

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: HARTFORD MID CAP RET OPT; 1b Three-digit plan number (PN): 870; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

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

**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:

|  |  |
|--|--|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 \_\_\_\_\_

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|   |  |   |
|---|--|---|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>▶ File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---|--|---|

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

|  |  |            |
|--|--|------------|
| <b>A</b> Name of plan<br><u>HARTFORD MID CAP RET OPT</u>   | <b>B</b> Three-digit plan number (PN)                              | <u>870</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TRANSAMERICA LIFE INSURANCE COMPANY</u> | <b>D</b> Employer Identification Number (EIN)<br><u>39-0989781</u> |            |

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

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

**a** Name of MTIA, CCT, PSA, or 103-12 IE:

**b** Name of sponsor of entity listed in (a):

**c** EIN-PN

**d** Entity code

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

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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)

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | BAKERSFIELD COUNTRY CLUB 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BAKERSFIELD COUNTRY CLUB   | <b>c</b> EIN-PN 95-1615940-001 |
| <b>a</b>   | Plan name            | BALDWIN, BRISCOE, & STEINMETZ, P.C. 401(K) PLAN                                      |                                |
| <b>b</b>   | Name of plan sponsor | BALDWIN, BRISCOE, & STEINMETZ, P.C.  | <b>c</b> EIN-PN 52-1564009-001 |
| <b>a</b>   | Plan name            | ENVISION FOODS 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ENVISION FOODS, LLC  | <b>c</b> EIN-PN 20-4278964-001 |
| <b>a</b>   | Plan name            | PROCIRCULAR, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PROCIRCULAR, INC.  | <b>c</b> EIN-PN 81-1171034-001 |
| <b>a</b>   | Plan name            | PROFESSIONAL RESTORATION 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DRS, INC.  | <b>c</b> EIN-PN 84-1485846-002 |
| <b>a</b>   | Plan name            | KRASHIDBUILT 401(K) + PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | KRASHIDBUILT LLC   | <b>c</b> EIN-PN 81-5001167-001 |
| <b>a</b>   | Plan name            | KRC, INC. RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | KRC, INC.  | <b>c</b> EIN-PN 38-2721514-001 |
| <b>a</b>   | Plan name            | THE VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | THE VALLEY FERTILIZER CHEMICAL CO, INC.  | <b>c</b> EIN-PN 54-0415185-002 |
| <b>a</b>   | Plan name            | FAIRWAY ELECTRIC INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | FAIRWAY ELECTRIC INC.  | <b>c</b> EIN-PN 83-0658890-001 |
| <b>a</b>   | Plan name            | FAMILY CARE HOME HEALTH & HOSPICE LLC 401(K) PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | FAMILY CARE HOME HEALTH & HOSPICE LLC  | <b>c</b> EIN-PN 81-2802771-001 |
| <b>a</b>   | Plan name            | LAUREL EYE CLINIC GROUP RETIREMENT PLAN AND TRUST AGREEMENT                          |                                |
| <b>b</b>   | Name of plan sponsor | LAUREL EYE CLINIC GROUP  | <b>c</b> EIN-PN 25-1375158-002 |
| <b>a</b>   | Plan name            | LAW OFFICE OF JASON A. WAECHTER 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | LAW OFFICE OF JASON A. WAECHTER  | <b>c</b> EIN-PN 38-3170110-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | REGINA INTER-PARISH CATHOLIC EDUCATION CENTER 401(K) PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor | REGINA INTER-PARISH CATHOLIC EDUCATION CENTER  | <b>c</b> EIN-PN 42-0957166-001 |
| <b>a</b>   | Plan name            | REGULUS 401(K)   |                                |
| <b>b</b>   | Name of plan sponsor | REGULUS GROUP, LLC   | <b>c</b> EIN-PN 33-1009928-002 |
| <b>a</b>   | Plan name            | BURLEIGH DENTAL, S.C. CASH OR DEFERRED PROFIT SHARING PLAN                           |                                |
| <b>b</b>   | Name of plan sponsor | BURLEIGH DENTAL, S.C.  | <b>c</b> EIN-PN 39-1170894-001 |
| <b>a</b>   | Plan name            | BURNETT TRUCKING, INC. EMPLOYEE RETIREMENT PLAN                                      |                                |
| <b>b</b>   | Name of plan sponsor | BURNETT TRUCKING, INC.   | <b>c</b> EIN-PN 27-4114851-001 |
| <b>a</b>   | Plan name            | BUTTERFLY DENTAL 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | JIANYE CHEN DENTAL CORPORATION   | <b>c</b> EIN-PN 27-2591884-001 |
| <b>a</b>   | Plan name            | FREEDOM CREDIT UNION 401(K) PLAN AND TRUST   |                                |
| <b>b</b>   | Name of plan sponsor | FREEDOM CREDIT UNION   | <b>c</b> EIN-PN 87-0253260-002 |
| <b>a</b>   | Plan name            | RHEA COUNTY AMBULANCE SERVICE 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | RHEA COUNTY AMBULANCE SERVICE INC.   | <b>c</b> EIN-PN 62-1153440-001 |
| <b>a</b>   | Plan name            | UPPER CERVICAL CHIROPRACTIC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | UPPER CERVICAL CHIROPRACTIC OF MONMOUTH, LLC   | <b>c</b> EIN-PN 25-1910563-001 |
| <b>a</b>   | Plan name            | CAPITAL STEEL ERECTORS, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CAPITAL STEEL ERECTORS, INC.   | <b>c</b> EIN-PN 27-1376167-001 |
| <b>a</b>   | Plan name            | MARLEYS MONSTERS 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MARLEYS MONSTERS, LLC  | <b>c</b> EIN-PN 47-4495374-001 |
| <b>a</b>   | Plan name            | CHEEK CONSTRUCTION, LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CHEEK CONSTRUCTION, LLC  | <b>c</b> EIN-PN 46-4472104-001 |
| <b>a</b>   | Plan name            | CHEMCEL EMPLOYEES FEDERAL CREDIT UNION 401(K) PLAN AND TRUST                         |                                |
| <b>b</b>   | Name of plan sponsor | CHEMCEL FEDERAL CREDIT UNION   | <b>c</b> EIN-PN 74-6047771-001 |

