

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <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.	OMB No. 1210-0110 <hr/> 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>NUVEEN REAL ESTATE SECURITIES RET OPT</u>	B Three-digit plan number (PN)	<u>075</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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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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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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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)

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c EIN-PN

d Entity code

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d Entity code

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

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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 CERRONE OLDS-GMC TRUCK 401(K) PLAN	
b	Name of plan sponsor AL CERRONE'S HARRIS AUTO SALES INC.	c EIN-PN 04-2608042-001
a	Plan name CERTEX USA 401(K) PLAN	
b	Name of plan sponsor CERTEX USA, INC.	c EIN-PN 20-1211126-001
a	Plan name COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
a	Plan name CULVER GROUP PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor THE CULVER GROUP	c EIN-PN 33-0789218-001
a	Plan name CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
b	Name of plan sponsor CYM AUTO PARTS	c EIN-PN 66-0421766-001
a	Plan name DIAKON LOGISTICS 401(K) PLAN	
b	Name of plan sponsor DIAKON LOGISTICS, INC.	c EIN-PN 20-0446970-001
a	Plan name FALCON BRIDGE CAPITAL 401(K) PLAN & TRUST	
b	Name of plan sponsor FALCON BRIDGE CAPITAL, LLC	c EIN-PN 32-0206781-001
a	Plan name FAMILY FORD, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor FAMILY FORD, INC.	c EIN-PN 04-3459007-001
a	Plan name HTAA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor HTAA HOLDINGS, LLC	c EIN-PN 46-3375948-001
a	Plan name KENNEDY & HAN, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENNEDY & HAN, P.C.	c EIN-PN 85-0482265-001
a	Plan name KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor KENNEDY AUTOMOTIVE GROUP, INC.	c EIN-PN 23-2545536-001
a	Plan name MARCHIONDA & FERRER 401(K) PLAN	
b	Name of plan sponsor MARCHIONDA & FERRER, P.A.	c EIN-PN 22-3261359-001

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	MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MESSAGEBROADCAST.COM, LLC	c EIN-PN 77-0480271-001
a	Plan name	MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOODY PRICE, LLC	c EIN-PN 72-1044462-003
a	Plan name	MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MOORETOWN RANCHERIA	c EIN-PN 68-0152435-003
a	Plan name	PAGE & ASSOCIATES INSURANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAGE & ASSOCIATES INSURANCE, INC.	c EIN-PN 88-1074263-001
a	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.	c EIN-PN 59-2300398-001
a	Plan name	TERRASAT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	TERRASAT COMMUNICATIONS, INC.	c EIN-PN 02-0547267-001
a	Plan name	THOMAS R. PATACCA, D.D.S., INC. RETIREMENT SAVINGS TRUST AND PLAN	
b	Name of plan sponsor	THOMAS R. PATACCA, D.D.S., INC.	c EIN-PN 34-1133350-001
a	Plan name	THOMPSON CHILD & FAMILY FOCUS 401(K) PLAN	
b	Name of plan sponsor	THOMPSON CHILD & FAMILY FOCUS	c EIN-PN 56-0547460-004
a	Plan name	UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSITY ELECTRIC CO., INC.	c EIN-PN 94-1493225-002
a	Plan name	WWE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WORLDWIDE ENTERPRISES, INC.	c EIN-PN 05-0493007-001
a	Plan name	AIREKO CONSTRUCTION LLC CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	AIREKO CONSTRUCTION, LLC	c EIN-PN 66-0286068-001
a	Plan name	ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHITECTURE, INC.	c EIN-PN 54-1371604-001

