

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: JANUS FORTY RET OPT; 1b Three-digit plan number (PN): 199; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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>JANUS FORTY RET OPT</u>	B Three-digit plan number (PN)	<u>199</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 W & D IMPORTS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor W & D IMPORTS, INC.	c EIN-PN 22-2148916-003
a	Plan name RENEW IT GROUP 401(K) PLAN	
b	Name of plan sponsor RENEW IT GROUP LLC	c EIN-PN 46-5146944-001
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 AOC LOGISTICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor AOC LOGISTICS, LLC	c EIN-PN 27-5136168-001
a	Plan name ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name CASUALTY ACTUARIAL CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CASUALTY ACTUARIAL CONSULTANTS, INC.	c EIN-PN 62-1591851-001
a	Plan name LIBERTY UCC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY UCC MANAGEMENT, LLC	c EIN-PN 81-3126287-001
a	Plan name TRANSPORT SOLUTIONS OF AMERICA 401(K) PLAN	
b	Name of plan sponsor TRANSPORT SOLUTIONS OF AMERICA, LLC	c EIN-PN 20-4539184-001
a	Plan name ALLSAINTS USA LIMITED 401(K) PLAN	
b	Name of plan sponsor ALLSAINTS USA LIMITED	c EIN-PN 98-0621566-001
a	Plan name DAVID DAVIS ENTERPRISE, INC. T/A DAVIS ACURA 401K PLAN	
b	Name of plan sponsor DAVID DAVIS ENTERPRISE, INC.	c EIN-PN 23-2439385-001
a	Plan name BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BNL INDUSTRIES, INC.	c EIN-PN 06-1226220-001
a	Plan name CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT	c EIN-PN 45-2648658-001

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	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	CERTEX USA 401(K) PLAN	
b	Name of plan sponsor	CERTEX USA, INC.	c EIN-PN 20-1211126-001
a	Plan name	CESAR'S WAY, INC. 401(K) PLAN PROFIT SHARING PLAN	
b	Name of plan sponsor	CESAR'S WAY, INC.	c EIN-PN 04-3812367-001
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	FAMILY PLANNING COUNCIL PENSION PLAN	
b	Name of plan sponsor	ACCESSMATTERS	c EIN-PN 23-1878446-002
a	Plan name	FRANK MARTIN SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANK MARTIN SONS, INC.	c EIN-PN 01-0279609-003
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	HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor	WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-222
a	Plan name	J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J. MCLOUGHLIN ENGINEERING CO., INC.	c EIN-PN 33-0570155-001
a	Plan name	KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNEDY AUTOMOTIVE GROUP, INC.	c EIN-PN 23-2545536-001
a	Plan name	MARDEK 401(K) PLAN	
b	Name of plan sponsor	MARDEK ENTERPRISES INC	c EIN-PN 95-3045906-001