| 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.) |                                |
| <b>a</b> | Plan name GRADIENT CYBER, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor GRADIENT CYBER, INC.  | <b>c</b> EIN-PN 37-1833819-002 |
| <b>a</b> | Plan name RON HAMMES REFRIGERATION 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor RON HAMMES REFRIGERATION CO., INC.  | <b>c</b> EIN-PN 39-1350539-001 |
| <b>a</b> | Plan name VIVINO SELECTIONS, INC. 401(K) AND PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor VIVINO SELECTIONS, INC.   | <b>c</b> EIN-PN 46-0995789-001 |
| <b>a</b> | Plan name VMC CLEAR VISION RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor VMC LLC   | <b>c</b> EIN-PN 20-3658210-001 |
| <b>a</b> | Plan name W & D IMPORTS, INC. PROFIT SHARING & 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor W & D IMPORTS, INC.   | <b>c</b> EIN-PN 22-2148916-003 |
| <b>a</b> | Plan name H&S FIELD SERVICES 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor H & S FIELD SERVICES INC.   | <b>c</b> EIN-PN 20-3401221-001 |
| <b>a</b> | Plan name MISSOURI JACK LLC & ILLINOIS JACK LLC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor MISSOURI JACK, LLC  | <b>c</b> EIN-PN 45-2037527-001 |
| <b>a</b> | Plan name SANCHEZ & AMADOR, LLP 401(K) PROFIT SHARING PLAN & TRUST   |                                |
| <b>b</b> | Name of plan sponsor SANCHEZ & AMADOR, LLP   | <b>c</b> EIN-PN 95-4460273-001 |
| <b>a</b> | Plan name WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor WESTERN EMULSIONS INC.  | <b>c</b> EIN-PN 86-0336082-001 |
| <b>a</b> | Plan name SHAWVER WELL COMPANY, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor SHAWVER WELL COMPANY, INC.  | <b>c</b> EIN-PN 42-1095739-002 |
| <b>a</b> | Plan name SHEN-PACO INDUSTRIES, INC. 401(K) AND PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor SHEN-PACO INDUSTRIES, INC.  | <b>c</b> EIN-PN 54-0972487-001 |
| <b>a</b> | Plan name ACCURATE REGRINDING 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor VAN TUIJEN COMPANY DBA ACCURATE REGRINDING SERVICE  | <b>c</b> EIN-PN 38-2644484-001 |

| 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.) |                                |
| <b>a</b> | Plan name CONNOR LEE & SHUMAKER PLLC 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor CONNOR LEE & SHUMAKER PLLC  | <b>c</b> EIN-PN 82-3319604-001 |
| <b>a</b> | Plan name HERITAGE AUTO 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN   | <b>c</b> EIN-PN 87-0306275-001 |
| <b>a</b> | Plan name HERITAGE FORD OF VERNAL 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor HERITAGE FORD OF VERNAL   | <b>c</b> EIN-PN 83-3589085-001 |
| <b>a</b> | Plan name SIMMONS & GOTTFRIED, PLLC 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor SIMMONS & GOTTFRIED, PLLC   | <b>c</b> EIN-PN 26-4138362-001 |
| <b>a</b> | Plan name SIMPLE MILLS, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor SIMPLE MILLS, INC.  | <b>c</b> EIN-PN 47-1100664-001 |
| <b>a</b> | Plan name CORNERSTONE PARKING GROUP, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor CORNERSTONE PARKING GROUP, INC.   | <b>c</b> EIN-PN 20-5195370-001 |
| <b>a</b> | Plan name DAVID DAVIS ENTERPRISE, INC. T/A DAVIS ACURA 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor DAVID DAVIS ENTERPRISE, INC.  | <b>c</b> EIN-PN 23-2439385-001 |
| <b>a</b> | Plan name DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor DC SHEETMETAL, LLC  | <b>c</b> EIN-PN 06-1570038-002 |
| <b>a</b> | Plan name OMSUM ENGINEERING, LLC 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor OMSUM ENGINEERING, LLC  | <b>c</b> EIN-PN 45-0740346-001 |
| <b>a</b> | Plan name STEWARDSHIP MARKETING SERVICES 401(K) PROFIT SHARING PLAN & TRUST  |                                |
| <b>b</b> | Name of plan sponsor STEWARDSHIP MARKETING SERVICES INC.   | <b>c</b> EIN-PN 47-5066374-001 |
| <b>a</b> | Plan name STONEHENGE ENERGY RESOURCES II, LP 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor STONEHENGE ENERGY RESOURCES II, LP  | <b>c</b> EIN-PN 90-0841261-001 |
| <b>a</b> | Plan name INVESTING TOGETHER IN YOUR FUTURE PLAN   |                                |
| <b>b</b> | Name of plan sponsor GREEN PEAK INDUSTRIES, LLC  | <b>c</b> EIN-PN 81-4533921-001 |

