

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan 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.	OMB Nos. 1210-0110 1210-0089 <h2 style="text-align: center;">2024</h2> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>PIMCO INCOME RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>899</u> 1c Effective date of plan
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> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 2d Business code (see instructions)

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

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

SIGN HERE		Date	Enter name of individual signing as plan administrator
	Signature of plan administrator		
SIGN HERE		Date	Enter name of individual signing as employer or plan sponsor
	Signature of employer/plan sponsor		
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PIMCO INCOME RET OPT</u>	B Three-digit plan number (PN)	<u>899</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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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d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BAKERSFIELD COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor BAKERSFIELD COUNTRY CLUB	c EIN-PN 95-1615940-001
a	Plan name ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor ECHO PRODUCTION, INC.	c EIN-PN 75-1623080-001
a	Plan name EPPRIGHT HOMES LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor EPPRIGHT HOMES LLC	c EIN-PN 47-2384404-001
a	Plan name KRASHIDBUILT 401(K) + PROFIT SHARING PLAN	
b	Name of plan sponsor KRASHIDBUILT LLC	c EIN-PN 81-5001167-001
a	Plan name LATZEL DRILLING 401(K) PLAN	
b	Name of plan sponsor LATZEL DRILLING	c EIN-PN 75-2729004-001
a	Plan name TOBROCO MACHINERY LLC 401(K) PLAN	
b	Name of plan sponsor TOBROCO MACHINERY LLC	c EIN-PN 30-0949003-001
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 BURGESS CONCRETE CONSTRUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor BURGESS CONCRETE CONSTRUCTION, INC.	c EIN-PN 38-2694249-001
a	Plan name FREEDOM CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor FREEDOM CREDIT UNION	c EIN-PN 87-0253260-002
a	Plan name REV DRILL 401(K) PLAN	
b	Name of plan sponsor REV DRILL SALES & RENTALS, INC.	c EIN-PN 52-2309414-001
a	Plan name RHEA COUNTY AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor RHEA COUNTY AMBULANCE SERVICE INC.	c EIN-PN 62-1153440-001
a	Plan name CAPITOL METRO FINANCIAL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor CAPITOL METRO FINANCIAL SERVICES, INC.	c EIN-PN 52-2069219-001

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 GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NANALU INDUSTRIES, LLC	c EIN-PN 26-4532527-001
a	Plan name 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 VVH CONSULTING ENGINEERS 401(K) PLAN	
b	Name of plan sponsor VVH CONSULTING ENGINEERS	c EIN-PN 27-2604454-001
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 CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name GUSTO DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor GUSTO DISTRIBUTING	c EIN-PN 81-0295720-001
a	Plan name 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 SANARA MEDTECH INC. 401(K) PLAN	
b	Name of plan sponsor SANARA MEDTECH INC.	c EIN-PN 59-2219994-001
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 WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor WESTERN EMULSIONS INC.	c EIN-PN 86-0336082-001
a	Plan name ACADIA.IO LLC 401(K) PLAN	
b	Name of plan sponsor ACADIA.IO LLC	c EIN-PN 86-2788877-001

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	HEC SOFTWARE INC 401(K) PLAN	
b	Name of plan sponsor	HEC SOFTWARE, INC. DBA READING HORIZONS	c EIN-PN 86-0495240-001
a	Plan name	NATIONAL HANGER CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL HANGER COMPANY, INC.	c EIN-PN 13-5582609-001
a	Plan name	NATURAL SMILES 401(K) PLAN	
b	Name of plan sponsor	SUJATHA NADIMPALLI DMD LLC	c EIN-PN 30-0341874-001
a	Plan name	SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SILVER BIRCH SERVICES, LLC	c EIN-PN 82-3479583-001
a	Plan name	SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor	SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
a	Plan name	NEW WEST ORTHOPAEDIC & SPORTS REHABILITATION SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	NEW WEST ORTHOPEDIC & SPORTS REHABILITATION	c EIN-PN 20-0317167-001
a	Plan name	NFOCUS 401(K) PLAN	
b	Name of plan sponsor	NFOCUS CONSULTING, INC.	c EIN-PN 31-1325229-001
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
a	Plan name	INSPIRATION FIELD 401(K) PLAN	
b	Name of plan sponsor	INSPIRATION FIELD	c EIN-PN 84-0570914-001
a	Plan name	STOLER RUSSELL KEENER VERONA P.A. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	STOLER RUSSELL KEENER VERONA P.A	c EIN-PN 47-1812273-001
a	Plan name	ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001

