

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS 2030 TARGET DATE RETIREMENT RET ACCT
1b Three-digit plan number (PN): 294
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 83-1098532
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <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> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <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) ..... <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) ..... <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> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <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) (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	<b>9b</b> 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
--	--

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

---

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

---

<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <u>AMERICAN FUNDS 2030 TARGET DATE RETIREMENT RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>294</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>83-1098532</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> (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:		
<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:		
<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:		
<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)

**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)

**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)

**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)

**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)

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 MINDFUL CHILD & FAMILY THERAPY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor MINDFUL CHILD & FAMILY THERAPY	<b>c</b> EIN-PN 83-2946180-001
<b>a</b>	Plan name MLA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIKE LOVE & ASSOCIATES, LLC	<b>c</b> EIN-PN 46-5678839-001
<b>a</b>	Plan name MONKEY WRENCH PLUMBING, HEATING & AIR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GREEN WORLD MAINTENANCE, INC.	<b>c</b> EIN-PN 80-0344055-001
<b>a</b>	Plan name MONTESSORI INTERNATIONAL ACADEMY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MADOKA INTERNATIONAL, INC. DBA MONTESSORI INTERNATIONAL ACADEMY	<b>c</b> EIN-PN 27-3946841-001
<b>a</b>	Plan name MR. BS BISTRO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MR. B'S BISTRO, INC.	<b>c</b> EIN-PN 72-0847066-001
<b>a</b>	Plan name MR. SHINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MR. SHINE, LLC	<b>c</b> EIN-PN 47-5524199-001
<b>a</b>	Plan name MVPIZZA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MVPIZZA, LLC	<b>c</b> EIN-PN 83-1018941-001
<b>a</b>	Plan name NATIONAL AUTO CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL AUTO CARE CORP.	<b>c</b> EIN-PN 31-1115893-001
<b>a</b>	Plan name NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor NARFA	<b>c</b> EIN-PN 04-2279821-001
<b>a</b>	Plan name NELDON PEACOCK & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NELDON PEACOCK & SONS, INC.	<b>c</b> EIN-PN 31-0839420-001
<b>a</b>	Plan name PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PROVEN PARTNERS MANUFACTURING	<b>c</b> EIN-PN 20-2145505-001
<b>a</b>	Plan name PURCHASING POWER 401(K) PLAN	
<b>b</b>	Name of plan sponsor PURCHASING POWER, LLC	<b>c</b> EIN-PN 90-0193342-222

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	R&R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	R&R DIRECT MAIL, INC.	<b>c</b> EIN-PN 11-2467943-002
<b>a</b> Plan name	RACK PROCESSING COMPANY UNION 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	RACK PROCESSING COMPANY	<b>c</b> EIN-PN 31-0535048-001
<b>a</b> Plan name	RACK/T&R WELDING 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	RACK PROCESSING COMPANY	<b>c</b> EIN-PN 31-0535048-002
<b>a</b> Plan name	RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	RALPH BRENNAN RESTAURANT GROUP, L.L.C.	<b>c</b> EIN-PN 72-1350467-001
<b>a</b> Plan name	RAPTOR PETROLEUM 401(K) PLAN	
<b>b</b> Name of plan sponsor	RAPTOR PETROLEUM	<b>c</b> EIN-PN 20-5877086-001
<b>a</b> Plan name	RAWLINSON ELECTRIC 401(K) PLAN	
<b>b</b> Name of plan sponsor	RAWLINSON ELECTRICAL CONSULTANTS	<b>c</b> EIN-PN 45-5383717-001
<b>a</b> Plan name	SERVPRO OF WINOOSKI/STOWE 401(K) PLAN	
<b>b</b> Name of plan sponsor	JJL-9572INC. DBA SERVPRO OF WINOOSKI/STOWE	<b>c</b> EIN-PN 26-1573431-001
<b>a</b> Plan name	TBC CPAS P.C. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TEAL, BECKER & CHIARAMONTE, CPAS P.C.	<b>c</b> EIN-PN 14-1624930-001
<b>a</b> Plan name	THE BOYLAND GROUP 401(K) SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BOYLAND AUTO ORLANDO, LLC	<b>c</b> EIN-PN 05-0546979-001
<b>a</b> Plan name	AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
<b>b</b> Name of plan sponsor	AMERICAN TEXTILE MAINTENANCE COMPANY	<b>c</b> EIN-PN 95-2076802-004
<b>a</b> Plan name	AMERICAN TEXTILE MAINTENANCE UNION 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMERICAN TEXTILE MAINTENANCE COMPANY	<b>c</b> EIN-PN 95-2076802-005
<b>a</b> Plan name	AMI DISTRIBUTORS 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMI DISTRIBUTORS	<b>c</b> EIN-PN 46-5048256-001

