

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TA VANGUARD INTERNATIONAL VALUE RET OPT
1b Three-digit plan number (PN): 097
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TA VANGUARD INTERNATIONAL VALUE RET OPT</u>	B Three-digit plan number (PN)	<u>097</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)
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.)	
a	Plan name CONTRACTORS AND EMPLOYEES RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.	c EIN-PN 74-2485508-001
a	Plan name THE CONTRACTORS AND EMPLOYEES RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor ASSOCIATED PREVAILING WAGE CONTRACTORS, INC.	c EIN-PN 74-2485507-001
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 EATON DRILLING 401(K) PLAN	
b	Name of plan sponsor EATON DRILLING CO., INC.	c EIN-PN 94-1207118-001
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 FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KKD PET VET	c EIN-PN 46-1590293-001
a	Plan name FAMILY RESOURCE CENTER RETIREMENT PLAN	
b	Name of plan sponsor FAMILY RESOURCE CENTER	c EIN-PN 36-3532803-001
a	Plan name FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRAZER DENTAL CARE	c EIN-PN 23-3077648-001
a	Plan name GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor GOOD FOUNDATIONS ACADEMY	c EIN-PN 36-4664197-001
a	Plan name GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	c EIN-PN 95-4126355-001
a	Plan name HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY 401(K) PLAN	
b	Name of plan sponsor HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY	c EIN-PN 47-2107270-001
a	Plan name HAWKE MEDIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAWKE MEDIA, LLC	c EIN-PN 46-3254493-001

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 IVANCICH & COSTIS, LLP 401(K) PLAN	
b	Name of plan sponsor IVANCICH & COSTIS, LLP	c EIN-PN 26-2298861-001
a	Plan name J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor J & P PAVING MASONRY & SEALANT, INC.	c EIN-PN 31-1121622-001
a	Plan name LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAVIN NATIONAL, LLC	c EIN-PN 72-1482691-001
a	Plan name MARCHIONDA & FERRER 401(K) PLAN	
b	Name of plan sponsor MARCHIONDA & FERRER, P.A.	c EIN-PN 22-3261359-001
a	Plan name RGS & G 401(K) PLAN	
b	Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD	c EIN-PN 23-2125472-002
a	Plan name SALESMaster 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PACKAGING SPECIALTY INC. DBA SALESMaster CORP.	c EIN-PN 23-2547189-001
a	Plan name STEVEN M. BURRIS 401(K) PLAN	
b	Name of plan sponsor STEVEN M. BURRIS, LLC	c EIN-PN 27-0988826-001
a	Plan name STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name UNIVERSAL TAPE SUPPLY CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL TAPE SUPPLY CORP.	c EIN-PN 22-1814877-002
a	Plan name AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AIRMAX LLC	c EIN-PN 84-1440204-001
a	Plan name ARBOR AND PIA EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor ARBOR INSURANCE GROUP	c EIN-PN 23-2669484-001
a	Plan name DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIGITAL TOOL & DIE, INC.	c EIN-PN 38-2852638-001

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	FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	FREER MECHANICAL CONTRACTOR'S INC.	c EIN-PN 75-1046142-002
a	Plan name	GP BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	GP BUILDERS, INC.	c EIN-PN 83-2935431-001
a	Plan name	HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HECO, INC.	c EIN-PN 38-1817538-001
a	Plan name	JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JAG, INC.	c EIN-PN 20-4383697-001
a	Plan name	KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	KENTUCKY EDUCATION ASSOCIATION	c EIN-PN 61-0245450-001
a	Plan name	KETTER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	KETTER & ASSOCIATES	c EIN-PN 47-0806233-001
a	Plan name	MORRIS DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	MORRIS DISTRIBUTING	c EIN-PN 68-0301995-001
a	Plan name	PARADIGM PROPERTIES, LLC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	PARADIGM PROPERTIES, LLC	c EIN-PN 06-1533601-001
a	Plan name	RICHARD ROWAN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHARD ROWAN, DMD	c EIN-PN 94-2861305-001
a	Plan name	RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a	Plan name	SALON AURA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SALON AURA	c EIN-PN 39-1885637-001
a	Plan name	SALTER HEALY, LLC 401(K) PLAN	
b	Name of plan sponsor	SALTER HEALY, LLC	c EIN-PN 26-1337937-001