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	IPA 401(K) PLAN
b	Name of plan sponsor	INTEGRITY PHARMACEUTICAL ADVISORS, LLC
c	EIN-PN	45-3047652-001
a	Plan name	ASCENDANT COMMERCIAL INSURANCE 401K PLAN
b	Name of plan sponsor	ASCENDANT COMMERCIAL INSURANCE, INC.
c	EIN-PN	27-0835494-001
a	Plan name	ASSOCIATED INSURANCE BROKERS, INC. 401(K) PLAN
b	Name of plan sponsor	ASSOCIATED INSURANCE BROKERS, INC. DBA PACIFIC INTERSTATE INSURANCE
c	EIN-PN	77-0382488-001
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	JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN
b	Name of plan sponsor	JESSUP CELLARS HOLDING COMPANY, LLC
c	EIN-PN	20-3071245-001
a	Plan name	TAMPA DOWNTOWN PARTNERSHIP 401(K) PLAN
b	Name of plan sponsor	TAMPA DOWNTOWN PARTNERSHIP, INC.
c	EIN-PN	59-2688074-002
a	Plan name	TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	TARGET ENTERPRISES, INC.
c	EIN-PN	06-1158272-001
a	Plan name	G&Z MEEKER, INC. 401 (K) PLAN
b	Name of plan sponsor	G&Z MEEKER, INC.
c	EIN-PN	45-2096735-001
a	Plan name	MADDEN LAW GROUP, SC 401(K) PLAN
b	Name of plan sponsor	MADDEN LAW GROUP, SC
c	EIN-PN	41-2280038-001
a	Plan name	MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN
b	Name of plan sponsor	MAGNETIC TECHNOLOGIES LTD.
c	EIN-PN	04-2836991-005

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	RIMROCK ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	RIMROCK ENERGY PARTNERS LLC	c EIN-PN 82-3731112-001
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	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	RUGS AS ART, INC. 401(K) PLAN	
b	Name of plan sponsor	RUGS AS ART, INC.	c EIN-PN 65-0261601-001
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	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	GRAY, SALT & ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRAY, SALT & ASSOCIATES, LLP	c EIN-PN 45-0606931-001
a	Plan name	MERAKEI SOCIAL, LLC 401(K) PLAN	
b	Name of plan sponsor	MERAKEI SOCIAL, LLC	c EIN-PN 81-2114618-001
a	Plan name	MEROS, SMITH, BRENNAN, BRENNAN AND GREGG, P.A. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MEROS, SMITH, BRENNAN, BRENNAN AND GREGG, P.A.	c EIN-PN 59-1458887-002
a	Plan name	CLOMPUS & RETO VISION ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	CLOMPUS & RETO VISION ASSOCIATES, PC	c EIN-PN 23-2586730-001
a	Plan name	MODERNO CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	MODERNO CONSTRUCTION, INC.	c EIN-PN 83-0412313-001
a	Plan name	CONTINUUM HEALTHCARE, LLC 401(K) PLAN	
b	Name of plan sponsor	CONTINUUM HEALTHCARE, LLC	c EIN-PN 46-2972429-001

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	CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001
a	Plan name	ACME SPRING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACME SPRING, INC.	c EIN-PN 31-0673741-001
a	Plan name	NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor	NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001
a	Plan name	SHOCO OIL, INC 401(K) PLAN	
b	Name of plan sponsor	SHOCO OIL, INC.	c EIN-PN 84-1275009-001
a	Plan name	CR SVS US LLC 401(K) PLAN	
b	Name of plan sponsor	CR SVS US LLC	c EIN-PN 45-4051399-001
a	Plan name	CRB WORKFORCE, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CRB WORKFORCE, LLC	c EIN-PN 83-1073844-001
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	DELAWARE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	DELAWARE ELECTRICAL CONTRACTORS, INC.	c EIN-PN 23-2016945-001
a	Plan name	DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	c EIN-PN 22-3501151-001
a	Plan name	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN	c EIN-PN 82-2382763-001
a	Plan name	STAFFORD TAX & BUSINESS ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor	STAFFORD TAX & BUSINESS ADVISORS, LLC	c EIN-PN 02-0724413-001

