2644484-001
a	Plan name CONNOR LEE & SHUMAKER PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONNOR LEE & SHUMAKER PLLC	c EIN-PN 82-3319604-001
a	Plan name HERITAGE PERSONNEL RETIREMENT PLAN	
b	Name of plan sponsor HERITAGE PERSONNEL, LLC	c EIN-PN 27-4286618-001

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	XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	XP SERVICES, INC.	c EIN-PN 80-0316734-001
a	Plan name	SIMPLE MILLS, INC. 401(K) PLAN	
b	Name of plan sponsor	SIMPLE MILLS, INC.	c EIN-PN 47-1100664-001
a	Plan name	SITEOLOGY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SITEOLOGY, LLC	c EIN-PN 87-3046897-001
a	Plan name	SJ LOGISTICS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SJ LOGISTICS, LLC	c EIN-PN 84-3592266-001
a	Plan name	HIX AIR CONDITIONING SERVICE 401(K) PLAN	
b	Name of plan sponsor	HIX AIR CONDITIONING SERVICE, INC.	c EIN-PN 73-1513785-001
a	Plan name	HOLLENBACH-OAKLEY, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HOLLENBACH-OAKLEY, LLC	c EIN-PN 06-1676076-001
a	Plan name	ADVANCED COSMETIC RESEARCH LABORATORIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED COSMETIC RESEARCH LABORATORIES, INC	c EIN-PN 95-4493756-001
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	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	DAVID DAVIS ENTERPRISE, INC. T/A DAVIS ACURA 401K PLAN	
b	Name of plan sponsor	DAVID DAVIS ENTERPRISE, INC.	c EIN-PN 23-2439385-001
a	Plan name	DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor	DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001

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 INNOVA TECHNOLOGIES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor INNOVA TECHNOLOGIES INC.	c EIN-PN 56-2323193-001
a	Plan name INSPIRATION FIELD 401(K) PLAN	
b	Name of plan sponsor INSPIRATION FIELD	c EIN-PN 84-0570914-001
a	Plan name SPINA & LAVELLE 401(K) PLAN	
b	Name of plan sponsor SPINA & LAVELLE, P.C.	c EIN-PN 45-2849454-001
a	Plan name SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPRING GROVE CEMETERY	c EIN-PN 31-0235950-003
a	Plan name 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 STEWARDSHIP MARKETING SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEWARDSHIP MARKETING SERVICES INC.	c EIN-PN 47-5066374-001
a	Plan name STONEHENGE ENERGY RESOURCES II, LP 401(K) PLAN	
b	Name of plan sponsor STONEHENGE ENERGY RESOURCES II, LP	c EIN-PN 90-0841261-001
a	Plan name PACIFIC ASIAN ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC ASIAN ENTERPRISES, INC.	c EIN-PN 95-3306034-002
a	Plan name ANANT OPERATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor ANANT OPERATIONS, INC.	c EIN-PN 46-3991171-001
a	Plan name ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001
a	Plan name DEPENDABLE TUBE BENDING 401(K) PLAN	
b	Name of plan sponsor DEPENDABLE TUBE BENDING	c EIN-PN 20-4351581-001
a	Plan name DESIGN READY CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor DESIGN READY CONTROLS, INC.	c EIN-PN 41-1649617-001

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	INVESTING TOGETHER IN YOUR FUTURE PLAN	
b	Name of plan sponsor	GREEN PEAK INDUSTRIES, LLC	c EIN-PN 81-4533921-001
a	Plan name	PEARL HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	PEARL OF ROLLING MEADOWS, LLC	c EIN-PN 83-1666833-001
a	Plan name	DR. PAUL FISCHER, PC 401(K) PLAN	
b	Name of plan sponsor	DR. PAUL FISCHER, PC	c EIN-PN 06-1329220-001
a	Plan name	JEFFREY A. WILBUR PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	JEFFREY A. WILBUR PLUMBING & HEATING, INC.	c EIN-PN 25-1724402-001
a	Plan name	JERSEY SHORE LAWN SPRINKLER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JERSEY SHORE LAWN AND SPRINKLER CONSTRUCTION COMPANY, INC.	c EIN-PN 22-3042964-001
a	Plan name	RELEX SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	RELEX SOLUTIONS, INC.	c EIN-PN 30-0882152-001
a	Plan name	RENEWED STRENGTH MEDICAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor	RENEWED STRENGTH MEDICAL GROUP	c EIN-PN 84-2057268-001
a	Plan name	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE	c EIN-PN 45-4487309-001
a	Plan name	MADISEN MAHER ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	MADISEN MAHER ARCHITECTS, INC.	c EIN-PN 45-4762447-001
a	Plan name	RIMROCK ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	RIMROCK ENERGY PARTNERS LLC	c EIN-PN 82-3731112-001
a	Plan name	RINAUDO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	RINAUDO ENTERPRISES, INC.	c EIN-PN 59-3384145-001
a	Plan name	GEORGETOWN DENTAL PROFESSIONALS PROFIT SHARING PLAN	
b	Name of plan sponsor	GEORGETOWN DENTAL PROFESSIONALS LLC	c EIN-PN 20-3939693-001

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	GERKEN RENT-ALL 401(K) PLAN	
b	Name of plan sponsor	GERKEN RENT-ALL, INC.	c EIN-PN 75-3082715-001
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	CARMEL ACADEMY 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	CARMEL ACADEMY	c EIN-PN 13-4013334-002
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	MARS GROUP III, INC. 401(K) PLAN	
b	Name of plan sponsor	MARS GROUP III, INC.	c EIN-PN 46-2930470-001
a	Plan name	MARS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	MARS GROUP, INC.	c EIN-PN 82-3629761-001
a	Plan name	MARSHULL, INC. 401(K) PLAN	
b	Name of plan sponsor	MARSHULL, INC.	c EIN-PN 38-1882600-002
a	Plan name	MASK-OFF COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MASK-OFF COMPANY, INC.	c EIN-PN 95-1942506-001
a	Plan name	MASOULEH CORP. 401(K) PLAN	
b	Name of plan sponsor	MASOULEH CORP.	c EIN-PN 22-3193497-001
a	Plan name	RUE & ZIFFRA, P.A. 401(K) PLAN	
b	Name of plan sponsor	RUE & ZIFFRA, P.A.	c EIN-PN 59-3154090-001
a	Plan name	RUSSELL PETROLEUM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RUSSELL PETROLEUM CORP.	c EIN-PN 27-1487169-002
a	Plan name	RVC, INC. 401(K) PLAN	
b	Name of plan sponsor	RVC, INC. 401(K) PLAN	c EIN-PN 55-0703498-001