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	B & B TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
a	Plan name	DISHMAN DODGE 401(K) PLAN	
b	Name of plan sponsor	M&G INVESTMENTS, INC. DBA DISHMAN DODGE	c EIN-PN 91-0953903-002
a	Plan name	J.R. LENNEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LENNEN CONSTRUCTION	c EIN-PN 94-3399511-001
a	Plan name	MOORETOWN RANCHERIA GOVERNMENTAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MOORETOWN RANCHERIA	c EIN-PN 68-0152435-002
a	Plan name	MOUNTAIN WEST HOLDING CO. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MOUNTAIN WEST HOLDING CO.	c EIN-PN 26-4507278-001
a	Plan name	MOUNTAIN WEST SURGICAL RETIREMENT PLAN	
b	Name of plan sponsor	MOUNTAIN WEST SURGICAL	c EIN-PN 88-0418505-001
a	Plan name	PALMER DISTRIBUTORS, INC. EMPLOYEES 401(K) PLAN & TRUST	
b	Name of plan sponsor	PALMER DISTRIBUTORS, INC.	c EIN-PN 38-1942134-001
a	Plan name	PICKERING MANOR HOME 401(K) PLAN	
b	Name of plan sponsor	PICKERING MANOR HOME	c EIN-PN 51-0244585-001
a	Plan name	PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	PIENTA ENTERPRISES, INC.	c EIN-PN 38-2434419-001
a	Plan name	PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PIERCE PACKAGING COMPANY INC.	c EIN-PN 36-4161206-001
a	Plan name	PINES PET CEMETERY, INC. 401(K) PLAN	
b	Name of plan sponsor	PINES PET CEMETARY, INC.	c EIN-PN 31-1015335-001
a	Plan name	PINNACLE ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PINNACLE ADVISORY GROUP, INC.	c EIN-PN 04-3134580-001

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	PIRZADEH & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIRZADEH & ASSOCIATES, INC.	c EIN-PN 33-0841279-002
a	Plan name	PUEBLO OF ACOMA HOUSING AUTHORITY 401(K) PLAN	
b	Name of plan sponsor	PUEBLO OF ACOMA HOUSING AUTHORITY	c EIN-PN 65-1303187-001
a	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name	VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY DELUXE CLEANERS & INTERIOR, INC. 401(K) & PROFIT SHARING PLAN	c EIN-PN 22-3220586-001
a	Plan name	WALKER & COMPANY 401(K) PLAN	
b	Name of plan sponsor	WALKER & COMPANY, LLP	c EIN-PN 52-1706976-001
a	Plan name	3NSOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	3NSOLUTIONS, INC.	c EIN-PN 76-0732644-001
a	Plan name	401(K) & PROFIT SHARING PLAN FOR KYLE HUNT & PARTNERS, INC.	
b	Name of plan sponsor	KYLE HUNT & PARTNERS, INC.	c EIN-PN 41-1800701-001
a	Plan name	ALBANY OB-GYN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALBANY OB-GYN	c EIN-PN 58-1971169-001
a	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor	AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
a	Plan name	ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	ARGENT FEDERAL CREDIT UNION	c EIN-PN 54-0623641-002
a	Plan name	ARGO BLOWER RETIREMENT PLAN	
b	Name of plan sponsor	ARGO BLOWER AND MANUFACTURING, INC.	c EIN-PN 91-0129010-001
a	Plan name	BAAS RETIREMENT PLAN	
b	Name of plan sponsor	BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP	c EIN-PN 26-2173291-001

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 COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001
a	Plan name D & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
a	Plan name LESLIE T. HASKINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LESLIE T. HASKINS DBA HASKINS OLDS, INC.	c EIN-PN 04-1425210-001
a	Plan name MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCCLELLAND LAW GROUP	c EIN-PN 26-0787424-001
a	Plan name SARAT FORD SALES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SARAT FORD SALES, INC.	c EIN-PN 04-2385735-001
a	Plan name THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ART SOURCE, INC.	c EIN-PN 99-0280665-001
a	Plan name TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRINITY DIRECT, LLC	c EIN-PN 22-3499334-001
a	Plan name A CENTER FOR VISION CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor A CENTER FOR VISIONCARE	c EIN-PN 95-4435884-001
a	Plan name A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor A/E GRAPHICS, INC.	c EIN-PN 39-1252452-001
a	Plan name BARBICH HOOPER KING DILL HOFFMAN LLP 401(K) PLAN	
b	Name of plan sponsor BARBICH HOOPER KING DILL HOFFMAN	c EIN-PN 95-3705481-001
a	Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor BARNARD MANUFACTURING CO., INC.	c EIN-PN 38-1842231-001
a	Plan name DODDS BODYWORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DODDS BODYWORKS, INC.	c EIN-PN 31-1018566-001