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 STAR TIRE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STAR TIRE, INC.	c EIN-PN 75-1502226-001
a	Plan name PACIFIC POWER ELECTRICAL CONTRACTING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-001
a	Plan name STUART EYE INSTITUTE, PA 401(K) PLAN	
b	Name of plan sponsor STUART EYE INSTITUTE, P.A.	c EIN-PN 59-1980090-001
a	Plan name PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001
a	Plan name ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name PORTER CORPORATION CASH BALANCE PLAN	
b	Name of plan sponsor PORTER CORPORATION	c EIN-PN 85-1429006-777
a	Plan name PORTER CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor PORTER CORPORATION	c EIN-PN 85-1429006-003
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 BATP 401(K) PLAN	
b	Name of plan sponsor BEHAVIOR ANALYSIS & THERAPY PARTNERS	c EIN-PN 20-4756508-001
a	Plan name EDWARD LESKE CASH BALANCE TRUST	
b	Name of plan sponsor EDWARD LESKE COMPANY	c EIN-PN 22-1506426-002
a	Plan name EHLEN & FULLER, DDS RETIREMENT PLAN	
b	Name of plan sponsor EHLEN & FULLER, DDS, PLLC	c EIN-PN 27-5224563-001
a	Plan name EICHELBERGER FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor EICHELBERGER FARMS, INC.	c EIN-PN 39-1870144-001

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 KDJ SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor KDJ SALES & SERVICE, INC.	c EIN-PN 37-1131827-001
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 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 LAMMEY & GIORGIO 401(K) PLAN	
b	Name of plan sponsor LAMMEY & GIORGIO, P.A.	c EIN-PN 22-2433653-001
a	Plan name THOMPSON ADDISON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor THOMPSON ADDISON, PLLC	c EIN-PN 84-4004313-001
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 TOM CALVIN INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor TOM CALVIN INSURANCE AGENCY, INC.	c EIN-PN 20-3249017-001
a	Plan name MANNING, LEAVER, BRUDER & BERBERICH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANNING, LEAVER, BRUDER & BERBERICH	c EIN-PN 95-2129184-001
a	Plan name MOMENTUM BUILDERS 401(K)	
b	Name of plan sponsor MOMENTUM BUILDERS	c EIN-PN 25-1413147-001
a	Plan name MONICA DOBBIN DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONICA L. DOBBIN DDS, PROFESSIONAL LLC	c EIN-PN 20-3941899-002
a	Plan name 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

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	OVERKILL US 401(K) PLAN	
b	Name of plan sponsor	OVERKILL US	c EIN-PN 22-3247619-002
a	Plan name	PARAMOUNT ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	PARAMOUNT ASSOCIATES, LLC	c EIN-PN 82-1770805-001
a	Plan name	PERSPECTIVE PV 401(K) PLAN	
b	Name of plan sponsor	PERSPECTIVE PV	c EIN-PN 81-5230196-002
a	Plan name	PETRO-VALVE, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	PETRO-VALVE, INC.	c EIN-PN 74-2088515-001
a	Plan name	POWELL CONSTRUCTORS 401(K) PLAN & TRUST	
b	Name of plan sponsor	POWELL CONSTRUCTORS	c EIN-PN 03-0549543-001
a	Plan name	POWERSAT COMMUNICATIONS USA LP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	POWERSAT COMMUNICATIONS USA LP	c EIN-PN 99-0375588-001
a	Plan name	PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	PROVIDENCE HOSPITALITY PARTNERS LLC	c EIN-PN 84-1610444-001
a	Plan name	RESOLVION 401(K) PLAN	
b	Name of plan sponsor	RESOLVION, GP	c EIN-PN 47-5254939-001
a	Plan name	RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
b	Name of plan sponsor	RETINA CONSULTANTS SAN DIEGO, INC	c EIN-PN 95-3511595-001
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	SCOBELL COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SCOBELL COMPANY INC	c EIN-PN 25-0929359-001
a	Plan name	SKS COMMUNICATIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SKS COMMUNICATIONS	c EIN-PN 57-1235666-001