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 CHERRY & WILLIAMS DDS, INC. 401(K) PLAN	
b	Name of plan sponsor CHERRY & WILLIAMS DDS, INC.	c EIN-PN 34-1319955-001
a	Plan name CHOICE COMPANIES INC. 401(K) PLAN	
b	Name of plan sponsor CHOICE COMPANIES INC.	c EIN-PN 52-1318848-001
a	Plan name GRAY V. 401(K) PLAN	
b	Name of plan sponsor GRAY V.	c EIN-PN 80-0001479-001
a	Plan name GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP 401(K) PLAN	
b	Name of plan sponsor GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP	c EIN-PN 58-2490090-001
a	Plan name MERAKI SOCIAL, LLC 401(K) PLAN	
b	Name of plan sponsor MERAKI SOCIAL, LLC	c EIN-PN 81-2114618-001
a	Plan name SAVE ON EVERYTHING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SAVE ON EVERYTHING, INC.	c EIN-PN 38-3294544-001
a	Plan name 101 CONCEPTS, LLC 401(K) PLAN	
b	Name of plan sponsor 101 CONCEPTS, LLC	c EIN-PN 20-2176716-001
a	Plan name 3(16) FIDUCIARY SERVICES CORPORATION 401(K) PLAN	
b	Name of plan sponsor 3(16) FIDUCIARY SERVICES CORPORATION	c EIN-PN 45-4813655-001
a	Plan name CLINTON PREFERRED PEDIATRICS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MACOMB COUNTY PEDIATRICS, P.C. DBA CLINTON PREFERRED PEDIATRICS, P.C.	c EIN-PN 38-3309363-001
a	Plan name MO-TECH CORPORATION 401(K) PLAN	
b	Name of plan sponsor MO-TECH CORPORATION	c EIN-PN 47-0884754-001
a	Plan name MOBILE IMAGES ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor MOBILE IMAGES ACQUISITION, LLC	c EIN-PN 62-1868089-001
a	Plan name HH VENTURES RETIREMENT PLAN	
b	Name of plan sponsor HH VENTURES, LLC	c EIN-PN 26-1852077-001

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	HI MARLEY, INC. 401(K) PLAN	
b	Name of plan sponsor	HI MARLEY, INC.	c EIN-PN 82-1259445-001
a	Plan name	HI-VIEW, LLC PREVAILING WAGE PLAN	
b	Name of plan sponsor	HI-VIEW, LLC	c EIN-PN 61-1048462-001
a	Plan name	CONTINUUM HEALTHCARE, LLC 401(K) PLAN	
b	Name of plan sponsor	CONTINUUM HEALTHCARE, LLC	c EIN-PN 46-2972429-001
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	CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001
a	Plan name	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND 401(K) PLAN	
b	Name of plan sponsor	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND	c EIN-PN 01-0384674-001
a	Plan name	CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001
a	Plan name	ACTION CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	ACTION CARE, INC. DBA HOME INSTEAD	c EIN-PN 37-1976029-001
a	Plan name	NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor	NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001
a	Plan name	NETS NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor	NETS NEW ENGLAND LLC	c EIN-PN 26-0743519-001
a	Plan name	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C. 401(K) PLAN	
b	Name of plan sponsor	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C.	c EIN-PN 42-1506318-001
a	Plan name	NORMSHIELD INC. 401(K) PLAN	
b	Name of plan sponsor	NORMSHIELD INC.	c EIN-PN 81-1561086-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HOME ESSENTIALS & BEYOND, INC. 401(K) PLAN	
b	Name of plan sponsor	HOME ESSENTIALS & BEYOND, INC.	c EIN-PN 11-3187703-002
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	SJM ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	SJM ELECTRIC LLC	c EIN-PN 87-1716089-001
a	Plan name	SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SKIENCE, LLC	c EIN-PN 54-2058238-001
a	Plan name	ONLINE TRUCKING LOGISTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	ONLINE TRUCKING LOGISTICS, INC.	c EIN-PN 45-1601389-001
a	Plan name	OOMA, INC. 401(K) PLAN	
b	Name of plan sponsor	OOMA, INC.	c EIN-PN 06-1713274-001
a	Plan name	OPM EARNINGS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	OPM EARNINGS DBA LIMESTONE WEALTH ADVISORS	c EIN-PN 61-1374312-001
a	Plan name	AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001
a	Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	c EIN-PN 38-3601887-001
a	Plan name	DECARLO CORPORATION 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	DECARLO CORPORATION DBA DECARLO DEMOLITION COMPANY	c EIN-PN 42-1511387-001
a	Plan name	DEGRAAF INTERIORS, INC 401K PLAN	
b	Name of plan sponsor	DEGRAAF INTERIORS, INC.	c EIN-PN 38-3313137-001
a	Plan name	DELAWARE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	DELAWARE ELECTRICAL CONTRACTORS, INC.	c EIN-PN 23-2016945-001

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 INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC.	c EIN-PN 33-1168311-001
a	Plan name PACIFIC CONCEPTS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC CONCEPTS GROUP, INC.	c EIN-PN 33-0796996-001
a	Plan name PAIT GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor PAIT GROUP, LLC	c EIN-PN 46-2599194-001
a	Plan name PALADIN LAW GROUP LLP 401(K) PLAN & TRUST	
b	Name of plan sponsor PALADIN LAW GROUP LLP	c EIN-PN 20-0689676-001
a	Plan name AOC LOGISTICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor AOC LOGISTICS, LLC	c EIN-PN 27-5136168-001
a	Plan name DGC USA 401(K) PLAN	
b	Name of plan sponsor DGC USA OPCO1 INC.	c EIN-PN 35-2753753-001
a	Plan name DICKINSON JEWELERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DICKINSON JEWELERS INC.	c EIN-PN 52-1789151-001
a	Plan name STRATEGIC LINK CONSULTING LP 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor STRATEGIC LINK CONSULTING LP	c EIN-PN 20-8833786-001
a	Plan name PEMCO, LTD. 401(K) PLAN AND TRUST	
b	Name of plan sponsor PEMCO, LTD.	c EIN-PN 99-0236548-002
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 ATLANTIC GOLF AND TURF 401(K) PLAN	
b	Name of plan sponsor ATLANTIC GOLF AND TURF LLC	c EIN-PN 27-1400038-001
a	Plan name ATTORNEYS TITLE GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor ATTORNEYS TITLE GROUP	c EIN-PN 47-4137488-001