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 THE KING & SOMMER, PLLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KING & SOMMER, PLLC	<b>c</b> EIN-PN 26-0673255-001
<b>a</b>	Plan name THE MASTER WALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MASTER WALL, INC.	<b>c</b> EIN-PN 58-1777823-002
<b>a</b>	Plan name THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor WMOG, INC.	<b>c</b> EIN-PN 34-1133357-003
<b>a</b>	Plan name THE TAB GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE TAB GROUP	<b>c</b> EIN-PN 22-2054949-001
<b>a</b>	Plan name ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	<b>c</b> EIN-PN 95-4887678-001
<b>a</b>	Plan name ANTEZANA & ANTEZANA LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANTEZANA & ANTEZANA LLC	<b>c</b> EIN-PN 52-2318393-001
<b>a</b>	Plan name ARCADIA DENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASHKAN SAADI, DMD, PC DBA ARCADIA DENTAL	<b>c</b> EIN-PN 46-4139267-001
<b>a</b>	Plan name ARCH MANAGEMENT PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOF, LLC	<b>c</b> EIN-PN 47-2674762-001
<b>a</b>	Plan name ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ARMER/NORMAN & ASSOCIATES	<b>c</b> EIN-PN 94-1686016-001
<b>a</b>	Plan name ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSISTED HOME RECOVERY, INC.	<b>c</b> EIN-PN 95-4242428-001
<b>a</b>	Plan name UROLOGY ASSOCIATES MEDICAL GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UROLOGY ASSOCIATES MEDICAL GROUP, LLC	<b>c</b> EIN-PN 95-3970604-001
<b>a</b>	Plan name VAL-PAK PRODUCTS 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor B&M MOLDING, INC.	<b>c</b> EIN-PN 95-4689280-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	<b>c</b> EIN-PN 35-1457294-001
<b>a</b>	Plan name	VALLARTA SUPERMARKETS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VALLARTA SUPERMARKETS	<b>c</b> EIN-PN 95-4704083-001
<b>a</b>	Plan name	VAN DE POEL, LEVY, THOMAS LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAN DE POEL	<b>c</b> EIN-PN 68-0485819-001
<b>a</b>	Plan name	VANCOUVER BOLT & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VANCOUVER BOLT & SUPPLY, INC.	<b>c</b> EIN-PN 91-1051191-001
<b>a</b>	Plan name	VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VETERINARY PHARMACEUTICALS, INC.	<b>c</b> EIN-PN 94-2185252-001
<b>a</b>	Plan name	BOARDMAN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOARDMAN, LLC	<b>c</b> EIN-PN 73-1470937-003
<b>a</b>	Plan name	BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOLAND MARINE & INDUSTRIAL, LLC	<b>c</b> EIN-PN 85-0485227-001
<b>a</b>	Plan name	BONDY-HANEY SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BONDY-HANEY SERVICE, INC.	<b>c</b> EIN-PN 95-2391151-002
<b>a</b>	Plan name	BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAND FUEL CO. LLC	<b>c</b> EIN-PN 46-4597317-001
<b>a</b>	Plan name	BREVARD FAMILY WALK-IN CLINIC, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BREVARD FAMILY WALK-IN CLINIC, LLC	<b>c</b> EIN-PN 20-4661281-001
<b>a</b>	Plan name	BUX-MONT TRANSPORTATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUX-MONT TRANSPORTATION	<b>c</b> EIN-PN 23-1576223-001
<b>a</b>	Plan name	CABRILLO HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CABRILLO HOLDINGS, LLC	<b>c</b> EIN-PN 35-2485780-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VIP COMMUNITY MENTAL HEALTH CENTER, INC.	<b>c</b> EIN-PN 30-0017808-001
<b>a</b>	Plan name	W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	<b>c</b> EIN-PN 58-2352698-001
<b>a</b>	Plan name	W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W. L. PETREY WHOLESALE	<b>c</b> EIN-PN 63-0672324-001
<b>a</b>	Plan name	WALKER CRANE & RIGGING CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALKER CRANE & RIGGING CORP.	<b>c</b> EIN-PN 06-0664957-002
<b>a</b>	Plan name	WAREHOUSING OF EVANSVILLE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WAREHOUSING OF EVANSVILLE	<b>c</b> EIN-PN 27-3827525-001
<b>a</b>	Plan name	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	<b>c</b> EIN-PN 86-1091681-001
<b>a</b>	Plan name	CAPITAL AUTO BODY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL AUTO BODY DBA FIX AUTO COLUMBUS	<b>c</b> EIN-PN 47-3943596-222
<b>a</b>	Plan name	CARAVEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARAVEL SOLUTIONS INC.	<b>c</b> EIN-PN 27-3222605-001
<b>a</b>	Plan name	CRESCENT CITY PARTNERS	
<b>b</b>	Name of plan sponsor	CRESCENT CITY PARTNERS	<b>c</b> EIN-PN 20-3238074-001
<b>a</b>	Plan name	CRESCENT CITY SECURITY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRESCENT CITY SECURITY, INC.	<b>c</b> EIN-PN 35-1549160-001
<b>a</b>	Plan name	CROWN PACKAGING CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CROWN PACKAGING CORPORATION	<b>c</b> EIN-PN 31-0743880-001
<b>a</b>	Plan name	CTI CONTROLTECH, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CTI CONTROLTECH, INC.	<b>c</b> EIN-PN 46-0470086-002