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	ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name	HYPERTENSION KIDNEY CARE OF NORTH ATLANTA, LLC 401(K) PLAN	
b	Name of plan sponsor	HYPERTENSION KIDNEY CARE OF NORTH ATLANTA, LLC	c EIN-PN 20-4451963-001
a	Plan name	AACTION RENTS PROFIT SHARING PLAN	
b	Name of plan sponsor	GRILL BROTHERS PARTNERSHIP DBA AACTION RENTS	c EIN-PN 94-2373673-001
a	Plan name	AMERICAN TELEPHONE 401(K) PLAN	
b	Name of plan sponsor	DESIGN BUSINESS COMMUNICATIONS, INC.	c EIN-PN 86-0736656-001
a	Plan name	AMES, INC. 401(K) PLAN	
b	Name of plan sponsor	AMES, INC.	c EIN-PN 52-1039531-001
a	Plan name	BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor	BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name	COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COWBOY DODGE, INC.	c EIN-PN 83-0254068-001
a	Plan name	ESPEY HARDWARE & GARDEN SUPPLY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ESPEY HARDWARE & GARDEN SUPPLY, INC.	c EIN-PN 56-1443791-001
a	Plan name	ESTATE & PENSION ADVISORY BOARD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	M PENSION GROUP LIMITED, D.B.A. ESTATE & PENSION ADVISORY BOARD	c EIN-PN 27-0475956-001
a	Plan name	H & C DBA H & C CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	H & C DBA H & C CORPORATION, INC.	c EIN-PN 57-0785805-777
a	Plan name	H3O, INC. 401(K) PLAN	
b	Name of plan sponsor	H3O, INC.	c EIN-PN 26-3221103-001
a	Plan name	HAGEN INSURANCE 401(K) PLAN	
b	Name of plan sponsor	HO'O ILINA, INC. DBA HAGEN INSURANCE	c EIN-PN 51-0640656-001

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 MCCUTCHEON AGENCY LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCCUTCHEON INSURANCE AGENCY LTD	c EIN-PN 36-3087849-001
a	Plan name OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor OREGON COLLEGE OF ORIENTAL MEDICINE	c EIN-PN 93-0845182-001
a	Plan name OREGON FISH GUYS 401(K) PLAN	
b	Name of plan sponsor OREGON FISH GUYS, INC.	c EIN-PN 20-3065360-001
a	Plan name THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE CEDAR RAPIDS DENTAL CENTER	c EIN-PN 42-1012892-002
a	Plan name TRUTECH, L.L.C. 401(K) PLAN	
b	Name of plan sponsor TRUTECH, L.L.C.	c EIN-PN 82-0509464-001
a	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	c EIN-PN 83-2585853-001
a	Plan name BORINQUEN CONTAINER 1165(E) CODA RETIREMENT PLAN	
b	Name of plan sponsor BORINQUEN CONTAINER CORP.	c EIN-PN 66-0275132-001
a	Plan name COMPUTHINK, INC. 401(K) PLAN	
b	Name of plan sponsor COMPUTHINK, INC.	c EIN-PN 36-3953691-001
a	Plan name D.E.S., INC. 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED ENVIRONMENTAL SERVICES, INC.	c EIN-PN 59-3055432-001
a	Plan name ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMP PLUS, INC. DBA ELCO LIGHTING	c EIN-PN 95-4309236-001
a	Plan name ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
b	Name of plan sponsor THE ELDREDGE COMPANIES, INC.	c EIN-PN 23-2372461-001
a	Plan name FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FELDMAN & ASSOCIATES, INC.	c EIN-PN 95-4814253-001