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	SANDHILLS STATE BANK 401(K) PLAN	
b	Name of plan sponsor	SANDHILLS STATE BANK	c EIN-PN 47-0130530-001
a	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002
a	Plan name	TIM SNELSON'S PUMPING UNIT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TIM SNELSON'S PUMPING UNIT	c EIN-PN 75-2715506-001
a	Plan name	VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. CARLOS HODGES DVM PC DBA VALLEY CENTRAL VETERINARY REFERRAL AND	c EIN-PN 23-2874136-001
a	Plan name	ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001
a	Plan name	AKJOHNSTON GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	AKJOHNSTON GROUP, LLC	c EIN-PN 47-4760375-001
a	Plan name	CHELDAN HOMES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CHELDAN HOMES	c EIN-PN 75-2508204-001
a	Plan name	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name	CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CYPRESS POINT CLUB	c EIN-PN 94-6008058-002
a	Plan name	PLAN DE RETIRO 1081.01(D) PARA EMPLEADOS DE GOYA DE PUERTO RICO, INC.	
b	Name of plan sponsor	GOYA DE PUERTO RICO, INC.	c EIN-PN 66-0429097-002
a	Plan name	PLENARY AMERICAS USA LTD. 401(K) PLAN	
b	Name of plan sponsor	PLENARY AMERICAS USA LTD.	c EIN-PN 38-3923534-001
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE BOYLAND GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor BOYLAND AUTO ORLANDO, LLC	c EIN-PN 05-0546979-777
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 WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name A&G PIPING 401(K) PLAN	
b	Name of plan sponsor A&G PIPING, INC.	c EIN-PN 75-1972619-001
a	Plan name A. N. ABELL CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A. N. ABELL AUCTION CO.	c EIN-PN 95-1872203-001
a	Plan name AMERICAN PHARMACY SERVICES CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN PHARMACY SERVICES CORPORATION	c EIN-PN 38-2647024-001
a	Plan name AMERICAN READING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE	c EIN-PN 23-2965253-001
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 CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor CHEROKEE FARM DEVELOPMENT CORPORATION	c EIN-PN 46-1180603-001
a	Plan name CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHESLER CONSTRUCTION, INC.	c EIN-PN 68-0378142-002
a	Plan name CORETRUST MANAGEMENT, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CORETRUST MANAGEMENT, LP	c EIN-PN 32-0475371-001
a	Plan name CORR FLIGHT S, INC. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CORR FLIGHT S INC.	c EIN-PN 47-2376307-777

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 CORRA 401(K) PLAN	
b	Name of plan sponsor CORRA	c EIN-PN 04-3819932-001
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 FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name FUSION ZONE AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor FUSION ZONE AUTOMOTIVE, INC.	c EIN-PN 27-1376889-001
a	Plan name GULATI & ASSOCIATES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GULATI & ASSOCIATES, INC.	c EIN-PN 03-0447697-001
a	Plan name GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001
a	Plan name I-TECH USA 401(K) PLAN	
b	Name of plan sponsor I-TECH USA	c EIN-PN 32-0015143-001
a	Plan name JOHN MAGALHAES AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN MAGALHAES AND ASSOCIATES, INC.	c EIN-PN 04-3539096-001
a	Plan name BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor BURCH COURT DENTAL	c EIN-PN 61-1338337-001
a	Plan name CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHILES & SONS-LAMAN, INC.	c EIN-PN 34-4492949-003
a	Plan name COUNTRY ROADS TRUCKING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor COUNTRY ROADS TRUCKING SYSTEMS, INC.	c EIN-PN 35-1696225-001
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