<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	CW LAW LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CW LAW LLP	<b>c</b> EIN-PN 85-3275179-001
<b>a</b>	Plan name	DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DAVE ARBOGAST GROUP, INC.	<b>c</b> EIN-PN 31-1409301-001
<b>a</b>	Plan name	DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVID&GOLIATH, LLC	<b>c</b> EIN-PN 13-4088671-001
<b>a</b>	Plan name	DBHMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEST BUILDERS, INC D/B/A DBHMS	<b>c</b> EIN-PN 35-2185639-001
<b>a</b>	Plan name	DELSIGNORE COMPANIES PROFIT SHARING/401(K) PLAN	
<b>b</b>	Name of plan sponsor	DELSIGNORE BLACKTOP PAVING, INC.	<b>c</b> EIN-PN 14-1657140-001
<b>a</b>	Plan name	DISTINCT INDULGENCE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DISTINCT INDULGENCE, INC.	<b>c</b> EIN-PN 20-2849615-002
<b>a</b>	Plan name	DIXIE SEAL AND STAMP COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIXIE SEAL AND STAMP COMPANY, INC.	<b>c</b> EIN-PN 58-0222270-001
<b>a</b>	Plan name	EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAR MEDICAL GROUP, P.A.	<b>c</b> EIN-PN 74-2283401-001
<b>a</b>	Plan name	FETTE FORD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FETTE FORD, INC.	<b>c</b> EIN-PN 22-1528045-001
<b>a</b>	Plan name	FILM SOLUTIONS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FILM SOLUTIONS, LLC	<b>c</b> EIN-PN 47-4848508-001
<b>a</b>	Plan name	FORSYTHE JEWELERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORSYTHE JEWELERS	<b>c</b> EIN-PN 57-0712293-001
<b>a</b>	Plan name	FPE 401(K)	
<b>b</b>	Name of plan sponsor	FORKLIFT PARTS AND EQUIPMENT IMPORT & EXPORT, INC.	<b>c</b> EIN-PN 65-0130280-001