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 GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	c EIN-PN 77-0489033-001
a	Plan name HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor HELIX CONSTRUCTION SERVICES, INC.	c EIN-PN 52-1889574-001
a	Plan name KIMBERLY PARK DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KIMBERLY PARK DENTAL ASSOCIATES, P.C.	c EIN-PN 42-1049323-001
a	Plan name MARTY'S PIZZA 401(K) PLAN	
b	Name of plan sponsor MARTY'S BROOKFIELD, INC.	c EIN-PN 39-1647623-001
a	Plan name MICHAEL BATES CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor MICHAEL BATES CHEVROLET, INC.	c EIN-PN 82-1909065-001
a	Plan name MICHAEL STARS, INC. 401(K) PLAN	
b	Name of plan sponsor MICHAEL STARS	c EIN-PN 35-3962410-222
a	Plan name POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POWER SOLUTIONS, LLC.	c EIN-PN 52-2100793-222
a	Plan name RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name SUBURBAN & TRI-STATE SUBARU 401(K) PLAN	
b	Name of plan sponsor SUBURBAN & TRI-STATE SUBARU, INC.	c EIN-PN 06-1210980-001
a	Plan name SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor SULLIVAN'S ADMINISTRATIVE MANAGERS, LLC	c EIN-PN 58-2519444-002
a	Plan name SUMMIT HAND THERAPY, LLC RETIREMENT PLAN	
b	Name of plan sponsor SUMMIT HAND THERAPY, LLC	c EIN-PN 20-5860288-001
a	Plan name TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002

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	WEB2WEB MARKETING, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	WEB2WEB MARKETING INC.	c EIN-PN 94-3327028-001
a	Plan name	CBW AUTOMATION, INC. 401(K) PROFIT SHARING PLAN AND RETIREMENT TRUST	
b	Name of plan sponsor	MULLER TECHNOLOGY COLORADO	c EIN-PN 48-0775210-001
a	Plan name	CCALA CORP. RETIREMENT PLAN	
b	Name of plan sponsor	CCALA CORP.	c EIN-PN 66-0430969-001
a	Plan name	CCEDA 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION	c EIN-PN 94-3080095-001
a	Plan name	LAGESTEE INSURANCE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	LAGESTEE INSURANCE AGENCY, LTD.	c EIN-PN 62-1081657-001
a	Plan name	TAG INTERNATIONAL, L.L.P. PROFIT SHARING PLAN	
b	Name of plan sponsor	TAG INTERNATIONAL, L.L.P.	c EIN-PN 74-2862644-001
a	Plan name	CITY WELDING RETIREMENT PLAN	
b	Name of plan sponsor	CITY WELDING & FABRICATION, INC.	c EIN-PN 04-2990922-001
a	Plan name	PRAIRIEFIRE COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRAIRIEFIRE COMMUNICATIONS, INC.	c EIN-PN 26-1885084-001
a	Plan name	PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a	Plan name	THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST TRUST HOLDINGS, INC.	c EIN-PN 37-1307139-222
a	Plan name	THE PRODUCERS GROUP 401(K) PLAN	
b	Name of plan sponsor	FREUNDT & ASSOCIATES INSURANCE SERVICES, INC.	c EIN-PN 33-0746599-001
a	Plan name	TOTAL ORTHOTICS & PROSTHETIC SOLUTIONS, INC 401(K) PLAN	
b	Name of plan sponsor	TOTAL ORTHOTIC & PROSTHETIC SOLUTIONS, INC.	c EIN-PN 56-2405432-002