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	DUNN VINEYARDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DUNN VINEYARDS	c EIN-PN 68-0409217-001
a	Plan name	JIM BURKE EXCAVATING 401(K) PLAN	
b	Name of plan sponsor	JIM BURKE EXCAVATING INC.	c EIN-PN 36-4055755-001
a	Plan name	BARRY, BARALL, TAYLOR & LEVESQUE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BARRY, BARALL, TAYLOR & LEVESQUE LLC	c EIN-PN 26-3428300-001
a	Plan name	BASCOM PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor	BASCOM PHARMACY LLC	c EIN-PN 57-1220246-001
a	Plan name	EHS SUPPORT SERVICES 401(K) PLAN	
b	Name of plan sponsor	EHS SUPPORT SERVICES, LLC	c EIN-PN 20-0915717-001
a	Plan name	KEMS HOLDING CORP 401(K) PLAN	
b	Name of plan sponsor	KEMS HOLDING CORP	c EIN-PN 27-0772063-001
a	Plan name	THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor	MODERN HR, INC.	c EIN-PN 81-0741257-002
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	PROJECT INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	PROJECT INDEPENDENCE	c EIN-PN 95-3147421-001
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	BJB ELECTRIC, LP 401(K) PLAN	
b	Name of plan sponsor	BJB ELECTRIC, LP	c EIN-PN 58-2438805-002
a	Plan name	LAKE POINTE WELLNESS CENTER 401K PLAN	
b	Name of plan sponsor	LAKE POINTE WELLNESS CENTER	c EIN-PN 83-3986869-001

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	THOMPSON SANITATION INC 401(K) PLAN	
b	Name of plan sponsor	THOMPSON SANITATION INC	c EIN-PN 20-5580339-001
a	Plan name	THREAD 401(K) PLAN	
b	Name of plan sponsor	THREAD INTERNATIONAL PBC, INC.	c EIN-PN 32-0466406-001
a	Plan name	THREE OAKS HOMELESS SHELTER, INC. 401K PLAN	
b	Name of plan sponsor	THREE OAKS HOMELESS SHELTER, INC.	c EIN-PN 52-1849276-001
a	Plan name	LD PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	LD PLASTICS, INC.	c EIN-PN 04-2702532-001
a	Plan name	LEAN TECHNIQUES, INC. 401(K) PLAN	
b	Name of plan sponsor	LEAN TECHNIQUES, INC.	c EIN-PN 38-3836804-001
a	Plan name	TODD STRATEGY 401(K) PLAN	
b	Name of plan sponsor	TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	c EIN-PN 46-5566087-001
a	Plan name	TOOLMAX DESIGNING & TOOLING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOOLMAX DESIGNING & TOOLING, INC.	c EIN-PN 36-4625497-001
a	Plan name	LEE RIDDICK PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	LEE RIDDICK PLUMBING & HEATING INC.	c EIN-PN 46-4276258-001
a	Plan name	MGM BUILDERS 401(K) PLAN	
b	Name of plan sponsor	MGM BUILDERS	c EIN-PN 04-3390453-001
a	Plan name	MICHIGAN EXTRUDED ALUMINUM SALARIED 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN EXTRUDED ALUMINUM	c EIN-PN 38-2696585-777
a	Plan name	MOMENTUM BUILDERS 401(K)	
b	Name of plan sponsor	MOMENTUM BUILDERS	c EIN-PN 25-1413147-001
a	Plan name	MONODE MARKING PRODUCTS, INC. TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	MONODE MARKING PRODUCTS, INC.	c EIN-PN 34-0812439-001

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 MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE 401(K) PLAN	
b	Name of plan sponsor MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE	c EIN-PN 38-2536891-001
a	Plan name NETWORK OBJECTS 401(K) PLAN	
b	Name of plan sponsor NETWORK OBJECTS, INC.	c EIN-PN 56-2633028-001
a	Plan name NEW HOPE OF ARIZONA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW HOPE OF ARIZONA INC.	c EIN-PN 26-2624451-001
a	Plan name NORTH POINT PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor NORTH POINT PROPERTY MANAGEMENT LLC	c EIN-PN 26-3020121-002
a	Plan name PETOSKEY DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor PETOSKEY DENTAL ASSOCIATES	c EIN-PN 83-1942627-001
a	Plan name PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PETOSKEY SURGEONS, P.C.	c EIN-PN 38-3448511-001
a	Plan name PROSERVICE HAWAII 401(K) PLAN	
b	Name of plan sponsor PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	c EIN-PN 61-1582293-001
a	Plan name PROTECTIVE PACKAGING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor FOAM FABRICATORS ACQUISITION, LLC	c EIN-PN 84-0814184-001
a	Plan name QUALITY FABRICATION & DESIGN 401(K) PLAN	
b	Name of plan sponsor QUALITY FABRICATION & DESIGN	c EIN-PN 75-2191833-001
a	Plan name RIVERTON DENTAL ARTS, PC PROFIT SHARING PLAN	
b	Name of plan sponsor RIVERTON DENTAL ARTS, P.C.	c EIN-PN 22-1994808-002
a	Plan name RIVIERA IMAGING 401(K) PLAN	
b	Name of plan sponsor RIVIERA IMAGING, INC.	c EIN-PN 85-2960270-001
a	Plan name S JACOBS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor S JACOBS DBA ANNE BARGE	c EIN-PN 46-5423797-001