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	ICU PRODUCTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ICU PRODUCTION, INC.	c EIN-PN 41-2252815-002
a	Plan name	JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JOHNSON COUNTY DERMATOLOGY, P.A.	c EIN-PN 04-3586031-002
a	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name	MTS/SFH 401(K) P/S PLAN	
b	Name of plan sponsor	MULTIPLICITY THERAPEUTIC SERVICES, INC.	c EIN-PN 51-0619590-001
a	Plan name	MXD PROCESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIXER DIRECT INC., DBA MXD PROCESS	c EIN-PN 27-1855081-001
a	Plan name	POLYSHOT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	POLYSHOT CORPORATION	c EIN-PN 16-1384222-001
a	Plan name	SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAVANT SYSTEMS, INC.	c EIN-PN 85-1002349-777
a	Plan name	THE CLASSIC CATERING PEOPLE, INC. 401(K) PLAN	
b	Name of plan sponsor	THE CLASSIC CATERING PEOPLE, INC.	c EIN-PN 52-1715183-001
a	Plan name	TRUTRON CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUTRON CORPORATION	c EIN-PN 38-1858530-001
a	Plan name	BCP SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	BCP SYSTEMS, INC.	c EIN-PN 33-0753105-001
a	Plan name	BOYESEN, INC 401(K) PLAN	
b	Name of plan sponsor	BOYESEN, INC.	c EIN-PN 23-2749409-001
a	Plan name	CAPITOL 401(K) PLAN	
b	Name of plan sponsor	CAPITOL PROCESS SERVICES, INC.	c EIN-PN 52-2283731-001

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	CHSU 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA HEALTH SCIENCES UNIVERSITY	c EIN-PN 45-4846058-001
a	Plan name	D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
a	Plan name	FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	FERGUSON COX ASSOCIATES, INC.	c EIN-PN 06-1242231-001
a	Plan name	GRANVILLE HOMES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GRANVILLE HOMES, INC.	c EIN-PN 77-0236102-002
a	Plan name	INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INDEPENDENCE BANCSHARES, INC.	c EIN-PN 42-1191386-001
a	Plan name	JAMES R. DETTLING M.D. LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JAMES R. DETTLING, M.D. LTD	c EIN-PN 88-0469527-001
a	Plan name	KIM & LAVOY, S.C. 401(K) PLAN	
b	Name of plan sponsor	KIM & LAVOY, S.C.	c EIN-PN 20-0771810-001
a	Plan name	LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001
a	Plan name	MARTHINSEN AND SALVITTI INSURANCE GROUP 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	MARTHINSEN AND SALVITTI INSURANCE GROUP	c EIN-PN 25-1724440-001
a	Plan name	MARTIN BAGWELL LUKE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTIN BAGWELL LUKE, P.C.	c EIN-PN 46-3663316-001
a	Plan name	MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN	
b	Name of plan sponsor	MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY	c EIN-PN 65-0633679-001
a	Plan name	NWGE 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST GENERAL ENGINEERING	c EIN-PN 68-0454297-001

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	OASIS AIR AND SOLAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OASIS AIR AND SOLAR	c EIN-PN 95-2865840-001
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	RIVCRETE READY MIX LLC 401(K) PLAN	
b	Name of plan sponsor	RIVCRETE READY MIX LLC	c EIN-PN 81-3593378-001
a	Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
b	Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-1917556-001
a	Plan name	PENNY LANE SCHOOL, LTD. 401(K) PLAN	
b	Name of plan sponsor	PENNY LANE SCHOOL, LTD.	c EIN-PN 36-3864693-001
a	Plan name	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. 401(K) PLAN	
b	Name of plan sponsor	LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC.	c EIN-PN 23-7010825-001
a	Plan name	PREACHER, LLC 401(K) PLAN	
b	Name of plan sponsor	PREACHER, LLC	c EIN-PN 46-4405855-001
a	Plan name	PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
a	Plan name	COACTIVE WEALTH STRATEGISTS, LLC 401(K) PLAN	
b	Name of plan sponsor	COACTIVE WEALTH STRATEGISTS, LLC	c EIN-PN 45-3909949-001
a	Plan name	COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	COCHRANE SUPPLY ENGINEERING, INC.	c EIN-PN 38-1854848-001
a	Plan name	ALLIANCE CASTINGS COMPANY, LLC 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ALLIANCE CASTINGS COMPANY, LLC	c EIN-PN 20-0254788-001
a	Plan name	GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	GREEN HILLS MEMORIAL PARK	c EIN-PN 95-1955721-001