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 CONCEPT GROUP INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONCEPT GROUP, INC.	c EIN-PN 41-1334328-001
a	Plan name GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
b	Name of plan sponsor GREAT SOUTHERN CAPITAL CORPORATION	c EIN-PN 64-0604860-010
a	Plan name CRAZY HOUSE, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor CRAZY HOUSE, INC.	c EIN-PN 48-0693849-001
a	Plan name HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAL HAYS CONSTRUCTION, INC.	c EIN-PN 54-2084366-001
a	Plan name ARTISTIC TILE PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor ARTISTIC TILE, INC.	c EIN-PN 22-3247240-001
a	Plan name HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001
a	Plan name VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor VANDERVART CONCRETE PRODUCTS, LLC	c EIN-PN 46-5469386-001
a	Plan name VILLAGE OF WOLVERINE LAKE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VILLAGE OF WOLVERINE LAKE	c EIN-PN 38-6024587-003
a	Plan name BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEACON TRI-STATE SOLUTIONS, INC.	c EIN-PN 32-0277555-001
a	Plan name BECK LEASING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BECK LEASING, INC.	c EIN-PN 26-1793936-001
a	Plan name DOWNEY & COMPANY, LLP 401(K) PLAN	
b	Name of plan sponsor DOWNEY & COMPANY, LLP	c EIN-PN 04-3106302-001
a	Plan name DPE, INC. 401(K) PLAN	
b	Name of plan sponsor DPE, INC.	c EIN-PN 58-2110906-001

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 INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	c EIN-PN 59-1745402-001
a	Plan name SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE SCIENTIFIC CONSULTING GROUP, INC.	c EIN-PN 52-1719423-001
a	Plan name SHACHIHATA INC. 401 (K) PLAN	
b	Name of plan sponsor SHACHIHATA, INC. U.S.A.	c EIN-PN 95-2562497-001
a	Plan name DURABOOK 401(K) PLAN	
b	Name of plan sponsor DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001
a	Plan name DYNAMIC PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor DYNAMIC PLASTICS, INC.	c EIN-PN 38-3094135-001
a	Plan name BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN	
b	Name of plan sponsor SUSAN L. BURNETTE, P.C.	c EIN-PN 02-0625716-001
a	Plan name STAFF CONNECTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor MIPRO STAFFING, LLC	c EIN-PN 20-3309316-001
a	Plan name STAFFING PLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor STAFFING PLUS, INC.	c EIN-PN 36-4330850-222
a	Plan name PATHFINDER SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor PATHFINDER SOFTWARE, LLC	c EIN-PN 45-1068132-001
a	Plan name PATHMARK HR, INC. 401(K) PSP	
b	Name of plan sponsor PATHMARK HR, INC.	c EIN-PN 81-4987330-001
a	Plan name PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PATRICK COUNTY FAMILY PRACTICE	c EIN-PN 54-1583691-001
a	Plan name CARNEY, ALEXANDER, MAROLD, & CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CARNEY, ALEXANDER, MAROLD, & CO.	c EIN-PN 42-0728423-001

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	FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name	THE JIM O'NEAL FORD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JIM O'NEAL FORD	c EIN-PN 35-1091372-001
a	Plan name	THE LEIGH AGENCY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	THE IDARUTH CORPORATION T/A THE LEIGH AGENCY	c EIN-PN 22-3020365-001
a	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name	PRECISION OF NEW HAMPTON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION OF NEW HAMPTON, INC.	c EIN-PN 42-1294107-222
a	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	c EIN-PN 95-4795537-001
a	Plan name	COHN RESTAURANT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	COHN RESTAURANT GROUP, INC.	c EIN-PN 33-0709920-777
a	Plan name	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES	c EIN-PN 23-7433927-001
a	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name	ALUMINUM COMPANY OF NC, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ALUMINUM COMPANY OF NC, INC.	c EIN-PN 83-0791382-001
a	Plan name	CROSSCOM NATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	CROSSCOM NATIONAL, LLC	c EIN-PN 20-1721299-777
a	Plan name	HARDY ORTHODONTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HARDY ORTHODONTICS, INC.	c EIN-PN 20-3607838-001