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	SHORELINE PRIVATE WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	BOSTON LEDGE, LLC	c EIN-PN 87-3066674-001
a	Plan name	SIGNATURE LANDSCAPE L.L.C. 401(K) PLAN & TRUST	
b	Name of plan sponsor	SIGNATURE LANDSCAPE L.L.C.	c EIN-PN 11-3652968-001
a	Plan name	SKS COMMUNICATIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SKS COMMUNICATIONS	c EIN-PN 57-1235666-001
a	Plan name	STEM CIDERS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	STEM CIDERS, LLC	c EIN-PN 46-2031245-001
a	Plan name	STEPPING STONES PEDIATRIC THERAPY 401(K) PLAN	
b	Name of plan sponsor	STEPPING STONES PEDIATRIC THERAPY, PLLC	c EIN-PN 27-1777939-001
a	Plan name	THE FORTUNA & CARTELLI, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FORTUNA & CARTELLI, P.C.	c EIN-PN 06-0887135-001
a	Plan name	THUNDER HEART PERFORMANCE CORP. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THUNDER HEART PERFORMANCE CORP	c EIN-PN 62-1630064-001
a	Plan name	THUREN FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THUREN FABRICATION, INC.	c EIN-PN 20-5081862-001
a	Plan name	UNION CRAFT BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor	UNION CRAFT BREWING COMPANY, LLC	c EIN-PN 45-3261482-001
a	Plan name	UNIQUE LAWN, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIQUE LAWN, INC. DBA TRUGREEN	c EIN-PN 41-1346668-001
a	Plan name	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	c EIN-PN 38-2487912-001
a	Plan name	WATER WELL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	WATER WELL INVESTMENTS, LLC	c EIN-PN 85-2736894-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	WILLIAM D. STINSON, M.D. 401(K) PLAN
b	Name of plan sponsor	WILLIAM D. STINSON, M.D.
c	EIN-PN	26-3333013-001
a	Plan name	WILLIAMS INSTITUTIONAL FOODS 401(K) PLAN
b	Name of plan sponsor	WILLIAMS INSTITUTIONAL FOODS
c	EIN-PN	58-1148285-001
a	Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN
b	Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM
c	EIN-PN	23-1352002-002
a	Plan name	ADDRESS HEALTHCARE ADMINISTRATION, LLC
b	Name of plan sponsor	ADDRESS HEALTHCARE ADMINISTRATION, LLC
c	EIN-PN	99-1289536-001
a	Plan name	AMERICAN COATINGS CORP. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	AMERICAN COATINGS CORP.
c	EIN-PN	31-1581806-001
a	Plan name	AMI SAVINGS & RETIREMENT PLAN
b	Name of plan sponsor	ASSOCIATION MANAGEMENT, INC.
c	EIN-PN	38-2134786-001
a	Plan name	BAY AREA/GENERAL CRANE SERVICE, INC. 401(K) PLAN
b	Name of plan sponsor	BAY AREA/GENERAL CRANE SERVICE, INC.
c	EIN-PN	74-1869552-001
a	Plan name	BAYSIDE AUTO GROUP 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	BAYSIDE AUTO GROUP
c	EIN-PN	52-1664217-001
a	Plan name	BLUE EARTH DRUG 401(K) PLAN
b	Name of plan sponsor	B.E. DRUG, INC. DBA BLUE EARTH DRUG
c	EIN-PN	41-1968188-001
a	Plan name	BRAND JOURNALISTS LLC 401K PLAN
b	Name of plan sponsor	BRAND JOURNALISTS LLC
c	EIN-PN	27-4681999-001
a	Plan name	BRANDPOINT SERVICES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	RHOMBUS SERVICES, LLC DBA BRANDPOINT SERVICES
c	EIN-PN	27-3635342-001
a	Plan name	BRANDT HEATING AND AIR CONDITIONING CO., INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BRANDT HEATING AND AIR CONDITIONING CO., INC.
c	EIN-PN	42-1291576-001

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 CASTOR GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor CASTOR GROUP, LLC	c EIN-PN 20-0785510-001
a	Plan name CRISWELL AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor CRISWELL CHEVROLET INC.	c EIN-PN 52-0950184-001
a	Plan name CRISWELL OF WOODSTOCK 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CRISWELL FORD OF WOODSTOCK, INC.	c EIN-PN 84-4220321-002
a	Plan name DELTA PEANUT, LLC 401(K) PLAN	
b	Name of plan sponsor DELTA PEANUT, LLC	c EIN-PN 83-2811029-001
a	Plan name DEMAJE HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor DEMAJE HOLDINGS, LLC	c EIN-PN 26-2330844-001
a	Plan name DEMOSS ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor DEMOSS ELECTRIC, INC.	c EIN-PN 02-0677709-001
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 DILS ROOFING 401(K) PLAN	
b	Name of plan sponsor TRUPRO, INC. DBA DILS ROOFING	c EIN-PN 33-0492050-001
a	Plan name DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor DIRSEC, INC.	c EIN-PN 84-1595959-001
a	Plan name EL MOLINO DE ORO INC. RETIREMENT PLAN	
b	Name of plan sponsor EL MOLINO DE ORO INC.	c EIN-PN 45-3830780-001
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	FABIAN A RAMOS MD PLLC 401(K) PLAN	
b	Name of plan sponsor	FABIAN A RAMOS MD PLLC	c EIN-PN 20-1861799-001
a	Plan name	FIDDLEHEAD BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor	FIDDLEHEAD BREWERY	c EIN-PN 27-3621652-001
a	Plan name	FIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor	AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	c EIN-PN 68-0625733-001
a	Plan name	GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor	GAVRILOV LAW CORPORATION	c EIN-PN 27-0151979-001
a	Plan name	GIENAPP ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	GIENAPP ARCHITECTS, LLC	c EIN-PN 87-0759464-001
a	Plan name	GKBK 401(K) PLAN	
b	Name of plan sponsor	GAUNTT KOEN BINNEY & KIDD, LLP	c EIN-PN 76-0574603-001
a	Plan name	GREEN CHARGE ENVIRONMENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREEN CHARGE ENVIRONMENTAL, INC.	c EIN-PN 46-2745824-001
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	HARBOR VIEW CUSTOM CABINETS & INTERIORS LLC RETIREMENT PLAN	
b	Name of plan sponsor	HARBOR VIEW CUSTOM CABINETS & INTERIORS LLC	c EIN-PN 20-0696398-002
a	Plan name	HOMEVETS, LLC 401(K) PLAN	
b	Name of plan sponsor	HOMEVETS	c EIN-PN 85-1161581-001
a	Plan name	HP WORKFORCE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	HP WORKFORCE SOLUTIONS, LLC	c EIN-PN 82-1218028-001
a	Plan name	HUBLER FAMILY AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	HRH AUTOMOTIVE LLC	c EIN-PN 83-2110831-001

