

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: JPMORGAN GOVERNMENT SECURITIES RET OPT
1b Three-digit plan number (PN): 158
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.

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>JPMORGAN GOVERNMENT SECURITIES RET OPT</u>	B Three-digit plan number (PN)	<u>158</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)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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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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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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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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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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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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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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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)
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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	EPPRIGHT HOMES LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	EPPRIGHT HOMES LLC	c EIN-PN 47-2384404-001
a	Plan name	PROCIRCULAR, INC. 401(K) PLAN	
b	Name of plan sponsor	PROCIRCULAR, INC.	c EIN-PN 81-1171034-001
a	Plan name	TKP ARCHITECTS, PC 401(K) PLAN	
b	Name of plan sponsor	TKP ARCHITECTS, PC	c EIN-PN 84-1180129-001
a	Plan name	GEORGETOWN DENTAL PROFESSIONALS PROFIT SHARING PLAN	
b	Name of plan sponsor	GEORGETOWN DENTAL PROFESSIONALS LLC	c EIN-PN 20-3939693-001
a	Plan name	GRAY V. 401(K) PLAN	
b	Name of plan sponsor	GRAY V.	c EIN-PN 80-0001479-001
a	Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	c EIN-PN 38-3601887-001
a	Plan name	STEM CIDERS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	STEM CIDERS, LLC	c EIN-PN 46-2031245-001
a	Plan name	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ICONERGY LTD	c EIN-PN 27-2414344-001
a	Plan name	BROADLEAF, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BROADLEAF, INC.	c EIN-PN 26-2561880-001
a	Plan name	BLOCK MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor	KPB ENTERPRISES, INC.	c EIN-PN 20-2032251-001
a	Plan name	BLUE Q 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE Q CORPORATION	c EIN-PN 04-3521482-001
a	Plan name	BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BNL INDUSTRIES, INC.	c EIN-PN 06-1226220-001

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 CALIFORNIA SIDECAR 401(K) PLAN	
b	Name of plan sponsor LEISURE PRODUCTS, INC. DBA CALIFORNIA SIDECAR	c EIN-PN 33-0770432-001
a	Plan name CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CAMRETT LOGISTICS, INC.	c EIN-PN 54-1747281-001
a	Plan name CHAMPION 401(K) PLAN	
b	Name of plan sponsor CHAMPION EMPLOYER SERVICES	c EIN-PN 35-2178929-333
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 DIAGNOSTIC MRI, L.L.C. 401(K) PLAN	
b	Name of plan sponsor DIAGNOSTIC MRI, L.L.C.	c EIN-PN 76-0617060-001
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 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 KENDALL GKIKAS & MITCHELL, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KENDALL GKIKAS & MITCHELL, LLP	c EIN-PN 81-3000482-001
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 MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MESSAGEBROADCAST.COM, LLC	c EIN-PN 77-0480271-001
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 PACKAGE MATERIALS CORPORATION 401(K) PLAN	
b	Name of plan sponsor PACKAGE MATERIALS CORPORATION	c EIN-PN 22-1914421-002

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	TENANT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	TENANT SERVICES, INC.	c EIN-PN 95-4488234-001
a	Plan name	TERRANET, INC. 401(K) PLAN	
b	Name of plan sponsor	TERRANET, INC.	c EIN-PN 52-1782317-001
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	TIAM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T.I. ASSET MANAGEMENT, INC.	c EIN-PN 58-2178755-001
a	Plan name	VREELAND ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	VREELAND ENGINEERS, INCORPORATED	c EIN-PN 62-1480752-001
a	Plan name	FAWLEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DARRELL E. FAWLEY, JR. DBA FAWLEY & ASSOCIATES	c EIN-PN 31-1365446-001
a	Plan name	GRANITE CITY FAMILY & COSMETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	GRANITE CITY FAMILY & COSMETIC DENTISTRY	c EIN-PN 20-4990679-001
a	Plan name	HEALTHCARE VENTURES ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	HEALTHCARE VENTURES ALLIANCE	c EIN-PN 23-2877142-001
a	Plan name	METRO FENCE CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	METRO FENCE COMPANY, INC.	c EIN-PN 74-6514295-001
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	MOTION MACHINERY 401(K) PLAN	
b	Name of plan sponsor	MOTION MACHINERY, LTD	c EIN-PN 76-0566121-001