| Part II  | Information on Participating Plans (to be completed by DFEs, other than DCGs)                   |                                |
|--|---|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |   |                                |
| <b>a</b>   | Plan name PEARL HEALTHCARE 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor PEARL OF ROLLING MEADOWS, LLC  | <b>c</b> EIN-PN 83-1666833-001 |
| <b>a</b>   | Plan name JERSEY SHORE LAWN SPRINKLER 401(K) PROFIT SHARING PLAN & TRUST                        |                                |
| <b>b</b>   | Name of plan sponsor JERSEY SHORE LAWN AND SPRINKLER CONSTRUCTION COMPANY, INC.                 | <b>c</b> EIN-PN 22-3042964-001 |
| <b>a</b>   | Plan name JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor JESSUP CELLARS HOLDING COMPANY, LLC  | <b>c</b> EIN-PN 20-3071245-001 |
| <b>a</b>   | Plan name TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST                         |                                |
| <b>b</b>   | Name of plan sponsor TARGET ENTERPRISES, INC.   | <b>c</b> EIN-PN 06-1158272-001 |
| <b>a</b>   | Plan name RENSKO HOLDINGS 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor RENSKO HOLDINGS, LLC   | <b>c</b> EIN-PN 01-0549518-001 |
| <b>a</b>   | Plan name C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE                               | <b>c</b> EIN-PN 45-4487309-001 |
| <b>a</b>   | Plan name MADISEN MAHER ARCHITECTS 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor MADISEN MAHER ARCHITECTS, INC.   | <b>c</b> EIN-PN 45-4762447-001 |
| <b>a</b>   | Plan name GERKEN RENT-ALL 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor GERKEN RENT-ALL, INC.  | <b>c</b> EIN-PN 75-3082715-001 |
| <b>a</b>   | Plan name GF SLIDERS, INC. RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor GF SLIDERS, INC.   | <b>c</b> EIN-PN 80-0805440-001 |
| <b>a</b>   | Plan name CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor CAPTURA GROUP, INC.  | <b>c</b> EIN-PN 20-2083614-001 |
| <b>a</b>   | Plan name CARMEN TERREROS, M.D., INC. 401(K) PROFIT SHARING PLAN                                |                                |
| <b>b</b>   | Name of plan sponsor CARMEN TERREROS, M.D., INC.  | <b>c</b> EIN-PN 20-1750839-001 |
| <b>a</b>   | Plan name MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN & TRUST |                                |
| <b>b</b>   | Name of plan sponsor MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES                         | <b>c</b> EIN-PN 20-4106052-001 |

| 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.) |                                |
| <b>a</b> | Plan name MASOULEH CORP. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor MASOULEH CORP.  | <b>c</b> EIN-PN 22-3193497-001 |
| <b>a</b> | Plan name VALLEY RIDGE DENTAL ARTS LLC 401(K) PROFIT SHARING PLAN AND TRUST  |                                |
| <b>b</b> | Name of plan sponsor VALLEY RIDGE DENTAL ARTS LLC  | <b>c</b> EIN-PN 81-4150951-001 |
| <b>a</b> | Plan name RVC, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor RVC, INC. 401(K) PLAN   | <b>c</b> EIN-PN 55-0703498-001 |
| <b>a</b> | Plan name WHITE PROPERTIES OF WINCHESTER, INC 401K PLAN  |                                |
| <b>b</b> | Name of plan sponsor WHITE PROPERTIES OF WINCHESTER, INC   | <b>c</b> EIN-PN 54-1370300-001 |
| <b>a</b> | Plan name 3(16) FIDUCIARY SERVICES CORPORATION 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor 3(16) FIDUCIARY SERVICES CORPORATION  | <b>c</b> EIN-PN 45-4813655-001 |
| <b>a</b> | Plan name CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor CLINKSCALES PORTABLE TOILETS LLC  | <b>c</b> EIN-PN 93-1086752-001 |
| <b>a</b> | Plan name MOBILE IMAGES ACQUISITION, LLC 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor MOBILE IMAGES ACQUISITION, LLC  | <b>c</b> EIN-PN 62-1868089-001 |
| <b>a</b> | Plan name CONTROLS & WEIGHING SYSTEMS 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor CONTROLS & WEIGHING SYSTEMS, INC.   | <b>c</b> EIN-PN 59-1588191-001 |
| <b>a</b> | Plan name CONVERSIO HEALTH 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor INTEGRATED HEALTH CONCEPTS, INC.  | <b>c</b> EIN-PN 77-0572991-001 |
| <b>a</b> | Plan name NEMO, INC. PROFIT SHARING & 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor NEW ENGLAND MECHANICAL OVERLAY, INC.  | <b>c</b> EIN-PN 76-0794575-001 |
| <b>a</b> | Plan name NETMAKER COMMUNICATIONS LLC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor NETMAKER COMMUNICATIONS, LLC  | <b>c</b> EIN-PN 46-3834054-001 |
| <b>a</b> | Plan name AMBROSE SERVICES, LLC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor AMBROSE SERVICES, LLC   | <b>c</b> EIN-PN 46-3081985-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC. 401(K) PLAN                      |                                |
| <b>b</b>   | Name of plan sponsor | INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC.                                  | <b>c</b> EIN-PN 33-1168311-001 |
| <b>a</b>   | Plan name            | AOC LOGISTICS 401(K) SAVINGS PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | AOC LOGISTICS, LLC   | <b>c</b> EIN-PN 27-5136168-001 |
| <b>a</b>   | Plan name            | DESTINY HOSPICE CARE, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DESTINY HOSPICE CARE, INC.   | <b>c</b> EIN-PN 27-3919723-001 |
| <b>a</b>   | Plan name            | PEGASYS TECHNOLOGIES 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | PEGASYS TECHNOLOGIES, LLC  | <b>c</b> EIN-PN 82-4668955-001 |
| <b>a</b>   | Plan name            | DUOTECH SERVICES LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DUOTECH SERVICES LLC   | <b>c</b> EIN-PN 59-2658665-001 |
| <b>a</b>   | Plan name            | BARRY, BARALL, TAYLOR & LEVESQUE, LLC 401(K) PROFIT SHARING PLAN                     |                                |
| <b>b</b>   | Name of plan sponsor | BARRY, BARALL, TAYLOR & LEVESQUE LLC   | <b>c</b> EIN-PN 26-3428300-001 |
| <b>a</b>   | Plan name            | THE COLIBRI COLLECTIVE, LLC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | THE COLIBRI COLLECTIVE, LLC  | <b>c</b> EIN-PN 82-1629463-001 |
| <b>a</b>   | Plan name            | THE CONNECTME 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MODERN HR, INC.  | <b>c</b> EIN-PN 81-0741257-002 |
| <b>a</b>   | Plan name            | LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor | LABRASCA PLASTIC SURGERY, INC.   | <b>c</b> EIN-PN 46-4013077-001 |
| <b>a</b>   | Plan name            | THOMAS S. LAYTON, D.D.S. P.A. 401(K) PROFIT SHARING PLAN AND TRUST                   |                                |
| <b>b</b>   | Name of plan sponsor | THOMAS LAYTON, D.D.S.  | <b>c</b> EIN-PN 56-2145157-001 |
| <b>a</b>   | Plan name            | THOMPSON SANITATION INC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | THOMPSON SANITATION INC  | <b>c</b> EIN-PN 20-5580339-001 |
| <b>a</b>   | Plan name            | THREE OAKS HOMELESS SHELTER, INC. 401K PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | THREE OAKS HOMELESS SHELTER, INC.  | <b>c</b> EIN-PN 52-1849276-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | FELBRO DISPLAYS, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | FELBRO DISPLAYS, INC.  | <b>c</b> EIN-PN 95-3018320-003 |
| <b>a</b>   | Plan name            | TOOLMAX DESIGNING & TOOLING, INC. 401(K) PROFIT SHARING PLAN                         |                                |
| <b>b</b>   | Name of plan sponsor | TOOLMAX DESIGNING & TOOLING, INC.  | <b>c</b> EIN-PN 36-4625497-001 |
| <b>a</b>   | Plan name            | MGM BUILDERS 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | MGM BUILDERS   | <b>c</b> EIN-PN 04-3390453-001 |
| <b>a</b>   | Plan name            | MOMENTUM BUILDERS 401(K)   |                                |
| <b>b</b>   | Name of plan sponsor | MOMENTUM BUILDERS  | <b>c</b> EIN-PN 25-1413147-001 |
| <b>a</b>   | Plan name            | MONODE MARKING PRODUCTS, INC. TAX DEFERRED SAVINGS PLAN                              |                                |
| <b>b</b>   | Name of plan sponsor | MONODE MARKING PRODUCTS, INC.  | <b>c</b> EIN-PN 34-0812439-001 |
| <b>a</b>   | Plan name            | NORTH JACKSON PRIMARY CARE, LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | NORTH JACKSON PRIMARY CARE, LLC  | <b>c</b> EIN-PN 20-5560539-001 |
| <b>a</b>   | Plan name            | PROSERVICE HAWAII 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII  | <b>c</b> EIN-PN 61-1582293-001 |
| <b>a</b>   | Plan name            | PROVING GROUNDS COFFEE 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | THE PROVING GROUNDS COFFEE & ICE CREAM   | <b>c</b> EIN-PN 30-0970793-001 |
| <b>a</b>   | Plan name            | STATE-OF-THE-ART PHYSICAL THERAPY, INC. 401(K) PLAN                                  |                                |
| <b>b</b>   | Name of plan sponsor | STATE-OF-THE-ART PHYSICAL THERAPY, INC.  | <b>c</b> EIN-PN 33-0542970-001 |
| <b>a</b>   | Plan name            | STEM CIDERS, LLC 401(K) PROFIT SHARING PLAN & TRUST                                  |                                |
| <b>b</b>   | Name of plan sponsor | STEM CIDERS, LLC   | <b>c</b> EIN-PN 46-2031245-001 |
| <b>a</b>   | Plan name            | STEP UP FAMILY SERVICE LLC- 401(K)   |                                |
| <b>b</b>   | Name of plan sponsor | STEP UP FAMILY SERVICES LLC  | <b>c</b> EIN-PN 83-4093830-001 |
| <b>a</b>   | Plan name            | UNIQUE LAWN, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | UNIQUE LAWN, INC. DBA TRUGREEN   | <b>c</b> EIN-PN 41-1346668-001 |