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 INTERNATIONAL COLLEGE COUNSELORS 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL COLLEGE COUNSELORS, INC.	c EIN-PN 26-4096102-001
a	Plan name INTERSTATE COMMERCIAL GLASS & DOOR, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor INTERSTATE COMMERCIAL GLASS & DOOR, INC.	c EIN-PN 38-2822716-001
a	Plan name J.E. JOHNSON, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor J.E. JOHNSON CONTRACTING, INC.	c EIN-PN 38-2247698-001
a	Plan name JL LOCAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JL LOCAL, LLC	c EIN-PN 82-3122671-001
a	Plan name JM FUNDING GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JM FUNDING GROUP, INC.	c EIN-PN 26-2524403-001
a	Plan name KENOSHA ACHIEVEMENT CENTER, INC. EMPLOYEES' PROFIT SHARING TRUST	
b	Name of plan sponsor KENOSHA ACHIEVEMENT CENTER, INC.	c EIN-PN 39-1399101-001
a	Plan name LANDSCAPING SUN VALLEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LANDSCAPING SUN VALLEY, INC. DBA TERRA LANDSCAPES	c EIN-PN 26-2425399-001
a	Plan name LANEY LA, INC. 401(K) PLAN	
b	Name of plan sponsor LANEY LA, INC.	c EIN-PN 46-5334241-001
a	Plan name LANSING ICE AND FUEL COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor LANSING ICE AND FUEL	c EIN-PN 38-0745480-001
a	Plan name A-1 SECURITY BARS, INC. 401(K) PLAN	
b	Name of plan sponsor A-1 SECURITY BARS, INC.	c EIN-PN 52-2284626-001
a	Plan name A-WHISCO INC. 401(K) PLAN	
b	Name of plan sponsor A-WHISCO, INC.	c EIN-PN 52-0979730-001
a	Plan name A.I. BOERENKO PLUMBING AND PUMP LLC 401(K) PLAN	
b	Name of plan sponsor A.I. BOERENKO PLUMBING AND PUMP LLC	c EIN-PN 51-0486026-001

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	ARCHAMBAULT CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHAMBAULT CONSTRUCTION, INC.	c EIN-PN 04-3574452-001
a	Plan name	BBB AUTO 401(K) PLAN	
b	Name of plan sponsor	BBB AUTOMOTIVE	c EIN-PN 85-2848240-001
a	Plan name	BEACON HILL AT EASTGATE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BEACON HILL AT EASTGATE	c EIN-PN 38-1586704-002
a	Plan name	BEAR RIVER ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEAR RIVER ELECTRIC COMPANY	c EIN-PN 38-3264163-001
a	Plan name	BRET STEEL CORP 401(K) PLAN	
b	Name of plan sponsor	BRET STEEL CORP	c EIN-PN 02-0493597-001
a	Plan name	CASUALTY ACTUARIAL CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASUALTY ACTUARIAL CONSULTANTS, INC.	c EIN-PN 62-1591851-001
a	Plan name	CATHOLIC CHARITIES 401(K) PLAN	
b	Name of plan sponsor	CATHOLIC CHARITIES	c EIN-PN 85-0110070-001
a	Plan name	COMMONWEALTH TRUST COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMONWEALTH TRUST COMPANY	c EIN-PN 51-0009125-001
a	Plan name	CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
b	Name of plan sponsor	MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	c EIN-PN 48-0666889-001
a	Plan name	ELITE PAINTING AL, LLC 401(K) PLAN	
b	Name of plan sponsor	ELITE PAINTING AL, LLC	c EIN-PN 45-3025849-001
a	Plan name	ELITE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELITE PROPERTY MANAGEMENT	c EIN-PN 30-0515018-001
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

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 HARKER HEATING & COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor HARKER HEATING & COOLING, INC.	c EIN-PN 39-1634801-001
a	Plan name HARKERS HOLLOW GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor HARKER'S HOLLOW GOLF CLUB	c EIN-PN 82-3107421-001
a	Plan name HARMSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARMSEN CONSTRUCTION, INC.	c EIN-PN 38-2720081-001
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 LIBERTY UCC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY UCC MANAGEMENT, LLC	c EIN-PN 81-3126287-001
a	Plan name 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 MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOOSE INTERNATIONAL, INC.	c EIN-PN 36-1408120-005
a	Plan name NORTHPOINT CONSTRUCTION MANAGEMENT, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHPOINT CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 20-2902599-001
a	Plan name PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
a	Plan name PARKER SQUARED AND AFFILIATED COMPANIES 401(K) PLAN	
b	Name of plan sponsor PARKER SQUARED, INC. DBA SLEEPING BABY, INC.	c EIN-PN 27-0402271-001
a	Plan name PRECISION CONCRETE CONSTRUCTION COMPANY 401K PLAN	
b	Name of plan sponsor PRECISION CONCRETE CONSTRUCTION COMPANY	c EIN-PN 52-0851269-001
a	Plan name PREFERRED MEATS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PREFERRED MEATS INC.	c EIN-PN 20-8293251-001

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	RLM INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RLM INDUSTRIES, INC.	c EIN-PN 38-2067475-001
a	Plan name	ROBERT GUEN, DMD & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	ROBERT GUEN, DMD & ASSOCIATES, LLC	c EIN-PN 80-0522647-002
a	Plan name	SEATTLE DOGWOOD 401(K) PLAN	
b	Name of plan sponsor	DOGWOOD MANAGEMENT, LLC	c EIN-PN 47-3254818-001
a	Plan name	SMITH CURRY 401(K) PLAN	
b	Name of plan sponsor	SMITH CURRY	c EIN-PN 56-2145650-001
a	Plan name	SUPERIOR CONTRACTING SERVICES 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR CONTRACTING SERVICES, LLC	c EIN-PN 47-3165305-001
a	Plan name	TOYS FOR TRUCKS, INC. 401(K) PLAN	
b	Name of plan sponsor	TOYS FOR TRUCKS, INC.	c EIN-PN 39-1646646-001
a	Plan name	VAUGHN WATER COMPANY 401(K) PLAN	
b	Name of plan sponsor	VAUGHN WATER COMPANY	c EIN-PN 95-1600230-002
a	Plan name	VELOCITY COMMERCIAL CAPITAL 401(K) PLAN	
b	Name of plan sponsor	VELOCITY COMMERCIAL CAPITAL, LLC	c EIN-PN 20-1193192-001
a	Plan name	VELOCITY MACHINE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	VELOCITY MACHINE INC.	c EIN-PN 39-1939229-001
a	Plan name	VENDOME COPPER & BRASS WORKS, INC. 401(K) PLAN	
b	Name of plan sponsor	VENDOME COPPER & BRASS WORKS, INC.	c EIN-PN 61-0418470-001
a	Plan name	VENZA LEARNING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	VENZA LEARNING SOLUTIONS, INC. D/B/A VENZA, INC.	c EIN-PN 26-2343444-002
a	Plan name	WINFREY DENTAL AESTHETICS 401(K) PLAN	
b	Name of plan sponsor	WINFREY DENTAL AESTHETICS	c EIN-PN 73-1642618-001