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	NORTHWEST EYE PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.	c EIN-PN 38-1861527-002
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
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	TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
b	Name of plan sponsor	TILLERY CHEVROLET/GMC	c EIN-PN 85-0281064-001
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	ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001
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	ALATAE MEDICAL, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	ALATAE MEDICAL, LLC	c EIN-PN 22-3705799-001
a	Plan name	BALEMET EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor	BALEMET RECYCLING METALS, INC.	c EIN-PN 22-2907788-001
a	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001

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	CAPESPAN NORTH AMERICA LLC RETIREMENT PLAN	
b	Name of plan sponsor	CAPESPAN NORTH AMERICA LLC	c EIN-PN 52-2208915-001
a	Plan name	CAPITAL RESEARCH CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CAPITAL RESEARCH CENTER	c EIN-PN 52-1289734-001
a	Plan name	CHEAHA BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEAHA BANK	c EIN-PN 63-1251208-001
a	Plan name	CYTIMMUNE SCIENCES 401(K) PLAN	
b	Name of plan sponsor	CYTIMMUNE SCIENCES, INC.	c EIN-PN 52-1591273-001
a	Plan name	D & F, LOBO CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	D & F CONSTRUCTION, INC.	c EIN-PN 54-1206616-001
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	MPCA UNI 401(K) PLAN	
b	Name of plan sponsor	MITSUBISHI PENCIL CORPORATION OF AMERICA	c EIN-PN 95-3143624-001
a	Plan name	SANTA FE RUBBER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SANTA FE RUBBER PRODUCTS, INC.	c EIN-PN 95-3864316-001
a	Plan name	THE CARING CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE CARING CENTER, INC.	c EIN-PN 23-2623819-001
a	Plan name	AMERICAN HXSYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN HXSYSTEMS LLC	c EIN-PN 93-4817220-001
a	Plan name	CHILDREN'S VILLAGE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	V.V.P. & ASSOCIATES, INC.	c EIN-PN 33-0500749-001
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

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 ENVIRONEERING EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ENVIRONEERING, INC.	c EIN-PN 76-0313462-001
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 FUEL SYSTEMS, LLC EMPLOYEES PROFIT SHARING/401(K) PLAN AND TRUST	
b	Name of plan sponsor FUEL SYSTEMS, LLC	c EIN-PN 36-4053183-001
a	Plan name FULGENT CONTRACTING CORPORATION 401(K) PLAN	
b	Name of plan sponsor FULGENT CONTRACTING CORPORATION	c EIN-PN 52-2116656-001
a	Plan name HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor HYPOTENUSE, INC. DBA SURVEYUSA	c EIN-PN 13-3592138-001
a	Plan name HYUNDAI DYMOS 401(K) PLAN	
b	Name of plan sponsor HYUNDAI DYMOS MICHIGAN, LLC	c EIN-PN 32-0423491-001
a	Plan name I & C ENGINEERING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor I & C ENGINEERING COMPANY, INC.	c EIN-PN 04-3059259-003
a	Plan name JOHN'S FUEL SERVICE PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN'S FUEL SERVICE, INC.	c EIN-PN 04-2743687-001
a	Plan name ABC ACADEMY, INC. PLAN	
b	Name of plan sponsor ABC ACADEMY, INC.	c EIN-PN 38-2498000-001
a	Plan name AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN SOCIETY FOR SURGERY OF THE HAND	c EIN-PN 31-6051199-001
a	Plan name CHRIST HEALTH PRIMARY CARE CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHRIST HEALTH PRIMARY CARE CLINIC	c EIN-PN 71-0844008-001
a	Plan name COYLE REPRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COYLE REPRODUCTIONS, INC.	c EIN-PN 95-2955426-001

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 DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DON'S TRUCK SALES, INC.	c EIN-PN 42-0816951-001
a	Plan name DONG S. KIM M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DONG S. KIM M.D.	c EIN-PN 02-0676565-002
a	Plan name H3O, INC. 401(K) PLAN	
b	Name of plan sponsor H3O, INC.	c EIN-PN 26-3221103-001
a	Plan name ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS RETIREMENT PLAN	
b	Name of plan sponsor ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS	c EIN-PN 23-7147401-001
a	Plan name JOHNSON ELECTRIC SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor JOHNSON ELECTRIC SUPPLY, INC.	c EIN-PN 04-3367863-001
a	Plan name LIBERTY TRANSPORTATION & STORAGE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY TRANSPORTATION & STORAGE CO., INC.	c EIN-PN 22-1067680-001
a	Plan name LINENS BY ALICE PROFIT SHARING PLAN	
b	Name of plan sponsor LINENS BY ALICE, INC.	c EIN-PN 04-3068509-001
a	Plan name MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MUSKEGON COUNTY MUSEUM	c EIN-PN 38-1367319-001
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 SPRAY POLYURETHANE FOAM ALLIANCE 401(K) PLAN	
b	Name of plan sponsor SPRAY POLYURETHANE FOAM ALLIANCE	c EIN-PN 20-0374296-001
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 WATSON REALTY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WATSON REALTY COMPANY	c EIN-PN 95-3462904-001