| 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.) |                                |
| <b>a</b> | Plan name WASATCH DISTRIBUTING COMPANY, INC. PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor WASATCH DISTRIBUTING COMPANY, INC.  | <b>c</b> EIN-PN 87-0206345-001 |
| <b>a</b> | Plan name WATERMAN BROTHERS CONSTRUCTION, INC. PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor WATERMAN BROTHERS CONSTRUCTION, INC.  | <b>c</b> EIN-PN 36-3713511-001 |
| <b>a</b> | Plan name ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM   | <b>c</b> EIN-PN 23-1352002-002 |
| <b>a</b> | Plan name AMERICAN COATINGS CORP. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor AMERICAN COATINGS CORP.   | <b>c</b> EIN-PN 31-1581806-001 |
| <b>a</b> | Plan name BLUE EARTH DRUG 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor B.E. DRUG, INC. DBA BLUE EARTH DRUG   | <b>c</b> EIN-PN 41-1968188-001 |
| <b>a</b> | Plan name BRANDPOINT SERVICES 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor RHOMBUS SERVICES, LLC DBA BRANDPOINT SERVICES   | <b>c</b> EIN-PN 27-3635342-001 |
| <b>a</b> | Plan name CODY CHING DMD, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor CODY CHING DMD, INC.  | <b>c</b> EIN-PN 85-3846687-001 |
| <b>a</b> | Plan name COLUMBIA MARKING TOOLS, INC. EMPLOYEES PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor COLUMBIA MARKING TOOLS, INC.  | <b>c</b> EIN-PN 38-1659935-001 |
| <b>a</b> | Plan name DELTA PEANUT, LLC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor DELTA PEANUT, LLC   | <b>c</b> EIN-PN 83-2811029-001 |
| <b>a</b> | Plan name DEMOSS ELECTRIC, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor DEMOSS ELECTRIC, INC.   | <b>c</b> EIN-PN 02-0677709-001 |
| <b>a</b> | Plan name EYNCON 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor EYNCON, LLC   | <b>c</b> EIN-PN 47-2720798-001 |
| <b>a</b> | Plan name FIDDLEHEAD BREWING COMPANY 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor FIDDLEHEAD BREWERY  | <b>c</b> EIN-PN 27-3621652-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | HARBOR AGENCY, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | HARBOR AGENCY, INC.  | <b>c</b> EIN-PN 38-2153954-001 |
| <b>a</b>   | Plan name            | HICKS DAVIS WYNN RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | HICKS DAVIS WYNN, P.C.   | <b>c</b> EIN-PN 81-2528118-001 |
| <b>a</b>   | Plan name            | HIGHWAY INN, INC. 401(K) RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | HIGHWAY INN, INC.  | <b>c</b> EIN-PN 99-0249967-222 |
| <b>a</b>   | Plan name            | HILLSDALE CONSTRUCTION AND EXCAVATING COMPANY, INC. 401(K) PLAN                      |                                |
| <b>b</b>   | Name of plan sponsor | HILLSDALE CONSTRUCTION AND EXCAVATION COMPANY, INC.                                  | <b>c</b> EIN-PN 25-1570704-001 |
| <b>a</b>   | Plan name            | J.E. JOHNSON, INC. 401(K) RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | J.E. JOHNSON CONTRACTING, INC.   | <b>c</b> EIN-PN 38-2247698-001 |
| <b>a</b>   | Plan name            | JM FUNDING GROUP, INC. 401(K) PROFIT SHARING PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | JM FUNDING GROUP, INC.   | <b>c</b> EIN-PN 26-2524403-001 |
| <b>a</b>   | Plan name            | JOELLE W. LEWIS, D.D.S., P.C. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | JOELLE W. LEWIS, D.D.S., P.C.  | <b>c</b> EIN-PN 38-2182823-002 |
| <b>a</b>   | Plan name            | KENOSHA ACHIEVEMENT CENTER, INC. EMPLOYEES' PROFIT SHARING TRUST                     |                                |
| <b>b</b>   | Name of plan sponsor | KENOSHA ACHIEVEMENT CENTER, INC.   | <b>c</b> EIN-PN 39-1399101-001 |
| <b>a</b>   | Plan name            | LATHAM'S NURSERY 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | LATHAM'S NURSERY   | <b>c</b> EIN-PN 56-1972977-001 |
| <b>a</b>   | Plan name            | A&B MARKET, LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | A&B MARKET, LLC  | <b>c</b> EIN-PN 47-2479032-001 |
| <b>a</b>   | Plan name            | BCB TRANSPORT, LLC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | BCB TRANSPORT, LLC.  | <b>c</b> EIN-PN 27-5099832-001 |
| <b>a</b>   | Plan name            | CASUALTY ACTUARIAL CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN                      |                                |
| <b>b</b>   | Name of plan sponsor | CASUALTY ACTUARIAL CONSULTANTS, INC.   | <b>c</b> EIN-PN 62-1591851-001 |