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 VAN SANT ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor VAN SANT ENTERPRISES INC.	c EIN-PN 42-1464060-001
a	Plan name VANQUISH WORLDWIDE, LLC FORT LEE 401(K) PLAN	
b	Name of plan sponsor VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-004
a	Plan name WATERMAN BROTHERS CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor WATERMAN BROTHERS CONSTRUCTION, INC.	c EIN-PN 36-3713511-001
a	Plan name WILKES ARTIS, CHARTERED CASH BALANCE PLAN	
b	Name of plan sponsor WILKES ARTIS, CHARTERED	c EIN-PN 52-1261435-003
a	Plan name 911 CELLULAR 401(K) PLAN	
b	Name of plan sponsor 911 CELLULAR LLC	c EIN-PN 46-2956466-001
a	Plan name AGNIESZKA JAMROZEK, DMD LLC DEFINED BENEFIT PENSION PLAN AND TRUST	
b	Name of plan sponsor AGNIESZKA JAMROZEK DMD, LLC	c EIN-PN 81-1106417-001
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 BAYOTECH 401(K) SAVINGS PLAN	
b	Name of plan sponsor BAYOTECH, INC.	c EIN-PN 47-4398706-334
a	Plan name BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
b	Name of plan sponsor BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	c EIN-PN 06-0646935-002
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 CHUZE FITNESS 401(K) PLAN	
b	Name of plan sponsor RACHAS, INC. DBA CHUZE FITNESS	c EIN-PN 26-2396678-001
a	Plan name CROFT COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor CROFT POWER EQUIPMENT, LLC	c EIN-PN 87-0620719-001

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	DELTA PEANUT, LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA PEANUT, LLC	c EIN-PN 83-2811029-001
a	Plan name	DIGIOH LLC 401(K) PLAN	
b	Name of plan sponsor	DIGIOH LLC	c EIN-PN 45-2780632-001
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	FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FG HOLDINGS, LLC	c EIN-PN 87-4171809-001
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	HANOVER PATHOLOGY ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANOVER PATHOLOGY ASSOCIATES, P.C.	c EIN-PN 25-1678024-001
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	HOPE BY THE SEA DEFINED BENEFIT PLAN	
b	Name of plan sponsor	HOPE BY THE SEA, INC.	c EIN-PN 11-3673202-001
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	LANEY LA, INC. 401(K) PLAN	
b	Name of plan sponsor	LANEY LA, INC.	c EIN-PN 46-5334241-001
a	Plan name	LATHAM'S NURSERY 401(K) PLAN	
b	Name of plan sponsor	LATHAM'S NURSERY	c EIN-PN 56-1972977-001
a	Plan name	A. BRIGHT IDEA, LLC 401K P/S PLAN	
b	Name of plan sponsor	A. BRIGHT IDEA, LLC	c EIN-PN 52-2199010-001

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 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 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 DOETSCH ENVIRONMENTAL INC RETIREMENT PLAN	
b	Name of plan sponsor DOETSCH ENVIRONMENTAL, INC.	c EIN-PN 82-0701564-001
a	Plan name ELMWOOD FAMILY PHYSICIANS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ELMWOOD FAMILY PHYSICIANS LLC	c EIN-PN 20-1076147-001
a	Plan name GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
b	Name of plan sponsor GLOBAL RESOURCE ENGINEERING, LTD.	c EIN-PN 61-1843495-001
a	Plan name HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001
a	Plan name JACQUET 401(K) PLAN	
b	Name of plan sponsor JMS HOLDING US, INC.	c EIN-PN 20-4478645-001
a	Plan name KINETIC DESIGN, INC. 401(K) PLAN	
b	Name of plan sponsor KINETIC DESIGN, INC.	c EIN-PN 82-2375904-001
a	Plan name LG AUDIOLOGICAL ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor LG AUDIOLOGICAL ENTERPRISES LLC	c EIN-PN 26-3982693-001
a	Plan name MAYVILLE STATE BANK PROFIT SHARING AND RETIREMENT TRUST PLAN	
b	Name of plan sponsor MAYVILLE STATE BANK	c EIN-PN 38-0803180-001
a	Plan name MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOOSE INTERNATIONAL, INC.	c EIN-PN 36-1408120-005
a	Plan name MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MORELAND PLAZA PHARMACY, INC.	c EIN-PN 39-0968183-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PARK 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 SMITH, BROOKS, BOLSHOUN & CO., L.L.P. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMITH, BROOKS, BOLSHOUN & CO., L.L.P.	c EIN-PN 84-0579402-002
a	Plan name SOCCKER SHOTS SACRAMENTO, LLC 401(K) PLAN	
b	Name of plan sponsor SOCCKER SHOTS SACRAMENTO, LLC	c EIN-PN 47-0976792-001
a	Plan name SUNRISE DERMATOLOGY, L.L.C. 401(K) PLAN	
b	Name of plan sponsor SUNRISE DERMATOLOGY, L.L.C.	c EIN-PN 27-4546299-001
a	Plan name HASSAYAMPA INN 401(K) PLAN	
b	Name of plan sponsor HASSAYAMPA INN, LLC	c EIN-PN 86-1012069-001
a	Plan name IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IDAHO ASPHALT SUPPLY, INC.	c EIN-PN 82-0325664-001
a	Plan name KIRKWOOD AUTO CENTER, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor KIRKWOOD AUTO CENTER, LLC	c EIN-PN 52-2063437-001
a	Plan name 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 LIFELINK MEDICAL GROUP, PLLC 401(K) PLAN	
b	Name of plan sponsor LIFELINK MEDICAL GROUP, PLLC	c EIN-PN 47-2362864-001
a	Plan name MCCAULEY CONSTRUCTORS, INC. 401(K) PLAN	
b	Name of plan sponsor MCCAULEY CONSTRUCTORS, INC.	c EIN-PN 20-3374514-001
a	Plan name MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MCCOURT EQUIPMENT, INC.	c EIN-PN 74-2913583-001
a	Plan name MOUNTZ, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MOUNTZ, INC.	c EIN-PN 94-2625117-001