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	ALL AIR MECHANICAL CONTRACTOR INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	ALL AIR MECHANICAL CONTRACTOR, INC.	c EIN-PN 20-5664372-001
a	Plan name	ALL POINTS 401(K) PLAN	
b	Name of plan sponsor	ALL POINTS PACKAGING	c EIN-PN 58-2174673-001
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	CIERRA PIPE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CIERRA PIPE, INC.	c EIN-PN 76-0058138-777
a	Plan name	COMPLETE BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	COMPLETE BUSINESS SOLUTIONS	c EIN-PN 65-0807304-001
a	Plan name	DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN	
b	Name of plan sponsor	DOUGHBOY RESTAURANT GROUP, LLC	c EIN-PN 47-2447231-001
a	Plan name	ELECTRO-MECHANICAL INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ELECTRO-MECHANICAL INDUSTRIES, INC.	c EIN-PN 76-0626218-002
a	Plan name	FERBER & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	FERBER AND SONS, INC	c EIN-PN 59-1499209-001
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	IMPACT INDUSTRIES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WORLD OF MOULDING	c EIN-PN 33-0327222-001
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	LISAC'S, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LISAC'S, INC.	c EIN-PN 81-0307699-001

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	MARKETING & RESEARCH RESOURCES 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MARKETING & RESEARCH RESOURCES, LLC	c EIN-PN 52-1665278-003
a	Plan name	MARTIN'S NURSERY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MARTIN'S NURSERY, INC.	c EIN-PN 63-1133490-001
a	Plan name	NWGE 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST GENERAL ENGINEERING	c EIN-PN 68-0454297-001
a	Plan name	O'CONNOR'S DECORATING CENTER 401(K) PLAN	
b	Name of plan sponsor	O'CONNOR'S DECORATING CENTER, INC.	c EIN-PN 83-2712021-001
a	Plan name	PARK INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PARK PRODUCTIONS INC.	c EIN-PN 83-2355487-001
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	THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor	MODERN HR, INC.	c EIN-PN 81-0741257-002
a	Plan name	THE DUNCAN COMPANIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THE DUNCAN COMPANIES, INC.	c EIN-PN 59-3537237-001
a	Plan name	VALLEY PLACERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY PLACERS, INC.	c EIN-PN 88-0421004-001
a	Plan name	VALLEY WOOD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY WOOD, INC.	c EIN-PN 58-1869240-001
a	Plan name	VAN DYKE LANDSCAPE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VAN DYKE, LLP	c EIN-PN 71-0997792-001

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 WECKWORTH-LANGDON 401(K) PLAN	
b	Name of plan sponsor WECKWORTH MANUFACTURING, INC.	c EIN-PN 48-1137303-001
a	Plan name LA ROSA DEL MONTE EXPRESS, INC. CODA PROFIT SHARING PLAN	
b	Name of plan sponsor LA ROSA DEL MONTE EXPRESS, INC.	c EIN-PN 66-0310813-001
a	Plan name LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor LAFATA MANAGEMENT, INC.	c EIN-PN 20-1965835-001
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 TAPPE ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor TAPPE ARCHITECTS, INC.	c EIN-PN 04-2721071-001
a	Plan name ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name GENERATIONS 401(K) PLAN	
b	Name of plan sponsor JWALANT K. VADALIA, MD, PC	c EIN-PN 02-0474068-001
a	Plan name GKY DENTAL ARTS 401(K) PLAN	
b	Name of plan sponsor GKY DENTAL ARTS INC.	c EIN-PN 88-4323547-001
a	Plan name TOWN OF KENNETH CITY A MUNICIPAL CORP PENSION PLAN	
b	Name of plan sponsor TOWN OF KENNETH CITY	c EIN-PN 59-6033546-001
a	Plan name ALLTECH BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ALLTECH BUSINESS SYSTEMS, INC.	c EIN-PN 22-2697496-001
a	Plan name MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARYLAND PORTABLE CONCRETE, INC.	c EIN-PN 52-1207242-002
a	Plan name MASADA HOMES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MASADA HOMES	c EIN-PN 95-2479348-001