<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	FRESNO M, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRESNO M, LLC	<b>c</b> EIN-PN 38-4235861-001
<b>a</b>	Plan name	FUNDERBURK ORGANIZATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUNDERBURK MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 62-1761366-001
<b>a</b>	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	HICKAM COMMUNITIES, LLC	<b>c</b> EIN-PN 45-0530100-001
<b>a</b>	Plan name	HIGH POINT CASH & CARRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UF CORPORATION DBA HIGH POINT CASH & CARRY	<b>c</b> EIN-PN 26-0413638-001
<b>a</b>	Plan name	HMN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSOULA LAUNDRY & DRY CLEANERS COMPANY DBA MISSOULA TEXTILES	<b>c</b> EIN-PN 81-0229594-001
<b>a</b>	Plan name	HOFFMAN CABINETS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HOFFMAN CABINETS, INC.	<b>c</b> EIN-PN 75-1454441-001
<b>a</b>	Plan name	HOSPICE OF SAN JOAQUIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSPICE OF SAN JOAQUIN	<b>c</b> EIN-PN 94-2777980-005
<b>a</b>	Plan name	HOTEL MANAGEMENT OF NEW ORLEANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOTEL MANAGEMENT OF NEW ORLEANS, L.L.C.	<b>c</b> EIN-PN 72-0848974-001
<b>a</b>	Plan name	HOUSTON CRITICAL CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	<b>c</b> EIN-PN 76-0567380-001
<b>a</b>	Plan name	HUDSON CONSTRUCTION, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUDSON CONSTRUCTION, INC.	<b>c</b> EIN-PN 25-1655394-001
<b>a</b>	Plan name	IBP & HPI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ISLAND BREEZE PRODUCTIONS, INC.	<b>c</b> EIN-PN 99-0276955-001
<b>a</b>	Plan name	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT	<b>c</b> EIN-PN 22-3391706-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSURANCE PROFESSIONALS OF TENNESSEE, LLC	<b>c</b> EIN-PN 20-1340121-001
<b>a</b>	Plan name	KERN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KERN, INC.	<b>c</b> EIN-PN 22-3538481-001
<b>a</b>	Plan name	LASSEN LAND COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORLAND ALMONDS ACQUISITION COMPANY, LLC	<b>c</b> EIN-PN 83-2450302-001
<b>a</b>	Plan name	LAW OFFICES OF FRED C COHEN PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF FRED C. COHEN P.A.	<b>c</b> EIN-PN 65-0219025-001
<b>a</b>	Plan name	LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEGON FODIMAN & SUDDUTH, P.A.	<b>c</b> EIN-PN 65-0520887-001
<b>a</b>	Plan name	LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	LIVEWIRE ELECTRICAL SYSTEMS, INC.	<b>c</b> EIN-PN 46-1006222-001
<b>a</b>	Plan name	LT ROSE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LT ROSE MANAGEMENT, LLC	<b>c</b> EIN-PN 85-2823852-001
<b>a</b>	Plan name	MAGNOLIA COMMUNITY SERVICES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAGNOLIA COMMUNITY SERVICES, INC.	<b>c</b> EIN-PN 72-0423625-001
<b>a</b>	Plan name	MAK CHEMICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAK CHEMICALS, INC.	<b>c</b> EIN-PN 45-4836928-001
<b>a</b>	Plan name	INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NASHEVE, INC.	<b>c</b> EIN-PN 20-8664693-001
<b>a</b>	Plan name	INTEGRITY HR MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY HR MANAGEMENT, LLC	<b>c</b> EIN-PN 82-0860806-001
<b>a</b>	Plan name	IR-G 401(K) RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor	D & M INDUSTRIES, INC.	<b>c</b> EIN-PN 62-1393238-001