| 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.) |                                |
| <b>a</b> | Plan name CATHOLIC CHARITIES 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor CATHOLIC CHARITIES  | <b>c</b> EIN-PN 85-0110070-001 |
| <b>a</b> | Plan name COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor COMMERCE DISTRIBUTION CENTER, INC.  | <b>c</b> EIN-PN 38-2684078-001 |
| <b>a</b> | Plan name COMMONWEALTH TRUST COMPANY 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor COMMONWEALTH TRUST COMPANY  | <b>c</b> EIN-PN 51-0009125-001 |
| <b>a</b> | Plan name GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor GLOBAL RESOURCE ENGINEERING, LTD.   | <b>c</b> EIN-PN 61-1843495-001 |
| <b>a</b> | Plan name HARMSSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor HARMSSEN CONSTRUCTION, INC.   | <b>c</b> EIN-PN 38-2720081-001 |
| <b>a</b> | Plan name HUMBLE SEA BREWING COMPANY 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor HUMBLE SEA, INC.  | <b>c</b> EIN-PN 47-4082461-001 |
| <b>a</b> | Plan name HUTKER ARCHITECTS INC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor HUTKER ARCHITECTS INC.  | <b>c</b> EIN-PN 04-2983622-001 |
| <b>a</b> | Plan name KINETIC DESIGN, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor KINETIC DESIGN, INC.  | <b>c</b> EIN-PN 82-2375904-001 |
| <b>a</b> | Plan name MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor MOUNTAIN BORDERS ASSOCIATES INC   | <b>c</b> EIN-PN 27-0189681-001 |
| <b>a</b> | Plan name PARKS DRILLING COMPANY 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor PARKS DRILLING COMPANY  | <b>c</b> EIN-PN 31-0796361-001 |
| <b>a</b> | Plan name R & S COMPANIES 401(K) RETIREMENT SAVINGS PLAN   |                                |
| <b>b</b> | Name of plan sponsor R & S SOLUTIONS, LLC  | <b>c</b> EIN-PN 82-1724365-003 |
| <b>a</b> | Plan name ROBERT A. VIGNERI, MD, PC 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor ROBERT A. VIGNERI, MD, PC   | <b>c</b> EIN-PN 83-0337204-001 |

| 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.) |   |                                       |
| <b>a</b>   | Plan name <b>VENDOME COPPER &amp; BRASS WORKS, INC. 401(K) PLAN</b>           |                                       |
| <b>b</b>   | Name of plan sponsor <b>VENDOME COPPER &amp; BRASS WORKS, INC.</b>            | <b>c</b> EIN-PN <b>61-0418470-001</b> |
| <b>a</b>   | Plan name <b>HAYDON HOLDINGS, LLC AND SUBSIDIARIES PROFIT SHARING PLAN</b>    |                                       |
| <b>b</b>   | Name of plan sponsor <b>HAYDON HOLDINGS, LLC</b>                              | <b>c</b> EIN-PN <b>06-1662614-001</b> |
| <b>a</b>   | Plan name <b>ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST</b>            |                                       |
| <b>b</b>   | Name of plan sponsor <b>ICONERGY LTD</b>                                      | <b>c</b> EIN-PN <b>27-2414344-001</b> |
| <b>a</b>   | Plan name <b>IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN</b>    |                                       |
| <b>b</b>   | Name of plan sponsor <b>IDAHO ASPHALT SUPPLY, INC.</b>                        | <b>c</b> EIN-PN <b>82-0325664-001</b> |
| <b>a</b>   | Plan name <b>KLJ-FB 401(K) PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>FOUR BOARD WOODWORKS LLC</b>                          | <b>c</b> EIN-PN <b>81-2214411-001</b> |
| <b>a</b>   | Plan name <b>MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN</b>                      |                                       |
| <b>b</b>   | Name of plan sponsor <b>MCCOLLOUGH SCHOLTEN CONSTRUCTION</b>                  | <b>c</b> EIN-PN <b>35-1685271-001</b> |
| <b>a</b>   | Plan name <b>MRK FINANCIAL SOLUTIONS 401(K) PLAN</b>                          |                                       |
| <b>b</b>   | Name of plan sponsor <b>SNIEGOCKI WEAVER FINANCIAL SERVICES</b>               | <b>c</b> EIN-PN <b>27-4522792-001</b> |
| <b>a</b>   | Plan name <b>R.L. BODEKER &amp; SONS, INC. RETIREMENT PLAN</b>                |                                       |
| <b>b</b>   | Name of plan sponsor <b>R.L. BODEKER &amp; SONS, INC.</b>                     | <b>c</b> EIN-PN <b>41-1379442-001</b> |
| <b>a</b>   | Plan name <b>ROBERTS ENERGY, LLC 401(K) PLAN</b>                              |                                       |
| <b>b</b>   | Name of plan sponsor <b>ROBERTS ENERGY, LLC</b>                               | <b>c</b> EIN-PN <b>81-3450263-001</b> |
| <b>a</b>   | Plan name <b>SENTINEL CONTRACTORS 401(K) PROFIT SHARING PLAN</b>              |                                       |
| <b>b</b>   | Name of plan sponsor <b>SENTINEL CONTRACTORS, LLC</b>                         | <b>c</b> EIN-PN <b>88-1828953-001</b> |
| <b>a</b>   | Plan name <b>TRANSPORT SOLUTIONS OF AMERICA 401(K) PLAN</b>                   |                                       |
| <b>b</b>   | Name of plan sponsor <b>TRANSPORT SOLUTIONS OF AMERICA, LLC</b>               | <b>c</b> EIN-PN <b>20-4539184-001</b> |
| <b>a</b>   | Plan name <b>VHF SALES, INC. 401(K) PLAN</b>                                  |                                       |
| <b>b</b>   | Name of plan sponsor <b>VHF SALES, INC.</b>                                   | <b>c</b> EIN-PN <b>42-1427958-001</b> |