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	QUANTUM DYNAMICS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	QUANTUM DYNAMICS, INC.
c	EIN-PN	52-2340609-001
a	Plan name	QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	QUIK TRAVEL STAFFING, INC.
c	EIN-PN	95-4826235-001
a	Plan name	CRB MEDICAL ASSOCIATES SAFE HARBOR 401(K) PLAN
b	Name of plan sponsor	CRB MEDICAL ASSOCIATES
c	EIN-PN	75-2804254-001
a	Plan name	RED HOOK AGENCIES, INC. 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	RED HOOK AGENCIES, INC.
c	EIN-PN	66-0345418-002
a	Plan name	REICHEL FOODS 401(K) PLAN
b	Name of plan sponsor	REICHEL FOODS, INC.
c	EIN-PN	90-0246502-001
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	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	AUDIO VIDEO DESIGN, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	AUDIO VIDEO DESIGN, INC.
c	EIN-PN	03-0460318-001
a	Plan name	DEGRUCHY MASONRY, INC. 401(K) PLAN
b	Name of plan sponsor	DEGRUCHY MASONRY, INC.
c	EIN-PN	23-2460052-001
a	Plan name	MISKO, INC. 401(K) PLAN
b	Name of plan sponsor	MISKO, INC.
c	EIN-PN	23-2506409-001
a	Plan name	MISTER COOKIE FACE, INC. 401(K) PLAN
b	Name of plan sponsor	MISTER COOKIE FACE, INC.
c	EIN-PN	22-3203732-001
a	Plan name	ROTEK INSTRUMENT CORP. 401(K) PLAN
b	Name of plan sponsor	ROTEK INSTRUMENT CORP.
c	EIN-PN	04-2468423-001

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	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINVISION, INC.	c EIN-PN 77-0315550-001
a	Plan name	BEC SYSTEMS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEC SYSTEMS LLC	c EIN-PN 88-1082676-001
a	Plan name	DPE, INC. 401(K) PLAN	
b	Name of plan sponsor	DPE, INC.	c EIN-PN 58-2110906-001
a	Plan name	WESTBRIDGE FINANCIAL & INSURANCE SERVICES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTBRIDGE FINANCIAL & INSURANCE SERVICES	c EIN-PN 95-4760919-001
a	Plan name	BERNIE GRUNDMAN MASTERING STUDIO 401(K) PLAN	
b	Name of plan sponsor	BERNIE GRUNDMAN MASTERING STUDIO	c EIN-PN 95-3839051-003
a	Plan name	DURABOOK 401(K) PLAN	
b	Name of plan sponsor	DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001
a	Plan name	DURINGER LAW GROUP, PLC 401(K) PLAN	
b	Name of plan sponsor	DURINGER LAW GROUP, PLC	c EIN-PN 20-2965686-001
a	Plan name	INTERNATIONAL PARKING DESIGN, INC. 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL PARKING DESIGN, INC.	c EIN-PN 95-2696753-003
a	Plan name	NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW HAMPSHIRE HYDRAULICS, INC.	c EIN-PN 02-0338098-001
a	Plan name	BRANCORE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	BRANCORE TECHNOLOGIES	c EIN-PN 54-1980699-001
a	Plan name	JAX CAFE, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	JAX CAFE, INC.	c EIN-PN 41-0887103-001
a	Plan name	JPM DONUTS, INC. 401(K) PLAN	
b	Name of plan sponsor	JPM DONUTS, INC.	c EIN-PN 02-0523315-001

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	SPRINGFIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor	MCCARTHY LEGAL SERVICES, LLC	c EIN-PN 04-3445519-001
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	KJLA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COSTA DE ORO MEDIA, LLC	c EIN-PN 77-0139492-001
a	Plan name	LUCKY CAB CO. OF NEVADA 401(K) PLAN	
b	Name of plan sponsor	LUCKY CAB CO. OF NEVADA	c EIN-PN 88-0269865-001
a	Plan name	CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor	CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001
a	Plan name	MAIC, INC. 401(K) PLAN	
b	Name of plan sponsor	MINORITY ADVANCEMENT IN CORPORATIONS, INC.	c EIN-PN 52-2060991-001
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
a	Plan name	MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MATIKON AMERICA INC.	c EIN-PN 38-3498737-002
a	Plan name	TRAEGER BROTHERS & ASSOCIATES, INC. 401(K) PS PLAN	
b	Name of plan sponsor	TRAEGER BROTHERS & ASSOCIATES, INC.	c EIN-PN 59-0642249-001
a	Plan name	TRANSPORTATION SOLUTIONS, INC. 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	TRANSPORTATION SOLUTIONS, INC.	c EIN-PN 58-2160437-001
a	Plan name	ANNAPOLIS JEWELRY 401(K) PLAN	
b	Name of plan sponsor	ANNAPOLIS JEWELRY & LOAN, INC.	c EIN-PN 52-2319988-001
a	Plan name	ANTELOPE VALLEY 401(K) PLAN	
b	Name of plan sponsor	ANTELOPE VALLEY 401(K) PLAN	c EIN-PN 95-4056336-002