<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	ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	ISLAND PALM COMMUNITIES, LLC	<b>c</b> EIN-PN 20-1108750-001
<b>a</b>	Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J. J. MAUGET COMPANY, INC.	<b>c</b> EIN-PN 95-1968672-002
<b>a</b>	Plan name	JAMES P. WALSH, LMFT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAMES P. WALSH	<b>c</b> EIN-PN 88-2254245-001
<b>a</b>	Plan name	MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASTER SERVICE COMPANIES, LLC	<b>c</b> EIN-PN 26-2874958-001
<b>a</b>	Plan name	MATTRESS DIRECT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATTRESS DIRECT, LLC	<b>c</b> EIN-PN 72-1502440-001
<b>a</b>	Plan name	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	<b>c</b> EIN-PN 47-4609056-001
<b>a</b>	Plan name	MCCLELLAN LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCCLELLAN LLC	<b>c</b> EIN-PN 58-2191318-001
<b>a</b>	Plan name	NOBEL CARGO SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOBEL CARGO SYSTEMS, INC.	<b>c</b> EIN-PN 65-0911588-001
<b>a</b>	Plan name	NOBLE CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOBLE CARE CONSULTING 401(K) PLAN	<b>c</b> EIN-PN 85-4378033-001
<b>a</b>	Plan name	NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST EYE SPECIALISTS, PLLC	<b>c</b> EIN-PN 86-0720868-005
<b>a</b>	Plan name	NPE ENTERPRISE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NPE ENTERPRISE, LLC	<b>c</b> EIN-PN 20-8229316-222
<b>a</b>	Plan name	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC	<b>c</b> EIN-PN 38-2076543-001

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 RCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROTOLO CONSULTANTS, INC.	<b>c</b> EIN-PN 72-1285520-777
<b>a</b>	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RESA POWER, LLC	<b>c</b> EIN-PN 45-2810331-001
<b>a</b>	Plan name REVOLUTION MOTORSPORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor REVOLUTION MOTORSPORTS, LLC	<b>c</b> EIN-PN 45-3321906-001
<b>a</b>	Plan name STAG INDUSTRIAL MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STAG INDUSTRIAL MANAGEMENT LLC	<b>c</b> EIN-PN 27-3647617-001
<b>a</b>	Plan name STALKER & ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STALKER & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2756743-001
<b>a</b>	Plan name STANDARD METALS, INC. PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor STANDARD METALS, INC.	<b>c</b> EIN-PN 06-1024348-001
<b>a</b>	Plan name STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor STONE INSURANCE, INC.	<b>c</b> EIN-PN 72-0799511-001
<b>a</b>	Plan name SUNDOWN RANCH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUNDOWN RANCH, INC.	<b>c</b> EIN-PN 75-2195214-001
<b>a</b>	Plan name TIM ALLEN ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIM ALLEN ENTERPRISE, INC.	<b>c</b> EIN-PN 45-3724371-001
<b>a</b>	Plan name TNHD PARTNERS	
<b>b</b>	Name of plan sponsor TNHD PARTNERS, LLC	<b>c</b> EIN-PN 27-1293636-001
<b>a</b>	Plan name WINTER PARK IMPORTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor WINTER PARK IMPORTS, INC.	<b>c</b> EIN-PN 59-2955009-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	LLOYD A WISE MOTOR INC	<b>c</b> EIN-PN 26-2658328-001
<b>a</b>	Plan name	WORLD MIND NATURE IMMERSION SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORLD MIND NATURE SCHOOL	<b>c</b> EIN-PN 47-3052605-001
<b>a</b>	Plan name	YZER LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YZER LLC	<b>c</b> EIN-PN 82-2501890-001
<b>a</b>	Plan name	ZIEHL-ABEGG, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZIEHL-ABEGG, INC.	<b>c</b> EIN-PN 20-0338305-001
<b>a</b>	Plan name	417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	417 ROYAL RESTAURANT, LLC	<b>c</b> EIN-PN 46-3172979-001
<b>a</b>	Plan name	A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A&B ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 76-0261001-001
<b>a</b>	Plan name	AB VENTURES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AB VENTURES, LLC	<b>c</b> EIN-PN 87-3003973-001
<b>a</b>	Plan name	B & B SHEET METAL AND ROOFING, INC. 401(K) SALARY SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B & B SHEET METAL & ROOFING, INC.	<b>c</b> EIN-PN 41-1668760-222
<b>a</b>	Plan name	B&R MOLL, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	B&R MOLL, INC.	<b>c</b> EIN-PN 20-0026172-001
<b>a</b>	Plan name	BALD PEAK COLONY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BALD PEAK COLONY CLUB	<b>c</b> EIN-PN 02-0210407-002
<b>a</b>	Plan name	BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARNUM & CELILLO ELECTRIC, INC.	<b>c</b> EIN-PN 68-0227342-001
<b>a</b>	Plan name	CETERA 401(K) RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-025