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 REMY LEATHER FASHIONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor REMY LEATHER FASHIONS, INC.	c EIN-PN 95-2786389-001
a	Plan name ASSURED CARE HOME HEALTH SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ASSURED CARE HOME HEALTH SERVICES, INC.	c EIN-PN 38-3362477-001
a	Plan name VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor VENTURA PACIFIC COMPANY	c EIN-PN 95-3057749-001
a	Plan name AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AVENTURO, INC.	c EIN-PN 27-2417155-001
a	Plan name HOLMAN'S OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HOLMAN'S OF NEVADA	c EIN-PN 88-0142663-001
a	Plan name VITECH 401(K) PLAN	
b	Name of plan sponsor ZUKEN VITECH, INC.	c EIN-PN 54-1636539-001
a	Plan name BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELGRADE STATE BANK	c EIN-PN 43-0177195-001
a	Plan name DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRILLING & PRODUCTION CO.	c EIN-PN 95-0803480-001
a	Plan name INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE TURNAROUND CONTROLS	c EIN-PN 20-2435857-001
a	Plan name E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor E.S. EVANS & COMPANY	c EIN-PN 34-1717857-001
a	Plan name IOWA DRAINAGE, INC. 401(K) PLAN	
b	Name of plan sponsor IOWA DRAINAGE, INC.	c EIN-PN 42-0999823-003

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	SHARPRINT SILKSCREEN AND GRAPHICS, INC. 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	SHARPRINT SILKSCREEN AND GRAPHICS, INC.	c EIN-PN 36-3931487-001
a	Plan name	BRISTOL BROADCASTING CO. INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	BRISTOL BROADCASTING CO., INC.	c EIN-PN 54-0491651-001
a	Plan name	EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	EMPIRE HYUNDAI, INC.	c EIN-PN 04-3498129-001
a	Plan name	JEANS' EXTRUSIONS 401(K) PLAN	
b	Name of plan sponsor	JEANS' EXTRUSIONS, INC.	c EIN-PN 35-1540242-001
a	Plan name	OLIVERA SAVINGS PLAN	
b	Name of plan sponsor	OLIVERA EGG RANCH LLC	c EIN-PN 77-0467975-001
a	Plan name	SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SOMERVILLE ACQUISITIONS	c EIN-PN 22-2950305-001
a	Plan name	EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor	EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004
a	Plan name	P.J. ALBERT, INC. 401(K) PLAN	
b	Name of plan sponsor	P.J. ALBERT, INC.	c EIN-PN 04-2787609-001
a	Plan name	STAR ELECTRIC, LLC 401(K) SALARY REDUCTION PLAN & TRUST	
b	Name of plan sponsor	STAR ELECTRIC, LLC	c EIN-PN 46-4073312-001
a	Plan name	CARVER FINANCIAL CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CARVER FINANCIAL CORPORATION	c EIN-PN 20-0397876-001
a	Plan name	SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SURGEONS CHOICE MEDICAL CENTER	c EIN-PN 38-3162435-001
a	Plan name	FOREMOST GRAPHICS GROUP 401(K) PLAN	
b	Name of plan sponsor	FOREMOST GRAPHICS, L.L.C.	c EIN-PN 38-3213304-001

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 LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LAKOTA CONTRACTING, INC.	c EIN-PN 26-0060538-001
a	Plan name BSL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BSL CORPORATION	c EIN-PN 94-2690457-001
a	Plan name COOLING & HERBERS PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor COOLING & HERBERS, P.C.	c EIN-PN 43-1093669-001
a	Plan name DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DERMATOLOGY ASSOCIATES, PC	c EIN-PN 39-1896149-002
a	Plan name EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
b	Name of plan sponsor EASTERN WAREHOUSE DISTRIBUTORS, LLC	c EIN-PN 23-2566520-001
a	Plan name FAIRMONT DESIGNS RETIREMENT PLAN	
b	Name of plan sponsor CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS	c EIN-PN 94-2930113-001
a	Plan name FOUNDATION FOR INTERNATIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FOUNDATION FOR INTERNATIONAL SERVICES, INC.	c EIN-PN 91-1300363-001
a	Plan name HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name HORIZON TILE & CARPET SOUTHEAST, INC. 401(K) PLAN	
b	Name of plan sponsor HORIZON TILE & CARPET SOUTHEAST, INC.	c EIN-PN 47-1027113-001
a	Plan name INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor INTEGRITY AUTOMOTIVE GROUP	c EIN-PN 34-1725656-001
a	Plan name KAPOOR ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor KAPOOR ENTERPRISES, INC.	c EIN-PN 77-0374359-001
a	Plan name KAWAIOA DEVELOPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAWAIOA DEVELOPMENT	c EIN-PN 99-0313071-001