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 HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor HARLEY AUTOMOTIVE GROUP, INC.	c EIN-PN 41-1711881-001
a	Plan name RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor RELIABLE INDUSTRIES INC. OF NEW ORLEANS	c EIN-PN 72-0936490-001
a	Plan name RELIANT HEATING AND AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RELIANT HEATING AND AIR CONDITIONING, INC.	c EIN-PN 75-2227744-001
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 UAW LOCAL 652 401(K) PLAN	
b	Name of plan sponsor UAW LOCAL 652	c EIN-PN 38-0893147-001
a	Plan name ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ASSIGN CORP.	c EIN-PN 95-4664862-001
a	Plan name HIGHGATE RETIREMENT LIVING 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor BURON, INC.	c EIN-PN 91-1644879-001
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
a	Plan name NEARTERM CORPORATION 401(K) PLAN	
b	Name of plan sponsor NEARTERM CORPORATION	c EIN-PN 76-0531760-001
a	Plan name NECA 401(K) PLAN	
b	Name of plan sponsor NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC.	c EIN-PN 22-3479934-001
a	Plan name NEESE 401(K)	
b	Name of plan sponsor NEESE HEATING & AIR CONDITIONING INC.	c EIN-PN 58-2005554-001
a	Plan name INSTITUTE OF INFORMATION TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor INSTITUTE OF INFORMATION TECHNOLOGY, INC.	c EIN-PN 90-0014215-001

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 BILLET & ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BILLET & ASSOCIATES, LLC	c EIN-PN 23-2637057-001
a	Plan name SHAY WATER COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHAY WATER COMPANY, INC.	c EIN-PN 38-2835041-001
a	Plan name WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WMX LOGISTICS	c EIN-PN 82-0570015-001
a	Plan name WOLFE TECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOLFE TECH DEVELOPMENT CORPORATION II	c EIN-PN 33-0940914-001
a	Plan name BRIGHT SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRIGHT PERSONNEL & BUSINESS CONSULTANTS, INC.	c EIN-PN 54-1189236-001
a	Plan name BRITTON INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor BRITTON INDUSTRIES, INC.	c EIN-PN 22-3769860-001
a	Plan name EMOTIVE EXPERIENTIAL PERFORMANCE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EMOTIVE EXPERIENTIAL PERFORMANCE, INC.	c EIN-PN 87-0787478-001
a	Plan name JENKINS AUTOMOTIVE, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor JENKINS AUTOMOTIVE, INC.	c EIN-PN 52-1205731-001
a	Plan name ODESUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ODESUS, INC.	c EIN-PN 95-4864544-001
a	Plan name OIL PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor OIL PRODUCTS, INC.	c EIN-PN 93-0578278-001
a	Plan name CACTUS ROSE CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CACTUS ROSE CONSTRUCTION, INC.	c EIN-PN 86-0979336-001
a	Plan name EXECUTIVE DESTINATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor EXECUTIVE DESTINATIONS, INC.	c EIN-PN 04-3407170-001

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 EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EXECUTIVE PROPERTY MANAGEMENT	c EIN-PN 22-2398215-001
a	Plan name K & K STAMPING COMPANY 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor K & K STAMPING COMPANY	c EIN-PN 38-2117903-001
a	Plan name STATE READY MIX 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STATE READY MIX, INC.	c EIN-PN 77-0225273-001
a	Plan name FINELINES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor KSG ENTERPRISES, INC.	c EIN-PN 04-3291695-001
a	Plan name KNOWLOGY GOLDMINE	
b	Name of plan sponsor KNOWLOGY CORPORATION	c EIN-PN 13-3848008-001
a	Plan name KOBER/HANSSEN/MITCHELL ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KOBER/HANSSEN/MITCHELL ARCHITECTS	c EIN-PN 99-0237714-001
a	Plan name CENTENNIAL TECHNOLOGIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CENTENNIAL TECHNOLOGIES, INC.	c EIN-PN 38-2164329-001
a	Plan name CASTILLO & WEST ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CASTILLO & WEST ACCOUNTANCY CORPORATION	c EIN-PN 56-2433686-001
a	Plan name CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CBI REHABILITATION SERVICES, INC.	c EIN-PN 26-0894212-001
a	Plan name CONTEMPORARY WOMEN'S CARE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor CONTEMPORARY WOMEN'S CARE, P.A.	c EIN-PN 75-2822774-001
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 DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor DUCT & VENT CLEANING OF AMERICA, INC.	c EIN-PN 04-3175810-001