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 MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor MERRITT ISLAND AIR AND HEAT INC.	c EIN-PN 81-0579482-001
a	Plan name MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor MONROE URGENT CARE, INC.	c EIN-PN 26-0188188-001
a	Plan name SIGNATURE PAYMENTS 401(K) PLAN	
b	Name of plan sponsor CKC HOLDINGS, INC.	c EIN-PN 61-2013413-001
a	Plan name SIMON CHANG, MD, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIMON CHANG, MD, LLC	c EIN-PN 80-0112427-001
a	Plan name STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name W.S. UNEMORI ENGINEERING, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor WARREN S. UNEMORI ENGINEERING, INC.	c EIN-PN 99-0149848-002
a	Plan name YARBROUGH ELECTRONICS SALES, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor YARBROUGH ELECTRONICS SALES	c EIN-PN 86-0911466-001
a	Plan name FAMILY SERVICES OF OAHU, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FAMILY SERVICES OF OAHU, LLC	c EIN-PN 99-0359636-001
a	Plan name HWA LANDSCAPE ARCHITECTS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HWA LANDSCAPE ARCHITECTS	c EIN-PN 68-0176703-001
a	Plan name LEADING EDGE GROUP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor LEADING EDGE GROUP, INC.	c EIN-PN 36-2679145-001
a	Plan name MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
a	Plan name MOUNTAIN MEADOWS MEDICAL GROUP OF CALIFORNIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOUNTAIN MEADOWS MEDICAL GROUP OF CALIFORNIA, INC.	c EIN-PN 91-1922771-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PIRZADEH & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PIRZADEH & ASSOCIATES, INC.	c EIN-PN 33-0841279-002
a	Plan name	PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PROVIDENT MANAGEMENT CORPORATION	c EIN-PN 59-1870484-001
a	Plan name	STOCKTON PATHOLOGY MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STOCKTON PATHOLOGY MEDICAL GROUP	c EIN-PN 68-0005184-003
a	Plan name	THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ART OF MANAGEMENT, LLP	c EIN-PN 47-2620180-001
a	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name	WAILEA OLD BLUE NON-UNION 401(K) PLAN	
b	Name of plan sponsor	WAILEA OLD BLUE, LLC	c EIN-PN 87-0777083-002
a	Plan name	ZTEJAS, INC. 401(K) PLAN	
b	Name of plan sponsor	ZTEJAS, INC	c EIN-PN 86-0944995-001
a	Plan name	CAPE COD VACUUM, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPE COD VACUUM, INC.	c EIN-PN 26-3859488-003
a	Plan name	CHASE BUILDING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHASE BUILDING GROUP, INC.	c EIN-PN 63-1256300-001
a	Plan name	COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002
a	Plan name	CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
b	Name of plan sponsor	CYM AUTO PARTS	c EIN-PN 66-0421766-001
a	Plan name	D & S MACHINE REPAIR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	D & S MACHINE REPAIR, INC.	c EIN-PN 38-2339143-001

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 MSI, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MSI, LLC	c EIN-PN 20-4533025-001
a	Plan name OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
b	Name of plan sponsor OPEN MRI OF NEW ENGLAND, INC.	c EIN-PN 05-0495348-002
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 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 SAUGUS CONSTRUCTION CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor SAUGUS CONSTRUCTION CORPORATION	c EIN-PN 04-3131744-001
a	Plan name SOUTHERN METAL PROCESSING COMPANY, INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHERN METAL PROCESSING COMPANY, INC.	c EIN-PN 63-0644456-002
a	Plan name THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ART SOURCE, INC.	c EIN-PN 99-0280665-001
a	Plan name BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
b	Name of plan sponsor BUDGET DRY WATERPROOFING, INC.	c EIN-PN 20-8805605-001
a	Plan name BUILDERS GROUP CONSTRUCTION CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor BUILDERS GROUP CONSTRUCTION CORP.	c EIN-PN 45-5107509-001
a	Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	c EIN-PN 27-0047953-001
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 HYUNDAI DYMOS 401(K) PLAN	
b	Name of plan sponsor HYUNDAI DYMOS MICHIGAN, LLC	c EIN-PN 32-0423491-001

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 I-TECH USA 401(K) PLAN	
b	Name of plan sponsor I-TECH USA	c EIN-PN 32-0015143-001
a	Plan name JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
b	Name of plan sponsor HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-001
a	Plan name JOHN KENNEDY JENKINTOWN UNION 401(K) PLAN	
b	Name of plan sponsor HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-002
a	Plan name AAA MODERN AIR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AAA MODERN AIR INC.	c EIN-PN 59-2300160-001
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 BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name BASNEY DEALER GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BASNEY IMPORTS, INC.	c EIN-PN 35-1283526-001
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 COUNTRYSIDE CULLIGAN 401(K) & INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor COUNTRYSIDE MANAGEMENT, INC.	c EIN-PN 41-1813535-001
a	Plan name COUNTY HEATING AND AIR CONDITIONING 401(K) PLAN	
b	Name of plan sponsor COUNTY HEATING AND AIR CONDITIONING, INC.	c EIN-PN 95-3513835-001
a	Plan name COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COWBOY DODGE, INC.	c EIN-PN 83-0254068-001
a	Plan name DOUBLE M TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor DOUBLE M TRUCKING, INC.	c EIN-PN 94-2439968-001