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	MATERIALS TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor	MATERIALS TESTING, INC.	c EIN-PN 06-1321309-001
a	Plan name	TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	TURNBRIDGE CAPITAL MANAGEMENT, LLC	c EIN-PN 47-0963603-001
a	Plan name	MDL 401(K) PLAN	
b	Name of plan sponsor	MINERAL DEVELOPMENT, LLC	c EIN-PN 46-5488841-001
a	Plan name	REDBARN PET PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REDBARN PET PRODUCTS, LLC	c EIN-PN 80-0554839-001
a	Plan name	RK DIVERSIFIED ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RK DIVERSIFIED ENTERTAINMENT, INC.	c EIN-PN 95-4346665-001
a	Plan name	ROAM ARTISAN BURGERS 401(K) PLAN	
b	Name of plan sponsor	ROAM RESTAURANT GROUP, INC.	c EIN-PN 88-3541442-001
a	Plan name	ASCENT VISION TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	ASCENT VISION TECHNOLOGIES, LLC	c EIN-PN 47-4687866-001
a	Plan name	DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	DATA PATH, INC.	c EIN-PN 90-0242296-001
a	Plan name	HIGH DESERT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	HIGH DESERT COMMUNICATIONS, INC.	c EIN-PN 86-0879788-001
a	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name	ATLAS LABOR ILLINOIS LLC RETIREMENT PLAN	
b	Name of plan sponsor	ATLAS LABOR ILLINOIS LLC	c EIN-PN 83-3804981-001
a	Plan name	DELTA SYSTEMS & AUTOMATION LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA SYSTEMS & AUTOMATION LLC	c EIN-PN 83-2468256-001

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	HITV 401(K) PLAN	
b	Name of plan sponsor	HITV OPERATING CO., INC.	c EIN-PN 20-8485379-001
a	Plan name	HIX & SNEDEKER COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	HIX SNEDEKER COMPANIES, LLC	c EIN-PN 27-1982876-001
a	Plan name	HMC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	HODGDON MANAGEMENT AND CONSTRUCTION, INC. DBA HMC CONSTRUCTION, INC.	c EIN-PN 56-2467203-002
a	Plan name	VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINCENT GREENE ARCHITECTS	c EIN-PN 52-2066377-002
a	Plan name	NATIONAL AUTO LENDERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NATIONAL AUTO LENDERS, INC.	c EIN-PN 65-0660723-001
a	Plan name	INFRONT DEVICES & SYSTEMS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INFRONT DEVICES & SYSTEMS, LLC	c EIN-PN 73-1646352-001
a	Plan name	SCI 401(K) PLAN	
b	Name of plan sponsor	SYSTEM CONTROLS & INSTRUMENTATION, LTD.	c EIN-PN 46-0638297-001
a	Plan name	SGF MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SGF MANAGEMENT, INC.	c EIN-PN 34-1850857-001
a	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INTERPRET, LLC	c EIN-PN 20-4554232-002
a	Plan name	INTREIS 401(K) PLAN	
b	Name of plan sponsor	INTREIS	c EIN-PN 46-0855494-001
a	Plan name	NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEXT DAY DELIVERY SERVICE, INC.	c EIN-PN 81-2485203-001
a	Plan name	OASYS 401(K) PLAN	
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001