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	WINSLOW CAMPUS OF CARE 401(K) PLAN		
b	Name of plan sponsor	WINSLOW CONVALESCENT CENTER DBA WINSLOW CAMPUS OF CARE	c	EIN-PN 86-0320039-001
a	Plan name	HAYDON HOLDINGS, LLC AND SUBSIDIARIES PROFIT SHARING PLAN		
b	Name of plan sponsor	HAYDON HOLDINGS, LLC	c	EIN-PN 06-1662614-001
a	Plan name	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST		
b	Name of plan sponsor	ICONERGY LTD	c	EIN-PN 27-2414344-001
a	Plan name	JAINDL PROPERTIES LLC RETIREMENT PLAN		
b	Name of plan sponsor	JAINDL PROPERTIES LLC	c	EIN-PN 20-1690137-001
a	Plan name	KINGWOOD CENTER GARDENS 401(K) RETIREMENT PLAN		
b	Name of plan sponsor	KINGWOOD CENTER GARDENS	c	EIN-PN 34-0750349-001
a	Plan name	KLAR, IZSAK, & STENGER LLC 401(K) PLAN		
b	Name of plan sponsor	KLAR, IZSAK, & STENGER LLC	c	EIN-PN 43-1844222-001
a	Plan name	KLJ-FB 401(K) PLAN		
b	Name of plan sponsor	FOUR BOARD WOODWORKS LLC	c	EIN-PN 81-2214411-001
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	MCCOY & SPARKS 401(K) PLAN		
b	Name of plan sponsor	MCCOY & SPARKS, PLLC	c	EIN-PN 20-1412812-001
a	Plan name	MPX 401(K) PLAN		
b	Name of plan sponsor	MPX	c	EIN-PN 01-0457729-001
a	Plan name	NOVA AMP 401(K) PLAN		
b	Name of plan sponsor	NOVA ASSOCIATION MANAGEMENT PARTNERS, LLC	c	EIN-PN 83-3585159-001
a	Plan name	PARTNER VALUATION ADVISORS LLC 401(K) PLAN		
b	Name of plan sponsor	PARTNER VALUATION ADVISORS LLC	c	EIN-PN 88-3351652-001

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	PAUL M. KENTOR, M.D., S.C. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PAUL M. KENTOR, M.D., S.C.	c EIN-PN 36-3119308-001
a	Plan name	R.L. BODEKER & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	R.L. BODEKER & SONS, INC.	c EIN-PN 41-1379442-001
a	Plan name	RAMSEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAMSEY & ASSOCIATES INC.	c EIN-PN 61-1197581-001
a	Plan name	SONNEN, INC. 401(K) PLAN	
b	Name of plan sponsor	SONNEN, INC.	c EIN-PN 47-3043045-001
a	Plan name	SONSHINE FAMILY TELEVISION CORP 401(K) PLAN	
b	Name of plan sponsor	SONSHINE FAMILY TELEVISION CORP	c EIN-PN 22-2672541-001
a	Plan name	TRANSCONTINENTAL CONTRACTING, INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSCONTINENTAL CONTRACTING INC.	c EIN-PN 22-3416826-001
a	Plan name	TRANSPORT SOLUTIONS OF AMERICA 401(K) PLAN	
b	Name of plan sponsor	TRANSPORT SOLUTIONS OF AMERICA, LLC	c EIN-PN 20-4539184-001
a	Plan name	VERADYNE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VERADYNE UNLIMITED, INC.	c EIN-PN 82-1987323-001
a	Plan name	VHF SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	VHF SALES, INC.	c EIN-PN 42-1427958-001
a	Plan name	WLFCO PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	WLFCO, LLC	c EIN-PN 83-4272397-001
a	Plan name	WOODBINE 401(K) PLAN	
b	Name of plan sponsor	WOODBINE DEVELOPMENT I, LTD.	c EIN-PN 75-2574239-001
a	Plan name	A.K.O. INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	A.K.O. INC.	c EIN-PN 06-0249990-001

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 AL TERRY PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AL TERRY PLUMBING & HEATING, INC.	c EIN-PN 02-0344810-002
a	Plan name ALESIG CONSULTING 401(K) PLAN	
b	Name of plan sponsor ALESIG CONSULTING	c EIN-PN 61-1591534-001
a	Plan name BRIQUETTES 401(K) PLAN	
b	Name of plan sponsor BRIQUETTES	c EIN-PN 46-1353447-001
a	Plan name BRITTEN DENTAL ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor BRITTEN DENTAL ASSOCIATES, PLLC	c EIN-PN 93-4203136-001
a	Plan name BROADLEAF, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BROADLEAF, INC.	c EIN-PN 26-2561880-001
a	Plan name CENTERPOINT FELLOWSHIP CHURCH 401(K) PLAN	
b	Name of plan sponsor CENTERPOINT FELLOWSHIP CHURCH	c EIN-PN 27-1489622-001
a	Plan name CENTRAL MACHINERY COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor CENTRAL MACHINERY COMPANY, LLC DBA CEN MAC METAL WORKS	c EIN-PN 34-1943090-001
a	Plan name CUKIERSKI & ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor CUKIERSKI & ASSOCIATES, LLC	c EIN-PN 36-4239322-001
a	Plan name CYBERTEK MSSP 401(K) PLAN	
b	Name of plan sponsor CYBERTEK MSSP	c EIN-PN 86-1221904-001
a	Plan name EMERGE ATS, LLC 401K PLAN	
b	Name of plan sponsor EMERGE ADVANCED TECHNOLOGY SOLUTIONS, LLC	c EIN-PN 20-8060822-001
a	Plan name ENERGY SERVICES OF COLORADO, INC. 401(K) PLAN	
b	Name of plan sponsor ENERGY SERVICES OF COLORADO, INC.	c EIN-PN 68-0577024-001
a	Plan name MY FIRST MONTESSORI, INC. 401(K) PLAN	
b	Name of plan sponsor MY FIRST MONTESSORI, INC.	c EIN-PN 80-0770264-001