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	MPX 401(K) PLAN
b	Name of plan sponsor	MPX
c	EIN-PN	01-0457729-001
a	Plan name	MRK FINANCIAL SOLUTIONS 401(K) PLAN
b	Name of plan sponsor	SNIEGOCKI WEAVER FINANCIAL SERVICES
c	EIN-PN	27-4522792-001
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	NOVONIX ANODE MATERIALS, INC. 401(K) PLAN
b	Name of plan sponsor	NOVONIX ANODE MATERIALS LLC
c	EIN-PN	82-0771516-001
a	Plan name	PARTNER VALUATION ADVISORS LLC 401(K) PLAN
b	Name of plan sponsor	PARTNER VALUATION ADVISORS LLC
c	EIN-PN	88-3351652-001
a	Plan name	RABENI DENTAL 401(K) PLAN
b	Name of plan sponsor	MELANIE M. RABENI, DDS PC
c	EIN-PN	27-0679041-001
a	Plan name	SERDA'S PLUMBING, INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	SERDA'S PLUMBING, INC.
c	EIN-PN	46-4386851-001
a	Plan name	SOLOMON GROUP PRODUCTIONS 401(K) PLAN
b	Name of plan sponsor	SOLOMON GROUP PRODUCTIONS, L.L.C.
c	EIN-PN	45-2497756-001
a	Plan name	SOMERVILLE COMMUNITY CORPORATION 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SOMERVILLE COMMUNITY CORPORATION
c	EIN-PN	23-7293380-001
a	Plan name	SYMBIOTE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SYMBIOTE, INC
c	EIN-PN	38-2421800-001
a	Plan name	SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN
b	Name of plan sponsor	SYMONS FIRE PROTECTION, INC.
c	EIN-PN	03-0378557-001
a	Plan name	SYNERGY AG 401(K) PLAN
b	Name of plan sponsor	SYNERGY AG
c	EIN-PN	83-2057742-001

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	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	c EIN-PN 34-1752737-001
a	Plan name	VETERINARY DENTAL SERVICES, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	VETERINARY DENTAL SERVICES, LLC	c EIN-PN 27-0225775-001
a	Plan name	WOODFIELD DEVELOPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	WOODFIELD DEVELOPMENT COMPANY, LLC	c EIN-PN 45-3995607-001
a	Plan name	ALESIG CONSULTING 401(K) PLAN	
b	Name of plan sponsor	ALESIG CONSULTING	c EIN-PN 61-1591534-001
a	Plan name	BRINKERHOFF EXCAVATING 401(K) PLAN	
b	Name of plan sponsor	BRINKERHOFF EXCAVATING AND CONSTRUCTION, LNC.	c EIN-PN 87-0560259-001
a	Plan name	BRIQUETTES 401(K) PLAN	
b	Name of plan sponsor	BRIQUETTES	c EIN-PN 46-1353447-001
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	FIRST AMERICAN EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST AMERICAN PROPERTIES, LLC	c EIN-PN 36-4536252-001
a	Plan name	FIRST STATE BANK, CLUTE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	FIRST STATE BANK, CLUTE	c EIN-PN 74-1131733-001
a	Plan name	MYELOYDYSPLASTIC SYNDROMES FOUNDATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MYELOYDYSPLASTIC SYNDROMES FOUNDATION	c EIN-PN 22-3283911-001
a	Plan name	NA MAKANA ALOHA GROUP, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NA MAKANA ALOHA GROUP, INC.	c EIN-PN 83-3967421-001
a	Plan name	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