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	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BELLEVUE	c EIN-PN 91-0776451-002
a	Plan name	ELEIT TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	ELEIT TECHNOLOGY, INC.	c EIN-PN 72-1388587-002
a	Plan name	OSAMU CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	OSAMU CORPORATION	c EIN-PN 95-4529389-001
a	Plan name	ST. FRANCIS SCHOOL SAVINGS AND INVESTMENT PENSION PLAN	
b	Name of plan sponsor	ST. FRANCIS SCHOOL	c EIN-PN 66-0327985-001
a	Plan name	CLARK'S AUTO REPAIR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLARK'S AUTO REPAIR, LLC	c EIN-PN 46-4186489-001
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	PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION SMALL ENGINE CO., INC.	c EIN-PN 59-1985940-001
a	Plan name	ADVANCED REPRODUCTIVE CENTER OF HAWAII 401(K) PLAN	
b	Name of plan sponsor	CHRISTOPHER T.F. HUANG, M.D., INC	c EIN-PN 01-0674989-001
a	Plan name	AEM PARTNERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEM PARTNERS, LLC	c EIN-PN 20-0857620-001
a	Plan name	COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	c EIN-PN 47-1612263-222
a	Plan name	COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001
a	Plan name	PRO COM ROOFING CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO COM ROOFING CORPORATION	c EIN-PN 23-2906707-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED CONSTRUCTION CO., INC.	c EIN-PN 20-5220958-001
a	Plan name GREENS OPERATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor GREENS OPERATIONS, INC	c EIN-PN 47-3688571-001
a	Plan name R & M EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor TRIBMS, LLC DBA R & M EQUIPMENT COMPANY	c EIN-PN 23-3084608-001
a	Plan name TRANSTAR NATIONAL TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRANSTAR NATIONAL TITLE	c EIN-PN 75-2948848-001
a	Plan name ANGEL CITY DATA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGEL CITY DATA, INC.	c EIN-PN 80-0674775-001
a	Plan name HARPER OPERATING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor HARPER OPERATING COMPANY, INC.	c EIN-PN 31-0855493-001
a	Plan name ULTRAGLOW 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TANGLEWOOD SOLAR & ELECTRIC LLC	c EIN-PN 47-1163713-001
a	Plan name DAVE SCHMITT CONSTRUCTION COMPANY, INC PROFIT SHARING PLAN	
b	Name of plan sponsor DAVE SCHMITT CONSTRUCTION COMPANY, INC	c EIN-PN 42-0889038-001
a	Plan name HILLSIDE CUSTOM MACHINING WELDING & FABRICATION LLC 401(K) PLAN	
b	Name of plan sponsor HILLSIDE CUSTOM MACHINING WELDING & FABRICATION	c EIN-PN 20-1606458-001
a	Plan name MIDWESCO MECHANICAL AND ENERGY , LLC 401(K)	
b	Name of plan sponsor MIDWESCO MECHANICAL AND ENERGY , LLC	c EIN-PN 46-2867688-001
a	Plan name MIGGYS CORP FIVE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIGGY'S CORP. FIVE	c EIN-PN 13-3305621-003

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	VEGAS OPTICS, LLC 401(K) PLAN
b	Name of plan sponsor	VEGAS OPTICS, LLC
c	EIN-PN	55-0896350-001
a	Plan name	VENANGO MACHINE PRODUCTS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	VENANGO MACHINE PRODUCTS
c	EIN-PN	25-1261324-001
a	Plan name	AUSTIN FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN
b	Name of plan sponsor	AUSTIN FEDERAL CREDIT UNION
c	EIN-PN	74-1593594-001
a	Plan name	DENBESTE COMPANIES, INC. 401(K) PLAN & TRUST
b	Name of plan sponsor	DENBESTE COMPANIES, INC.
c	EIN-PN	93-3878708-001
a	Plan name	RUNNING AWAY INCORPORATED 401(K) PLAN
b	Name of plan sponsor	RUNNING AWAY INCORPORATED DBA JOHN'S RUN WALK SHOP
c	EIN-PN	61-0950094-001
a	Plan name	RUSSELL J. S. TOM, D.D.S. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	RUSSELL J. S. TOM, D.D.S.
c	EIN-PN	99-0261249-001
a	Plan name	SEMILAB USA 401(K) PLAN
b	Name of plan sponsor	SEMILAB USA LLC
c	EIN-PN	27-0347663-001
a	Plan name	BIOEX CONSULTING, LLC 401(K) PLAN
b	Name of plan sponsor	BIOEX CONSULTING, LLC
c	EIN-PN	26-3459118-001
a	Plan name	E.M.B., INC. 401(K) PLAN
b	Name of plan sponsor	LANDSCAPER'S DEPOT, INC.
c	EIN-PN	02-0419465-001
a	Plan name	SHEGERIAN CONNIFF LLP 401(K) PLAN
b	Name of plan sponsor	SHEGERIAN CONNIFF LLP
c	EIN-PN	83-1614034-001
a	Plan name	BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BRIDGEWAY, INC.
c	EIN-PN	37-0984175-001
a	Plan name	BRIMHALL EYE 401(K) PLAN
b	Name of plan sponsor	TYREE CARR M.D. LTD. DBA BRIMHALL EYE
c	EIN-PN	88-0183869-001