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 N.E.P., INC. DBA STONE AGENCY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor N.E.P., INC. DBA STONE AGENCY	c EIN-PN 06-1446107-001
a	Plan name NUWAVE ENERGY SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NUWAVE ENERGY SOLUTIONS, LLC	c EIN-PN 84-2586779-001
a	Plan name PAUL NAFTALI, O.D., P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL NAFTALI, O.D., P.A.	c EIN-PN 22-3361281-001
a	Plan name PRO BOX STORAGE 401(K) PLAN	
b	Name of plan sponsor PRO BOX PORTABLE STORAGE, LLC	c EIN-PN 35-2485775-001
a	Plan name PRO TIRES 401(K) PLAN	
b	Name of plan sponsor 1835 GGK TEAM INC	c EIN-PN 81-0757899-001
a	Plan name PRO-MEC ENGINEERING 401(K) PLAN	
b	Name of plan sponsor PRO-MEC ENGINEERING SERVICES, INC.	c EIN-PN 20-3786112-001
a	Plan name RANGE-CRAFT 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RANGE-CRAFT	c EIN-PN 22-3330263-001
a	Plan name RATTO LAW FIRM 401(K) PLAN & TRUST	
b	Name of plan sponsor RATTO LAW FIRM	c EIN-PN 94-2952937-001
a	Plan name RAYMOND HANDLING CONSULTANTS, LC 401(K) PLAN	
b	Name of plan sponsor RAYMOND HANDLING CONSULTANTS, LC	c EIN-PN 59-3331430-001
a	Plan name SEVEN CORNERS PRINTING 401(K) PLAN	
b	Name of plan sponsor SEVEN CORNERS PRINTING COMPANY	c EIN-PN 41-0992291-001
a	Plan name SGI 401(K) PLAN	
b	Name of plan sponsor SGI	c EIN-PN 93-4216744-001
a	Plan name TAG MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor TAG MANUFACTURING, INC.	c EIN-PN 72-1578630-001

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 PETROLEUM ALLIANCE OF OKLAHOMA PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PETROLEUM ALLIANCE OF OKLAHOMA	c EIN-PN 73-0667344-002
a	Plan name	TRENT NEISEN, DDS, PLLC 401(K) PLAN	
b	Name of plan sponsor	TRENT NEISEN, DDS, PLLC	c EIN-PN 85-2718212-001
a	Plan name	WRA ARCHITECTS, INC. 401K PLAN	
b	Name of plan sponsor	WRA ARCHITECTS, INC	c EIN-PN 75-1084671-001
a	Plan name	WSA USA 401(K) PLAN	
b	Name of plan sponsor	WSA USA	c EIN-PN 27-4503720-001
a	Plan name	ALL COWBOY EROSION 401(K) PLAN	
b	Name of plan sponsor	ALL COWBOY EROSION CONTROL, LLC	c EIN-PN 26-4735281-001
a	Plan name	ALL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	ALL INSURANCE AGENCY, INC.	c EIN-PN 39-1809610-001
a	Plan name	ALL PURPOSE, LLC 401(K) PLAN	
b	Name of plan sponsor	ALL PURPOSE, LLC	c EIN-PN 82-1968528-001
a	Plan name	ARTEX LABEL & GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	ARTEX LABEL & GRAPHICS, INC.	c EIN-PN 38-3470303-001
a	Plan name	ARTHURS AND COMPANY CPA, LLC 401(K) PLAN	
b	Name of plan sponsor	ARTHURS AND COMPANY CPA, LLC	c EIN-PN 47-2006900-001
a	Plan name	ASAP, INC. 401(K) PLAN	
b	Name of plan sponsor	ASAP, INC.	c EIN-PN 26-0518910-001
a	Plan name	ASCEND DENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ASCEND DENTAL SERVICES, LLC	c EIN-PN 83-2589578-001
a	Plan name	BERGERT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BERGERT GROUP LTD.	c EIN-PN 81-0777309-001

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 BEST CLEANERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BEST CLEANERS, INC.	c EIN-PN 06-1333413-001
a	Plan name CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CENTURY BUILDING SOLUTIONS, INC.	c EIN-PN 46-0631230-001
a	Plan name CET & ASSOCIATES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CET & ASSOCIATES, LLC	c EIN-PN 80-0660613-001
a	Plan name CHANDLER'S PARTS & SERVICE 401(K) PLAN	
b	Name of plan sponsor CHANDLER'S PARTS & SERVICE	c EIN-PN 72-0840036-001
a	Plan name COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name CONCIERGE PHYSICAL THERAPY, INC. 401(K) PLAN	
b	Name of plan sponsor CONCIERGE PHYSICAL THERAPY, INC.	c EIN-PN 47-4420844-001
a	Plan name CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	c EIN-PN 82-1776313-001
a	Plan name ENGINEERED TOOLS EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor ENGINEERED TOOLS CORPORATION	c EIN-PN 38-2315702-001
a	Plan name ENTHUSIAST ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor ENTHUSIAST ENTERPRISE	c EIN-PN 46-2378541-001
a	Plan name FIVE POINTS PLAN	
b	Name of plan sponsor CHARLES RAMON, LLC DBA LA ESTRELLA HOME CARE	c EIN-PN 74-2993731-001
a	Plan name GOGICK TECHNOLOGY CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor GOGICK TECHNOLOGY CONSULTING, LLC	c EIN-PN 82-3068700-001
a	Plan name GOLDEN AGE HOME HEALTH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOLDEN AGE HOME HEALTH, INC.	c EIN-PN 73-1462627-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	IES COMPANIES, INC 401(K)	
b	Name of plan sponsor	I.E.S. INCORPORATED	c EIN-PN 04-2920789-001
a	Plan name	IKP 401(K) PLAN	
b	Name of plan sponsor	IKP FAMILY MEDICINE, P.A.	c EIN-PN 20-2412782-001
a	Plan name	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP 401(K) PLAN	
b	Name of plan sponsor	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP	c EIN-PN 47-0395621-002
a	Plan name	KONWINSKI CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	KONWINSKI CONSTRUCTION	c EIN-PN 38-2906724-001
a	Plan name	LIVA EYE CENTER 401(K) PLAN	
b	Name of plan sponsor	LIVA EYE CENTER, LLC	c EIN-PN 20-0466607-002
a	Plan name	ALLEGHENY MILLWORK 401(K) PLAN	
b	Name of plan sponsor	ALLEGHENY MILLWORK	c EIN-PN 25-1369567-002
a	Plan name	AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name	AZH MANAGEMENT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AZH MANAGEMENT, LLC	c EIN-PN 87-1039988-001
a	Plan name	DYNAMIC RESTAURANT HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC RESTAURANT HOLDINGS, LLC	c EIN-PN 36-4878000-001
a	Plan name	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	FLOW-LINE CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	FLOW-LINE CONSTRUCTION	c EIN-PN 46-0730116-001
a	Plan name	FLUX POWER, INC. 401(K) PLAN	
b	Name of plan sponsor	FLUX POWER, INC.	c EIN-PN 27-1142066-001