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	KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
b	Name of plan sponsor	KEEL ENTERPRISES OF LA LLC	c EIN-PN 72-1158560-001
a	Plan name	MAX STAF, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAX STAF, INC.	c EIN-PN 72-1342485-333
a	Plan name	MIPRO CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIPRO CONSULTING, LLC	c EIN-PN 20-2695598-001
a	Plan name	MONFORT MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MONFORT MANAGEMENT, INC.	c EIN-PN 77-0012053-001
a	Plan name	NORTH AMERICAN WARHORSE 401(K) PLAN	
b	Name of plan sponsor	NORTH AMERICAN WARHORSE, INC.	c EIN-PN 23-3047289-001
a	Plan name	PBHK, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PBHK, INC.	c EIN-PN 99-0306811-001
a	Plan name	PETERSON PIPELINE, INC. 401(K) PLAN	
b	Name of plan sponsor	PETERSON PIPELINE, INC.	c EIN-PN 33-0615234-001
a	Plan name	PETROVAL, INC. 401(K) PLAN	
b	Name of plan sponsor	PETROVAL, INC.	c EIN-PN 72-1559851-001
a	Plan name	PRIMARY MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIMARY MECHANICAL, INC.	c EIN-PN 33-0964975-001
a	Plan name	RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	RAFAEL BENITEZ CARRILLO, INC.	c EIN-PN 66-0213972-002
a	Plan name	ROMAR & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	ROMAR & ASSOCIATES	c EIN-PN 74-1565181-002
a	Plan name	S4, INC. 401(K) PLAN	
b	Name of plan sponsor	S4 INC.	c EIN-PN 04-3309384-001

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	STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor	STERLING BV, INC.	c EIN-PN 81-1791939-001
a	Plan name	TECO, INC. 401(K) PLAN	
b	Name of plan sponsor	TECO, INC.	c EIN-PN 52-2038001-001
a	Plan name	ADDED DIMENSIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ADDED DIMENSIONS, INC.	c EIN-PN 94-3257729-001
a	Plan name	UNICORN HRO LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	UNICORN HRO LLC	c EIN-PN 27-1441892-001
a	Plan name	APEX TRAILER 401(K) PLAN	
b	Name of plan sponsor	APEX TRAILER SALES AND RENTALS, INC.	c EIN-PN 61-1020316-001
a	Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	c EIN-PN 39-1085074-002
a	Plan name	ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC AND PACIFIC FREIGHTWAYS, INC.	c EIN-PN 93-0984994-001
a	Plan name	ATLANTIC CORRUGATED BOX, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC CORRUGATED BOX, INC.	c EIN-PN 54-1297441-001
a	Plan name	ATLANTIC MANAGEMENT CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC MANAGEMENT CENTER, INC.	c EIN-PN 54-1260528-001
a	Plan name	VOLENTE INSURANCE PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VOLENTE INSURANCE PARTNERS, LLC	c EIN-PN 75-3204608-001
a	Plan name	VON'S JEWELRY, INC. 401(K) PLAN	
b	Name of plan sponsor	VON'S JEWELRY, INC.	c EIN-PN 34-1162214-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NUVEEN REAL ESTATE SECURITIES RET OPT	B Three-digit plan number (PN) ▶ 075
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)	4
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)	11433631
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	10393239
(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	11433635	10393243
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	11433635	10393243

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)	378089	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-352144	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		560409
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		586354

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)	54285	
(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)		54285
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		54285

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		532069
l Transfers of assets:			
(1) To this plan.....	2l(1)		1445769
(2) From this plan	2l(2)		3018230

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 _____.