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	CETERA ADVANTAGE(K) GROUP PLAN SOLUTION
<b>b</b>	Name of plan sponsor	CETERA RETIREMENT PLAN SPECIALISTS
<b>c</b>	EIN-PN	94-2779761-001
<b>a</b>	Plan name	CHAPCO, INC. 401(K) PROFIT SHARING AND SAVINGS PLAN
<b>b</b>	Name of plan sponsor	CHAPCO, INC.
<b>c</b>	EIN-PN	06-0947088-001
<b>a</b>	Plan name	CHD PARTNERS
<b>b</b>	Name of plan sponsor	CHD PARTNERS
<b>c</b>	EIN-PN	45-4169093-001
<b>a</b>	Plan name	CHILDREN FIRST PEDIATRICS, INC 401(K) PLAN
<b>b</b>	Name of plan sponsor	CHILDREN FIRST PEDIATRICS, INC
<b>c</b>	EIN-PN	04-3428367-001
<b>a</b>	Plan name	ELM MANAGEMENT SERVICES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	ELM MANAGEMENT SERVICES, LLC
<b>c</b>	EIN-PN	82-2104879-001
<b>a</b>	Plan name	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. MULTIPLE EMPLOYER 401(K) PLAN
<b>b</b>	Name of plan sponsor	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC.
<b>c</b>	EIN-PN	36-2512922-001
<b>a</b>	Plan name	GMG GENERAL, INC. EE SAVINGS TRUST
<b>b</b>	Name of plan sponsor	GMG GENERAL, INC.
<b>c</b>	EIN-PN	92-0138234-001
<b>a</b>	Plan name	GPA 401(K) PLAN
<b>b</b>	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.
<b>c</b>	EIN-PN	20-3998866-001
<b>a</b>	Plan name	GRAPE EXPECTATIONS 401(K) PLAN
<b>b</b>	Name of plan sponsor	GRAPE EXPECTATIONS
<b>c</b>	EIN-PN	94-2423490-002
<b>a</b>	Plan name	GREEN SABER RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	GREEN SABER PARTNERS
<b>c</b>	EIN-PN	99-2696148-001
<b>a</b>	Plan name	JELLYFISH US LIMITED 401(K) PLAN
<b>b</b>	Name of plan sponsor	JELLYFISH ONLINE MARKETING US LTD
<b>c</b>	EIN-PN	45-5052905-001
<b>a</b>	Plan name	JRB ASSOCIATES, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	JRB ASSOCIATES, INC.
<b>c</b>	EIN-PN	05-0504611-001