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 GREEN CHARGE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREEN CHARGE TECHNOLOGIES, INC.	c EIN-PN 81-2651743-001
a	Plan name GREENVILLE ENDODONTICS 401(K) PLAN	
b	Name of plan sponsor GREENVILLE ENDODONTICS, LLC	c EIN-PN 82-3388235-001
a	Plan name LOOMIS INTERNATIONAL, LTD. 401(K) PLAN	
b	Name of plan sponsor LOOMIS INTERNATIONAL, LTD	c EIN-PN 36-3361456-001
a	Plan name LOWEN HOSPITALITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor LOWEN HOSPITALITY MANAGEMENT, LLC	c EIN-PN 75-2946797-001
a	Plan name MID THUMB CONTRACTING, LLC 401(K) PLAN	
b	Name of plan sponsor MID THUMB CONTRACTING	c EIN-PN 32-0337517-001
a	Plan name OBJECTIVE GROUP OF COMPANIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor OBJECTIVE GROUP OF COMPANIES	c EIN-PN 81-0806963-333
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 SAARMAN CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAARMAN CONSTRUCTION, LTD.	c EIN-PN 94-2929210-001
a	Plan name SOUTHERN CALIFORNIA EMERGENCY MEDICINE 401(K) PLAN	
b	Name of plan sponsor SOUTHERN CALIFORNIA EMERGENCY MEDICINE, A MEDICAL CORPORATION	c EIN-PN 87-0698478-001
a	Plan name SOUTHWEST EMERGENCY PHYSICIANS, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHWEST EMERGENCY PHYSICIANS, L.L.C.	c EIN-PN 87-0545902-001
a	Plan name WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	
b	Name of plan sponsor WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	c EIN-PN 42-0680307-002
a	Plan name WCMS 401(K) PLAN	
b	Name of plan sponsor WCMS	c EIN-PN 35-1997542-001

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 ALLSTAR PLUMBERS 401(K) PLAN	
b	Name of plan sponsor ALLSTAR PLUMBERS, INC.	c EIN-PN 26-0425473-001
a	Plan name B & G HVAC, INC. 401(K) PLAN	
b	Name of plan sponsor B & G HVAC, INC.	c EIN-PN 20-4345115-001
a	Plan name EAST COAST RECOVERY LLC 401(K) PLAN	
b	Name of plan sponsor EAST COAST RECOVERY LLC	c EIN-PN 47-2225497-001
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 FOUR STAR MECHANICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOUR STAR MECHANICAL, INC.	c EIN-PN 31-1590413-001
a	Plan name FOX VALLEY CAB 401(K) PLAN	
b	Name of plan sponsor LIR TRANSPORTATION LLC DBA FOX VALLEY CAB	c EIN-PN 46-5234731-001
a	Plan name GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001
a	Plan name JWC BUILDING SPECIALTIES, INC. 401(K) PLAN	
b	Name of plan sponsor JWC BUILDING SPECIALTIES, INC.	c EIN-PN 39-1569926-001
a	Plan name LUCERO POOL PLASTER INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LUCERO POOL PLASTER INC.	c EIN-PN 26-2050980-001
a	Plan name LUKE DRAILY CONSTRUCTION CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LUKE DRAILY CONSTRUCTION COMPANY, INC.	c EIN-PN 43-1796529-001
a	Plan name LUSSON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor LUSSON ENTERPRISES	c EIN-PN 20-2947469-001
a	Plan name MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, P.S.C. 401(K) PLAN	
b	Name of plan sponsor MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, PSC	c EIN-PN 20-4753970-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name OLE SOUTH PROPERTIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OLE SOUTH PROPERTIES, INC.	c EIN-PN 62-1336679-001
a	Plan name OMAN-GIBSON ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OMAN-GIBSON ASSOCIATES, LLC	c EIN-PN 04-3617907-001
a	Plan name OMEGA BENEFIT STRATEGIES, INC. 401(K) PLAN	
b	Name of plan sponsor OMEGA BENEFIT STRATEGIES, INC.	c EIN-PN 83-1866543-001
a	Plan name PIES & PINTS 401(K) PLAN	
b	Name of plan sponsor PIES & PINTS MANAGEMENT COMPANY, LLC	c EIN-PN 46-0800537-001
a	Plan name PIPE CRAFT SAVINGS PLAN	
b	Name of plan sponsor PIPE CRAFT, INC.	c EIN-PN 83-2329549-001
a	Plan name PIVOTAL HOUSING PARTNERS LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PIVOTAL HOUSING PARTNERS LLC	c EIN-PN 81-4615424-001
a	Plan name SPARKMAN INDUSTRIES, INC. AND SPARKMAN MANAGEMENT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor SPARKMAN INDUSTRIES, INC.	c EIN-PN 74-1874129-002
a	Plan name SPECIALTY INCENTIVES, INC. 401(K) PLAN	
b	Name of plan sponsor SPECIALTY INCENTIVES, INC.	c EIN-PN 84-0878658-001
a	Plan name TEXAS HUMANE HEROES 401(K) PLAN	
b	Name of plan sponsor TEXAS HUMANE HEROES, INC.	c EIN-PN 74-2069592-001
a	Plan name TEXAS SAFFIRE, LLC 401(K) PLAN	
b	Name of plan sponsor TEXAS SAFFIRE, LLC	c EIN-PN 27-5482729-001
a	Plan name TUFFALOY PRODUCTS 401(K) PLAN	
b	Name of plan sponsor TUFFALOY PRODUCTS, INC.	c EIN-PN 38-1710357-002
a	Plan name WENTWORTH BUILDERS, INC. SAFE HARBOR PLAN	
b	Name of plan sponsor WENTWORTH BUILDERS, INC.	c EIN-PN 38-2620809-001

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 JANUS HENDERSON TRITON RET OPT	B Three-digit plan number (PN) ▶ 834
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	45765813
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	42916853
(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	45765813	42916853
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2	2
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2	2
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	45765811	42916851

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)	134215	
(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)	1872113	
(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)		2820012
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4826340

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		4826340
l Transfers of assets:			
(1) To this plan	2l(1)		8130198
(2) From this plan	2l(2)		15805498

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 _____.