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	OLIVEIRA WEALTH PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	OLIVEIRA WEALTH	c EIN-PN 77-0514829-001
a	Plan name	C. CARAMANICO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	C. CARAMANICO & SONS, INC.	c EIN-PN 23-2349249-001
a	Plan name	OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN	
b	Name of plan sponsor	OXFORD ECONOMICS USA, INC.	c EIN-PN 23-2620656-001
a	Plan name	STARKE MACHINE COMPANY 401(K) PLAN	
b	Name of plan sponsor	STARKE MACHINE COMPANY	c EIN-PN 75-1710418-001
a	Plan name	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name	KOMOROUS-TOWEY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KOMOROUS-TOWEY ARCHITECTS	c EIN-PN 94-3384004-001
a	Plan name	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	c EIN-PN 74-2459387-001
a	Plan name	PAYROLL EXPRESS, LLC 401(K) PLAN	
b	Name of plan sponsor	PAYROLL EXPRESS, LLC	c EIN-PN 45-3517823-001
a	Plan name	SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor	FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
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	TATE WILSON JOHNSON MEYER CHERRY PLLC 401(K) PLAN	
b	Name of plan sponsor	TATE WILSON JOHNSON MEYER CHERRY PLLC	c EIN-PN 20-5974889-001
a	Plan name	WHITE BRENNER LLP 401(K) PLAN	
b	Name of plan sponsor	WHITE BRENNER LLP	c EIN-PN 46-1799572-001

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 AXSUN, CORP. 401(K) PLAN	
b	Name of plan sponsor AXSUN, CORP.	c EIN-PN 99-0376382-001
a	Plan name WOMER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOMER AND ASSOCIATES, INC.	c EIN-PN 91-1570424-001
a	Plan name BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BIRMINGHAM PODIATRY, P.C.	c EIN-PN 63-0826296-002
a	Plan name BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BDS HOLDINGS, INC.	c EIN-PN 54-1968963-001
a	Plan name CASTOR ENGINEERING, INC. RETIREMENT PLAN	
b	Name of plan sponsor ABL AERO, LLC	c EIN-PN 83-4503603-001
a	Plan name CATALYST RETIREMENT PLAN	
b	Name of plan sponsor CATALYST COMMUNICATIONS NETWORK LLC	c EIN-PN 92-1890010-001
a	Plan name CENTERPOINTE DENTAL GROUP, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTERPOINTE DENTAL GROUP, P.A.	c EIN-PN 41-1821880-001
a	Plan name CERIC FABRICATION COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CERIC FABRICATION COMPANY, INC.	c EIN-PN 04-2838553-001
a	Plan name CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
b	Name of plan sponsor CLEVELAND CITY FORGE, INC.	c EIN-PN 34-1972972-001
a	Plan name CLEVELAND MARBLE MOSAIC 401(K) PLAN	
b	Name of plan sponsor THE CLEVELAND MARBLE MOSAIC CO.	c EIN-PN 34-0151170-001
a	Plan name CN TIRE & WHEELS 401(K) PLAN	
b	Name of plan sponsor CN TIRE & WHEELS CORPORATION	c EIN-PN 47-3067418-001
a	Plan name DDSI 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor DDSI	c EIN-PN 35-1771016-001