| 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.) |   |  |
| <b>a</b>   | Plan name <a href="#">WOOD CHEVROLET PLUMVILLE, INC. 401(K) PROFIT SHARING PLAN</a>         |  |
| <b>b</b>   | Name of plan sponsor <a href="#">WOOD CHEVROLET PLUMVILLE, INC.</a>                         | <b>c</b> EIN-PN <a href="#">25-1024311-001</a> |
| <b>a</b>   | Plan name <a href="#">WOODS AIR MOVEMENT LIMITED 401(K) PLAN</a>                            |  |
| <b>b</b>   | Name of plan sponsor <a href="#">WOODS AIR MOVEMENT LIMITED</a>                             | <b>c</b> EIN-PN <a href="#">36-4946974-001</a> |
| <b>a</b>   | Plan name <a href="#">ARMCORP CONSTRUCTION, INC. 401(K) PLAN</a>                            |  |
| <b>b</b>   | Name of plan sponsor <a href="#">ARMCORP CONSTRUCTION, INC.</a>                             | <b>c</b> EIN-PN <a href="#">27-0308374-001</a> |
| <b>a</b>   | Plan name <a href="#">CENTRAL MACHINERY COMPANY, LLC 401(K) PLAN</a>                        |  |
| <b>b</b>   | Name of plan sponsor <a href="#">CENTRAL MACHINERY COMPANY, LLC DBA CEN MAC METAL WORKS</a> | <b>c</b> EIN-PN <a href="#">34-1943090-001</a> |
| <b>a</b>   | Plan name <a href="#">CUKIERSKI &amp; ASSOCIATES, LLC PROFIT SHARING PLAN</a>               |  |
| <b>b</b>   | Name of plan sponsor <a href="#">CUKIERSKI &amp; ASSOCIATES, LLC</a>                        | <b>c</b> EIN-PN <a href="#">36-4239322-001</a> |
| <b>a</b>   | Plan name <a href="#">DOUBLE L REINFORCING, LLC 401(K) PROFIT SHARING PLAN</a>              |  |
| <b>b</b>   | Name of plan sponsor <a href="#">DOUBLE L REINFORCING, LLC</a>                              | <b>c</b> EIN-PN <a href="#">85-2401857-001</a> |
| <b>a</b>   | Plan name <a href="#">FIRST CUT 401(K) PROFIT SHARING PLAN AND TRUST</a>                    |  |
| <b>b</b>   | Name of plan sponsor <a href="#">FIRST CUT SAWING AND BREAKING, INC.</a>                    | <b>c</b> EIN-PN <a href="#">86-0881313-333</a> |
| <b>a</b>   | Plan name <a href="#">PRO-MEC ENGINEERING 401(K) PLAN</a>                                   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">PRO-MEC ENGINEERING SERVICES, INC.</a>                     | <b>c</b> EIN-PN <a href="#">20-3786112-001</a> |
| <b>a</b>   | Plan name <a href="#">SEVEN CORNERS PRINTING 401(K) PLAN</a>                                |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SEVEN CORNERS PRINTING COMPANY</a>                         | <b>c</b> EIN-PN <a href="#">41-0992291-001</a> |
| <b>a</b>   | Plan name <a href="#">SOUTH POINT COUNSELING SERVICES RETIREMENT PLAN</a>                   |  |
| <b>b</b>   | Name of plan sponsor <a href="#">SOUTH POINT COUNSELING SERVICES, LLC</a>                   | <b>c</b> EIN-PN <a href="#">45-3866896-001</a> |
| <b>a</b>   | Plan name <a href="#">T K CONCRETE, INC. 401(K) PLAN</a>                                    |  |
| <b>b</b>   | Name of plan sponsor <a href="#">T K CONCRETE, INC.</a>                                     | <b>c</b> EIN-PN <a href="#">39-1898532-001</a> |
| <b>a</b>   | Plan name <a href="#">TREASURE IN THE DETAIL 401(K) PLAN</a>                                |  |
| <b>b</b>   | Name of plan sponsor <a href="#">TREASURE IN THE DETAIL, LLC</a>                            | <b>c</b> EIN-PN <a href="#">46-3857379-001</a> |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | TRENT NEISEN, DDS, PLLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | TRENT NEISEN, DDS, PLLC  | <b>c</b> EIN-PN 85-2718212-001 |
| <b>a</b>   | Plan name            | ABLEMKR 401(K) RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ABLEMKR, LLC   | <b>c</b> EIN-PN 85-0890736-001 |
| <b>a</b>   | Plan name            | ALISON M. SCAVUZZO, DMD, LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ALISON M. SCAVUZZO, DMD, LLC   | <b>c</b> EIN-PN 20-2349756-001 |
| <b>a</b>   | Plan name            | ALL COWBOY EROSION 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ALL COWBOY EROSION CONTROL, LLC  | <b>c</b> EIN-PN 26-4735281-001 |
| <b>a</b>   | Plan name            | ALL INSURANCE AGENCY 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | ALL INSURANCE AGENCY, INC.   | <b>c</b> EIN-PN 39-1809610-001 |
| <b>a</b>   | Plan name            | CHAMPION RISK & INSURANCE SERVICES 401K PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | WGB-RABY, L.P. DBA CHAMPION RISK & INSURANCE SERVICES, INC.                          | <b>c</b> EIN-PN 27-3791702-001 |
| <b>a</b>   | Plan name            | CHARLES AUTO FAMILY 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | CHARLES CHEVROLET OLDSMOBILE, INC. DBA CHARLES AUTO FAMILY                           | <b>c</b> EIN-PN 34-0877679-001 |
| <b>a</b>   | Plan name            | COMPLETELY FLOORED 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | BLAIGE CORPORATION DBA COMPLETELY FLOORED  | <b>c</b> EIN-PN 20-3680924-001 |
| <b>a</b>   | Plan name            | CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN                        |                                |
| <b>b</b>   | Name of plan sponsor | CONCRETE POLISHING & RESTORATION ACQUISITION, LLC                                    | <b>c</b> EIN-PN 82-1776313-001 |
| <b>a</b>   | Plan name            | FIVE POINTS PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | CHARLES RAMON, LLC DBA LA ESTRELLA HOME CARE   | <b>c</b> EIN-PN 74-2993731-001 |
| <b>a</b>   | Plan name            | GOLDEN GIANT, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | GOLDEN GIANT, INC.   | <b>c</b> EIN-PN 34-1087997-001 |
| <b>a</b>   | Plan name            | IKE HEAPHY, D.D.S., P.C. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | IKE HEAPHY, D.D.S., P.C.   | <b>c</b> EIN-PN 90-0074728-001 |