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 KANWALJIT GILL, M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KANWALJIT GILL, M.D., INC.	<b>c</b> EIN-PN 95-4883736-001
<b>a</b>	Plan name MCPOWELL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCPOWELL MANAGEMENT INC.	<b>c</b> EIN-PN 27-1410013-001
<b>a</b>	Plan name MERCER THOMPSON LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERCER THOMPSON LLC	<b>c</b> EIN-PN 27-0253380-222
<b>a</b>	Plan name MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERCER THOMPSON LLC	<b>c</b> EIN-PN 27-0253380-777
<b>a</b>	Plan name METROPOLITAN RECYCLING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor METROPOLITAN RECYCLING, LLC ATTN TORRIE	<b>c</b> EIN-PN 80-0578177-001
<b>a</b>	Plan name MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEYBOHM REALTORS, LLC	<b>c</b> EIN-PN 58-2508705-002
<b>a</b>	Plan name MID-STATE ELECTRIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MID-STATE ELECTRIC INC.	<b>c</b> EIN-PN 77-0515780-001
<b>a</b>	Plan name OX ORTHODONTIX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OX ORTHODONTIX, LLC	<b>c</b> EIN-PN 52-2150566-001
<b>a</b>	Plan name PARAMOUNT MACHINE CO 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARAMOUNT MACHINE COMPANY	<b>c</b> EIN-PN 06-0994304-002
<b>a</b>	Plan name PAUL SWARTZ NURSERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAUL SWARTZ NURSERY & GARDEN SHOP, INC.	<b>c</b> EIN-PN 39-1311607-001
<b>a</b>	Plan name PENA AND BROMBERG, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PENA AND BROMBERG PC	<b>c</b> EIN-PN 38-3852466-001
<b>a</b>	Plan name PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERSON & COVEY, INC.	<b>c</b> EIN-PN 95-2020861-001

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 RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVER DENTAL CARE	<b>c</b> EIN-PN 92-0862580-777
<b>a</b>	Plan name RJ HEALTHCARE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RJ HEALTHCARE SERVICES, LLC	<b>c</b> EIN-PN 22-3755890-001
<b>a</b>	Plan name ROMAK IRON WORKS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROMAK IRON WORKS	<b>c</b> EIN-PN 94-1333435-001
<b>a</b>	Plan name RPCS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RPCS, INC.	<b>c</b> EIN-PN 20-1751783-001
<b>a</b>	Plan name SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SACATE PELLET MILLS, INC.	<b>c</b> EIN-PN 86-0509246-001
<b>a</b>	Plan name SAMUEL P. MARTIN INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAMUEL P. MARTIN INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 22-2117154-001
<b>a</b>	Plan name SYMMETRY VASCULAR CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SYMMETRY VASCULAR CENTER, INC.	<b>c</b> EIN-PN 20-1997866-001
<b>a</b>	Plan name SYSTEM RESOURCES TELECOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYSTEM RESOURCES TELECOM, LLC	<b>c</b> EIN-PN 72-1432916-001
<b>a</b>	Plan name TRINITY DESIGN BUILD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRINITY DESIGN BUILD, INC.	<b>c</b> EIN-PN 74-3111479-001
<b>a</b>	Plan name TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TRIUNITY ENGINEERING AND MANAGEMENT INC.	<b>c</b> EIN-PN 76-0747545-001
<b>a</b>	Plan name ACTUM I, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ACTUM I, LLC	<b>c</b> EIN-PN 87-2890933-001
<b>a</b>	Plan name ADVANCED VISION CARE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ADVANCED VISION CARE	<b>c</b> EIN-PN 27-3268070-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ALADDIN CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALADDIN CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 64-0691303-001
<b>a</b>	Plan name	ALH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.	<b>c</b> EIN-PN 75-1407510-001
<b>a</b>	Plan name	ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALL IN THE FAMILY DENTAL	<b>c</b> EIN-PN 35-1399233-001
<b>a</b>	Plan name	ALLEGEANT LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLEGEANT LLC	<b>c</b> EIN-PN 64-0955384-001
<b>a</b>	Plan name	ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE BUS GROUP, INC.	<b>c</b> EIN-PN 27-4466560-001
<b>a</b>	Plan name	ALPHA BROKERS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALPHA BROKERS CORPORATION	<b>c</b> EIN-PN 65-0140528-001
<b>a</b>	Plan name	BELLINGER FAMILY, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BELLINGER DEVELOPMENT, LTD.	<b>c</b> EIN-PN 74-2831468-001
<b>a</b>	Plan name	BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEST CONTRACTING SERVICES, INC.	<b>c</b> EIN-PN 95-3781209-001
<b>a</b>	Plan name	BILL RAY NISSAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DICK BAIRD, INC. DBA BILL RAY NISSAN	<b>c</b> EIN-PN 59-1197628-002
<b>a</b>	Plan name	BLUE POLYMERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUE POLYMERS, LLC	<b>c</b> EIN-PN 92-0586961-001
<b>a</b>	Plan name	COCOA COASTAL 401(K)	
<b>b</b>	Name of plan sponsor	D.D.A. CORPORATION DBA COASTAL HYUNDAI	<b>c</b> EIN-PN 59-2829907-001
<b>a</b>	Plan name	COLLINS FISH & SEAFOOD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLLINS FISH & SEAFOOD, INC.	<b>c</b> EIN-PN 59-1211830-001