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 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 GROUP CTI 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GROUP CTI	c EIN-PN 54-1960500-001
a	Plan name INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTERFAITH NEIGHBORS, INC.	c EIN-PN 22-2896129-001
a	Plan name JEPSEN ELECTRIC INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JEPSEN ELECTRIC, INC.	c EIN-PN 94-3393816-001
a	Plan name KPT PHYSICAL THERAPY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KPT PHYSICAL THERAPY	c EIN-PN 52-1796165-001
a	Plan name KRADLE TO KINDERGARTEN RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor KRADLE TO KINDERGARTEN, INC.	c EIN-PN 22-3406810-001
a	Plan name MAYS OCHOA RETIREMENT PLAN	
b	Name of plan sponsor MAYS CHEMICAL COMPANY OF PUERTO RICO, INC.	c EIN-PN 98-0215646-001
a	Plan name NEW DIRECTIONS FOR YOUTH, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor NEW DIRECTIONS FOR YOUTH, INC.	c EIN-PN 95-2973008-001
a	Plan name NOBLE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOBLE BANK & TRUST	c EIN-PN 20-3340543-001
a	Plan name PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC BRIDGE INSURANCE SERVICES, INC.	c EIN-PN 95-4618495-001
a	Plan name PBHK, INC. RETIREMENT PLAN	
b	Name of plan sponsor PBHK, INC.	c EIN-PN 99-0306811-001
a	Plan name RAFIH AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor RAFIH AUTO GROUP, INC.	c EIN-PN 68-0676945-001

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	SHNA 401(K) PLAN	
b	Name of plan sponsor	DKSH NORTH AMERICA, INC.	c EIN-PN 52-1985590-001
a	Plan name	STEFURA ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	STEFURA ASSOCIATES, INC.	c EIN-PN 04-3544620-001
a	Plan name	TECO, INC. 401(K) PLAN	
b	Name of plan sponsor	TECO, INC.	c EIN-PN 52-2038001-001
a	Plan name	TEJAS MANAGEMENT SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	TEJAS MANAGEMENT SYSTEMS, INC.	c EIN-PN 74-2375569-001
a	Plan name	TRAVELERS RENTAL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PARK SHUTTLE & FLY, INC.	c EIN-PN 04-2628087-001
a	Plan name	TREE OF LIFE NURSERY PROFIT SHARING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TREE OF LIFE NURSERY	c EIN-PN 33-0940948-002
a	Plan name	AMERICAN ANALYTICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN ANALYTICAL SERVICES, INC.	c EIN-PN 20-0935911-001
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	UNITED BLACK FUND 401(K) PLAN	
b	Name of plan sponsor	UNITED BLACK FUND OF GREATER CLEVELAND, INC.	c EIN-PN 34-1366892-001
a	Plan name	AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	
b	Name of plan sponsor	AON RISK SOLUTIONS OF PUERTO RICO, INC.	c EIN-PN 66-0274215-002
a	Plan name	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 1165(E) PLAN	
b	Name of plan sponsor	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C	c EIN-PN 36-4287998-001
a	Plan name	AST SPORTS SCIENCE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	AST SPORTS SCIENCE, INC.	c EIN-PN 64-0823871-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JPMORGAN GOVERNMENT SECURITIES RET OPT	B Three-digit plan number (PN) ▶ 158
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)	39602
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	194834
(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)	7187092
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	7693584	7421528
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	-6095	-4076
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	-6095	-4076
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7699679	7425604

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)	173647	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		173647
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	39500	
(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)	-35743	
(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)	-77232	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		100172

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)	70211	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		70211
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		70211

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		29961
l Transfers of assets:			
(1) To this plan.....	2l(1)		1419918
(2) From this plan	2l(2)		1723954

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 _____.