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	PRINCIPLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	PRINCIPLE SERVICES, LLC	c EIN-PN 83-3051083-001
a	Plan name	PRISM CAPITAL MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor	PRISM CAPITAL MANAGEMENT, LLC	c EIN-PN 27-0125515-001
a	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	c EIN-PN 76-0117689-001
a	Plan name	SGI 401(K) PLAN	
b	Name of plan sponsor	SGI	c EIN-PN 93-4216744-001
a	Plan name	T K CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	T K CONCRETE, INC.	c EIN-PN 39-1898532-001
a	Plan name	TAG MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	TAG MANUFACTURING, INC.	c EIN-PN 72-1578630-001
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	TRESTLEWOOD 401(K) PLAN	
b	Name of plan sponsor	CANNON STRUCTURES, INC. DBA TRESTLEWOOD	c EIN-PN 34-1112308-001
a	Plan name	WORKABLE, INC. 401(K) PLAN	
b	Name of plan sponsor	WORKABLE, INC.	c EIN-PN 61-1747677-002
a	Plan name	ALISON M. SCAVUZZO, DMD, LLC 401(K) PLAN	
b	Name of plan sponsor	ALISON M. SCAVUZZO, DMD, LLC	c EIN-PN 20-2349756-001
a	Plan name	ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
b	Name of plan sponsor	ARMSTRONG CARPET & LINOLEUM COMPANY	c EIN-PN 94-1509072-001
a	Plan name	ASAP, INC. 401(K) PLAN	
b	Name of plan sponsor	ASAP, INC.	c EIN-PN 26-0518910-001

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 BENDER WAREHOUSE CO. 401(K) PLAN	
b	Name of plan sponsor BENDER WAREHOUSE CO.	c EIN-PN 88-0085787-002
a	Plan name BERKS FIRE WATER RESTORATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor BERKS FIRE WATER RESTORATIONS, INC.	c EIN-PN 23-3048910-001
a	Plan name BROADWAY MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BROADWAY MEDICAL GROUP, INC.	c EIN-PN 06-1542347-001
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 CHADE FASHIONS, INC. 401(K) PLAN	
b	Name of plan sponsor CHADE FASHIONS, INC.	c EIN-PN 36-3203528-001
a	Plan name CHAHAL & ASSOCIATES, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CHAHAL & ASSOCIATES, INC	c EIN-PN 20-8145988-001
a	Plan name CHAMPION RISK & INSURANCE SERVICES 401K PLAN	
b	Name of plan sponsor WGB-RABY, L.P. DBA CHAMPION RISK & INSURANCE SERVICES, INC.	c EIN-PN 27-3791702-001
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 CHARLES AUTO FAMILY 401(K) PLAN	
b	Name of plan sponsor CHARLES CHEVROLET OLDSMOBILE, INC. DBA CHARLES AUTO FAMILY	c EIN-PN 34-0877679-001
a	Plan name 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 CYPRESS RISK MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CYPRESS RISK MANAGEMENT	c EIN-PN 45-3934402-001

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	DOWNS COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOWNS ENERGY	c EIN-PN 77-0445131-002
a	Plan name	ENGOODEN HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor	ENGOODEN HEALTH, INC.	c EIN-PN 81-4271866-001
a	Plan name	ENT CLINIC OF IOWA, P.C. 401(K) PLAN	
b	Name of plan sponsor	ENT CLINIC OF IOWA, P.C.	c EIN-PN 42-1487214-002
a	Plan name	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	GONYEA HOMES & REMODELING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GONYEA HOMES AND REMODELING	c EIN-PN 41-1641699-001
a	Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001
a	Plan name	IED GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor	IED GROUP, INC.	c EIN-PN 56-2303651-001
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	KNIGHT FARMS 401(K) PLAN	
b	Name of plan sponsor	KNIGHT FARMS	c EIN-PN 68-0255456-001
a	Plan name	KONZEL CONSTRUCTION COMPANY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KONZEL CONSTRUCTION COMPANY, INC.	c EIN-PN 45-3596434-001
a	Plan name	LLANO SECO RANCHO 401(K) PLAN & TRUST	
b	Name of plan sponsor	LLANO SECO RANCHO	c EIN-PN 94-2314298-001