| <b>Part II</b>   |                      | <b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> |                                |
|--|----------------------|--|--------------------------------|
| (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.) |                      |  |                                |
| <b>a</b>   | Plan name            | KNIGHT FARMS 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | KNIGHT FARMS   | <b>c</b> EIN-PN 68-0255456-001 |
| <b>a</b>   | Plan name            | DALLESPORT FOUNDRY RETIREMENT PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DALLESPORT FOUNDRY, LLC  | <b>c</b> EIN-PN 91-1878495-001 |
| <b>a</b>   | Plan name            | JOSEPH CHAPDELAINE & SONS, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | JOSEPH CHAPDELAINE & SONS, INC.  | <b>c</b> EIN-PN 04-2257082-001 |
| <b>a</b>   | Plan name            | MID THUMB CONTRACTING, LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | MID THUMB CONTRACTING  | <b>c</b> EIN-PN 32-0337517-001 |
| <b>a</b>   | Plan name            | RCD DEMOLITION 401(K) & PROFIT SHARING PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | RCD DEMOLITION   | <b>c</b> EIN-PN 46-3209242-001 |
| <b>a</b>   | Plan name            | SACO RIVER DENTISTRY PC LLC 401(K) PLAN AND TRUST                                    |                                |
| <b>b</b>   | Name of plan sponsor | SACO RIVER DENTISTRY PC  | <b>c</b> EIN-PN 46-1519447-001 |
| <b>a</b>   | Plan name            | SOUTHERN MONTANA OPTOMETRIC CENTER 401(K) PLAN                                       |                                |
| <b>b</b>   | Name of plan sponsor | SOUTHERN MONTANA OPTOMETRIC CENTER   | <b>c</b> EIN-PN 81-0501277-001 |
| <b>a</b>   | Plan name            | WEISS LOPRESTI CAPITAL MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN                    |                                |
| <b>b</b>   | Name of plan sponsor | WEISS LOPRESTI CAPITAL MANAGEMENT, LLC   | <b>c</b> EIN-PN 47-2703972-001 |
| <b>a</b>   | Plan name            | FOUR STAR MECHANICAL 401(K) PROFIT SHARING PLAN                                      |                                |
| <b>b</b>   | Name of plan sponsor | FOUR STAR MECHANICAL, INC.   | <b>c</b> EIN-PN 31-1590413-001 |
| <b>a</b>   | Plan name            | GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN                 |                                |
| <b>b</b>   | Name of plan sponsor | GRIMES HAWKINS GLADFELTER & GALVANO, P.L.  | <b>c</b> EIN-PN 92-0185518-001 |
| <b>a</b>   | Plan name            | LUSSON ENTERPRISES 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | LUSSON ENTERPRISES   | <b>c</b> EIN-PN 20-2947469-001 |
| <b>a</b>   | Plan name            | MIKE'S TREE COMPANY LLC RETIREMENT PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | MIKE'S TREE COMPANY LLC  | <b>c</b> EIN-PN 20-1018080-001 |



|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><b>This Form is Open to Public Inspection</b> |
|--|--|---|

|   |  |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>    |  |
| <b>A</b> Name of plan<br><b>HARTFORD MID CAP RET OPT</b>  | <b>B</b> Three-digit plan number (PN) ▶ <b>870</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRANSAMERICA LIFE INSURANCE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><b>39-0989781</b> |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---|-----------------------|-----------------|
| <b>Assets</b>   |                       |                 |
| <b>a</b> Total noninterest-bearing cash .....   | <b>1a</b>             |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                       |                 |
| <b>(1)</b> Employer contributions .....   | <b>1b(1)</b>          |                 |
| <b>(2)</b> Participant contributions .....  | <b>1b(2)</b>          |                 |
| <b>(3)</b> Other .....  | <b>1b(3)</b>          |                 |
| <b>c</b> General investments:   |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>          |                 |
| <b>(2)</b> U.S. Government securities .....   | <b>1c(2)</b>          |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(3)(A)</b>       |                 |
| <b>(B)</b> All other .....  | <b>1c(3)(B)</b>       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                       |                 |
| <b>(A)</b> Preferred .....  | <b>1c(4)(A)</b>       |                 |
| <b>(B)</b> Common .....   | <b>1c(4)(B)</b>       |                 |
| <b>(5)</b> Partnership/joint venture interests .....  | <b>1c(5)</b>          |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>          |                 |
| <b>(7)</b> Loans (other than to participants) .....   | <b>1c(7)</b>          |                 |
| <b>(8)</b> Participant loans .....  | <b>1c(8)</b>          |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>          |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>         |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>         |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>         |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....       | <b>1c(13)</b>         | 15603240        |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 19380181        |
| <b>(15)</b> Other.....  | <b>1c(15)</b>         |                 |