<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	CORE SOLUTIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORE SOLUTIONS LLC	<b>c</b> EIN-PN 72-1401158-001
<b>a</b>	Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC	<b>c</b> EIN-PN 43-1506960-001
<b>a</b>	Plan name	ETHOS BEHAVIORAL HEALTH GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ETHOS BEHAVIORAL HEALTH GROUP, LLC	<b>c</b> EIN-PN 84-2484878-001
<b>a</b>	Plan name	EVANS-NORDBY FUNERAL HOMES, INC., 401(K) PSP	
<b>b</b>	Name of plan sponsor	EVANS-NORDBY FUNERAL HOMES, INC.	<b>c</b> EIN-PN 41-1671522-001
<b>a</b>	Plan name	EVERGLAZE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERGLAZE LLC	<b>c</b> EIN-PN 45-4983440-001
<b>a</b>	Plan name	EVOLUTION MECHANICAL LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	EVOLUTION MECHANICAL LLC	<b>c</b> EIN-PN 81-4132663-001
<b>a</b>	Plan name	EXECUTIVE 1 HC LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXECUTIVE 1 HC LLC	<b>c</b> EIN-PN 82-3076130-001
<b>a</b>	Plan name	F.W. ASSOCIATES, INC. SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor	F.W. ASSOCIATES, INC.	<b>c</b> EIN-PN 94-2841974-001
<b>a</b>	Plan name	FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FACTORY DIRECT SUPPLY WPB LLC	<b>c</b> EIN-PN 46-2159293-001
<b>a</b>	Plan name	HALLKEEN MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HALLKEEN MANAGEMENT, INC.	<b>c</b> EIN-PN 04-3097814-001
<b>a</b>	Plan name	HARBERSON HOLDINGS, INC 401(K) SAVINGS & INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	HARBERSON HOLDINGS INC.	<b>c</b> EIN-PN 56-2438638-002
<b>a</b>	Plan name	HARDIN CONSTRUCTION COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARDIN CONSTRUCTION COMPANY	<b>c</b> EIN-PN 72-1279212-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <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 <b>AMERICAN FUNDS 2030 TARGET DATE RETIREMENT RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>294</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>83-1098532</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>	53223728
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	56198244
<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>	53223728	56198244
<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>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	53223728	56198244

**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>	5577946	
<b>(C)</b> Total unrealized appreciation of assets. 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>		
<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>		5577946

**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>		5577946
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		7905878
(2) From this plan .....	<b>2l(2)</b>		10509308

**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 \_\_\_\_\_.