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	MECHANICAL SPECIALTIES, LLC 401(K) PLAN
b	Name of plan sponsor	MECHANICAL SPECIALTIES, LLC
c	EIN-PN	37-1489883-001
a	Plan name	ALL-TEMP REFRIGERATION, INC. 401(K) PLAN AND TRUST
b	Name of plan sponsor	ALL-TEMP REFRIGERATION, INC.
c	EIN-PN	34-1527583-001
a	Plan name	ALLIANCE 401(K) PLAN
b	Name of plan sponsor	ALLIANCE GROUP HOLDINGS, LLC DBA ALLIANCE MARKETING PARTNERS
c	EIN-PN	20-1317574-001
a	Plan name	CINDERELLA DIVINE INC. RETIREMENT PLAN
b	Name of plan sponsor	CINDERELLA DIVINE, INC.
c	EIN-PN	20-4533301-002
a	Plan name	CINDERELLA DIVINE, INC. PENSION PLAN
b	Name of plan sponsor	CINDERELLA DIVINE, INC.
c	EIN-PN	20-4533301-001
a	Plan name	DAIRY HEALTH SERVICES 401(K) PLAN
b	Name of plan sponsor	DAIRY HEALTH SERVICES, LLC
c	EIN-PN	82-3029364-001
a	Plan name	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION 401(K) RETIREMENT PLAN
b	Name of plan sponsor	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION
c	EIN-PN	59-0657413-001
a	Plan name	JONESVILLE HEALTH CARE 401(K) PLAN
b	Name of plan sponsor	JONESVILLE HEALTH CARE
c	EIN-PN	02-0697250-001
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	MIDWEST ATC SERVICE 401(K) & PENSION PLAN
b	Name of plan sponsor	MIDWEST AIR TRAFFIC CONTROL SERVICE, INC.
c	EIN-PN	48-0872931-001
a	Plan name	OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS 401(K) PLAN
b	Name of plan sponsor	THE OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS
c	EIN-PN	31-4378053-002

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	RAYNOR OVERHEAD DOORS AND GATE INC 401(K) PLAN
b	Name of plan sponsor	RAYNOR OVERHEAD DOORS AND GATE INC
c	EIN-PN	47-2927611-001
a	Plan name	ALLSAINTS USA LIMITED 401(K) PLAN
b	Name of plan sponsor	ALLSAINTS USA LIMITED
c	EIN-PN	98-0621566-001
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	ALPHA INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ALPHA INDUSTRIES, INC.
c	EIN-PN	62-0627504-002
a	Plan name	ALPHA RETIREMENT SOLUTIONS, LLC 401(K) PLAN
b	Name of plan sponsor	ALPHA RETIREMENT SOLUTIONS, LLC
c	EIN-PN	47-3848612-001
a	Plan name	INDUSTRIAL ACCESS, INC. 401(K) PLAN
b	Name of plan sponsor	INDUSTRIAL ACCESS, INC.
c	EIN-PN	27-0871732-001
a	Plan name	INDUSTRIAL SERVICE CORP. EMPLOYEE 401(K) PLAN
b	Name of plan sponsor	NORTHWESTERN PLASTICS, LTD. DBA INDUSTRIAL SERVICE CORP.
c	EIN-PN	42-1193589-001
a	Plan name	LUBOVICH EXCAVATING, INC. RETIREMENT READINESS 401(K) PLAN
b	Name of plan sponsor	LUBOVICH EXCAVATING, INC.
c	EIN-PN	35-1972657-001
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
a	Plan name	MILK SOURCE COMPANIES RETIREMENT PLAN
b	Name of plan sponsor	MILK SOURCE, LLC
c	EIN-PN	39-1954636-001
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

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.	OMB No. 1210-0110 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 PIMCO INCOME RET OPT	B Three-digit plan number (PN) ▶ 899
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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	58705910	62133162
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	58705910	62133162
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	2
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	2
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	58705909	62133160

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)	3951098	
(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)		3951098
(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)	-574202	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		-574202

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3376896

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		3376896
l Transfers of assets:			
(1) To this plan.....	2l(1)		17981956
(2) From this plan	2l(2)		17931601

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 _____.