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	DESSERT OASIS COFFEE ROASTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOCR, LLC	c EIN-PN 84-4056726-001
a	Plan name	DUCTCO, LLC 401(K) PLAN	
b	Name of plan sponsor	DUCTCO, LLC	c EIN-PN 46-2763056-002
a	Plan name	EAST WEST MARTIAL ARTS LLC RETIREMENT PLAN	
b	Name of plan sponsor	EAST WEST MARTIAL ARTS	c EIN-PN 91-2063355-001
a	Plan name	EASTERN RADIOLOGY ASSOCIATES PC 401(K) PLAN	
b	Name of plan sponsor	EASTERN RADIOLOGY ASSOCIATES PC	c EIN-PN 81-0306627-001
a	Plan name	ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor	ENCORE GLASS	c EIN-PN 45-4333619-001
a	Plan name	FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FAIRMOUNT PARTNERS, LLC	c EIN-PN 41-2094669-001
a	Plan name	GLOBAL 401(K) PLAN	
b	Name of plan sponsor	GHG HOLDINGS, INC.	c EIN-PN 46-4331213-001
a	Plan name	GROVE HEALTH DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GROVE HEALTH DENTAL	c EIN-PN 26-0281244-001
a	Plan name	HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001
a	Plan name	HOSKINS EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HOSKINS EQUIPMENT, LLC	c EIN-PN 95-3547273-001
a	Plan name	INTERNAL MEDICINE PRIMARY CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	INTERNAL MEDICINE PRIMARY CARE, INC.	c EIN-PN 34-1712938-001
a	Plan name	KAZI FOODS 401(K) PLAN	
b	Name of plan sponsor	KAZI FOODS, INC.	c EIN-PN 98-4287911-001

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 MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MANTUCKET CAPITAL MANAGEMENT CORPORATION	c EIN-PN 47-0880782-001
a	Plan name MEIERJOHAN BUILDING GROUP 401(K) PLAN	
b	Name of plan sponsor MEIERJOHAN BUILDING GROUP	c EIN-PN 26-3835304-001
a	Plan name NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	c EIN-PN 58-1633173-777
a	Plan name PACIFIC DESIGN AND SOURCING 401(K) PLAN	
b	Name of plan sponsor PACIFIC DESIGN AND SOURCING	c EIN-PN 27-2403668-001
a	Plan name PROGRESSIVE COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE COMMUNICATIONS, INC.	c EIN-PN 58-2431088-001
a	Plan name RAFIH AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor RAFIH AUTO GROUP, INC.	c EIN-PN 68-0676945-001
a	Plan name RALPH MOYLE, INC. 401(K) PLAN	
b	Name of plan sponsor RALPH MOYLE, INC.	c EIN-PN 38-1819896-001
a	Plan name S.B.S. TRUST DEED NETWORK 401(K) PLAN	
b	Name of plan sponsor S.B.S. TRUST DEED NETWORK	c EIN-PN 95-3783564-002
a	Plan name STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor STERLING ENERGY OPERATIONS, LLC	c EIN-PN 33-0969595-001
a	Plan name ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001
a	Plan name TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRIBLER ORPETT & MEYER, P.C.	c EIN-PN 36-3317353-001
a	Plan name AMANI ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor AMANI ENGINEERING, INC.	c EIN-PN 76-0614439-001

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	UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	UNITY MANUFACTURING COMPANY	c EIN-PN 36-1899680-001

a Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	c EIN-PN 38-3424306-001

a Plan name	ATLANTA HEADACHE SPECIALIST 401(K) PLAN	
b Name of plan sponsor	ATLANTA HEADACHE SPECIALISTS	c EIN-PN 26-3517084-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
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a Plan name		
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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 TA VANGUARD INTERNATIONAL VALUE RET OPT	B Three-digit plan number (PN) 097
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14721686
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11031949
(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	14721686	11031949
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	14721685	11031949

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)	290952	
(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)	-617837	
(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)		577245
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		250360

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)	104219	
(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)		104219
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		104219

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		146141
l Transfers of assets:			
(1) To this plan.....	2l(1)		1364855
(2) From this plan	2l(2)		5200732

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 _____.