| <b>1d</b> Employer-related investments:                                  |              | (a) Beginning of Year | (b) End of Year |
|--|--------------|-----------------------|-----------------|
| (1) Employer securities.....   | <b>1d(1)</b> |                       |                 |
| (2) Employer real property.....  | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation.....        | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e).....      | <b>1f</b>    | 19380181              | 15603240        |
| <b>Liabilities</b>   |              |                       |                 |
| <b>g</b> Benefit claims payable.....                                     | <b>1g</b>    |                       |                 |
| <b>h</b> Operating payables.....   | <b>1h</b>    |                       |                 |
| <b>i</b> Acquisition indebtedness.....                                   | <b>1i</b>    |                       |                 |
| <b>j</b> Other liabilities.....  | <b>1j</b>    |                       | 1               |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    |                       | 1               |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 19380181              | 15603239        |

**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.

| <b>Income</b>  |                 | (a) Amount | (b) Total |
|--|-----------------|------------|-----------|
| <b>a Contributions:</b>  |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers.....   | <b>2a(1)(A)</b> |            |           |
| <b>(B)</b> Participants.....   | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers).....   | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions.....   | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            |           |
| <b>b Earnings on investments:</b>  |                 |            |           |
| <b>(1) Interest:</b>   |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....        | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities.....   | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments.....   | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants).....   | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans.....  | <b>2b(1)(E)</b> |            |           |
| <b>(F)</b> Other.....  | <b>2b(1)(F)</b> |            |           |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                              | <b>2b(1)(G)</b> |            |           |
| <b>(2) Dividends:</b>  |                 |            |           |
| <b>(A)</b> Preferred stock.....  | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock.....   | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds).....                                   | <b>2b(2)(C)</b> |            |           |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                  | <b>2b(2)(D)</b> |            |           |
| (3) Rents.....   | <b>2b(3)</b>    |            |           |
| <b>(4) Net gain (loss) on sale of assets:</b>  |                 |            |           |
| <b>(A)</b> Aggregate proceeds.....   | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions).....   | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....                   | <b>2b(4)(C)</b> |            |           |
| <b>(5) Unrealized appreciation (depreciation) of assets:</b>   |                 |            |           |
| <b>(A)</b> Real estate.....  | <b>2b(5)(A)</b> |            |           |
| <b>(B)</b> Other.....  | <b>2b(5)(B)</b> | 374842     |           |
| <b>(C)</b> Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....      | <b>2b(5)(C)</b> |            |           |

|   |               | (a) Amount | (b) Total |
|---|---------------|------------|-----------|
| (6) Net investment gain (loss) from common/collective trusts .....                              | <b>2b(6)</b>  |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                              | <b>2b(7)</b>  |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                      | <b>2b(8)</b>  |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                            | <b>2b(9)</b>  |            |           |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) ..... | <b>2b(10)</b> |            | 712688    |
| <b>c</b> Other income .....   | <b>2c</b>     |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....         | <b>2d</b>     |            | 1087530   |

**Expenses**

|  |               |  |  |
|--|---------------|--|--|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |               |  |  |
| (1) Directly to participants or beneficiaries, including direct rollovers.....             | <b>2e(1)</b>  |  |  |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b>  |  |  |
| (3) Other.....   | <b>2e(3)</b>  |  |  |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b>  |  |  |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>     |  |  |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>     |  |  |
| <b>h</b> Interest expense.....   | <b>2h</b>     |  |  |
| <b>i</b> Administrative expenses:  |               |  |  |
| (1) Salaries and allowances .....  | <b>2i(1)</b>  |  |  |
| (2) Contract administrator fees .....  | <b>2i(2)</b>  |  |  |
| (3) Recordkeeping fees .....   | <b>2i(3)</b>  |  |  |
| (4) IQPA audit fees .....  | <b>2i(4)</b>  |  |  |
| (5) Investment advisory and investment management fees .....                               | <b>2i(5)</b>  |  |  |
| (6) Bank or trust company trustee/custodial fees .....                                     | <b>2i(6)</b>  |  |  |
| (7) Actuarial fees .....   | <b>2i(7)</b>  |  |  |
| (8) Legal fees .....   | <b>2i(8)</b>  |  |  |
| (9) Valuation/appraisal fees .....   | <b>2i(9)</b>  |  |  |
| (10) Other trustee fees and expenses .....   | <b>2i(10)</b> |  |  |
| (11) Other expenses.....   | <b>2i(11)</b> |  |  |
| (12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....       | <b>2i(12)</b> |  |  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>     |  |  |

**Net Income and Reconciliation**

|   |              |  |         |
|---|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 1087530 |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  | 2709192 |
| (2) From this plan .....  | <b>2l(2)</b> |  | 7573664 |

**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 |
|--|-----|----|--------|
| <b>a</b> 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>b</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.) |     |    |        |
| <b>c</b> 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.)   |     |    |        |
| <b>d</b> 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.)  |     |    |        |
| <b>e</b> Was this plan covered by a fidelity bond?   |     |    |        |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?  |     |    |        |
| <b>g</b> 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?   |     |    |        |
| <b>h</b> 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?   |     |    |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)   |     |    |        |
| <b>j</b> 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.)   |     |    |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?  |     |    |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?   |     |    |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)   |     |    |        |
| <b>n</b> 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.)

| <b>5b(1)</b> Name of plan(s) | <b>5b(2)</b> EIN(s) | <b>5b(3)</b> 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 \_\_\_\_\_.