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	EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	EQUINE MEDICAL CENTER OF OCALA	c EIN-PN 20-3993544-001
a	Plan name	GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	GAINLINE FINANCIAL PARTNERS, LLC	c EIN-PN 87-2523664-001
a	Plan name	GARDEN CITY EYE CARE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GARDEN CITY EYE CARE, INC.	c EIN-PN 05-0464416-001
a	Plan name	IFE 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL FIRE EQUIPMENT	c EIN-PN 68-0124960-001
a	Plan name	JOHNSON'S MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	JOHNSON'S MECHANICAL, INC.	c EIN-PN 59-3155826-001
a	Plan name	MULHERN BELTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MULHERN BELTING, INC.	c EIN-PN 22-2142028-001
a	Plan name	SCARBROUGH MEDLIN & ASSOCIATES RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	SCARBROUGH MEDLIN & ASSOCIATES	c EIN-PN 75-1787225-001
a	Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name	WATER-WAYS IRRIGATION ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor	WATER-WAYS IRRIGATION ENGINEERS, INC.	c EIN-PN 95-2404132-001
a	Plan name	ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALIKA C. GARCIA	c EIN-PN 81-0742572-001
a	Plan name	ARRASMITH, JUDD, RAPP, CHO VAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ARRASMITH, JUDD, RAPP, CHO VAN INC.	c EIN-PN 16-1627907-001
a	Plan name	ARTERIOCYTE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ARTERIOCYTE, INC.	c EIN-PN 26-1272740-001

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 BOSWELL & DUNLAP, LLP 401(K) PLAN	
b	Name of plan sponsor BOSWELL & DUNLAP, LLP	c EIN-PN 59-3498279-001
a	Plan name CAPPARELL DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPPARELL DENTISTRY	c EIN-PN 23-2862957-001
a	Plan name CARDEL HOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDEL U.S. MANAGEMENT, LLC	c EIN-PN 84-1846681-001
a	Plan name CARDIOVASCULAR SOLUTIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor CARDIOVASCULAR SOLUTIONS, LLC	c EIN-PN 26-0170867-001
a	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name ELECTRICAL GENERAL CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ELECTRICAL GENERAL CORPORATION	c EIN-PN 52-0739834-001
a	Plan name JAMES L. GRAVES CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor JAMES L. GRAVES CONSTRUCTION	c EIN-PN 26-4072884-001
a	Plan name JANITORS SUPPLY CO., INC. EMPLOYEES' SAVINGS AND RETIREMENT 401(K) PLAN	
b	Name of plan sponsor THE JANITORS SUPPLY CO., INC.	c EIN-PN 35-0981768-001
a	Plan name LIVE DEAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LIVE DEAL, INC.	c EIN-PN 85-0206668-001
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 MICHAEL L. FITZGERALD INSURANCE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MICHAEL L. FITZGERALD INSURANCE SERVICES, INC.	c EIN-PN 20-2103543-001
a	Plan name NAAB ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor NAAB ELECTRIC, INC.	c EIN-PN 48-0907544-001

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	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	OAKLAND COMMUNITY NURSERY SCHOOL RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	OAKLAND COMMUNITY NURSING SCHOOL	c EIN-PN 22-2210714-001
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	QMSI 401(K) PLAN	
b	Name of plan sponsor	QMSI	c EIN-PN 62-1539705-001
a	Plan name	SCHULT ENGINEERING & PATTERN CO. SALARY REDUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDREW M. KUSEK, JR. MACHINE & PATTERN WORKS, INC. DBA SCHULT ENGINE	c EIN-PN 26-3779140-001
a	Plan name	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a	Plan name	FOCUS IMAGING GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	FOCUS IMAGING GROUP INC.	c EIN-PN 65-0910156-001
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	PEJU PROVINCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEJU PROVINCE CORPORATION	c EIN-PN 46-1570692-002
a	Plan name	PENNY C. WALPOLE, DDS, P.S. 401(K) PLAN	
b	Name of plan sponsor	PENNY C. WALPOLE, DDS, P.S.	c EIN-PN 20-1997924-001
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	GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC.	c EIN-PN 20-0481533-002

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 THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE FINANCIAL GROUP OF PHILADELPHIA, LLC	c EIN-PN 20-2128204-001
a	Plan name ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001
a	Plan name ADVANCED CARGO CORPORATION 401(K) P/S PLAN	
b	Name of plan sponsor ADVANCED CARGO CORPORATION	c EIN-PN 41-1663563-001
a	Plan name THE PRODUCERS GROUP 401(K) PLAN	
b	Name of plan sponsor FREUNDT & ASSOCIATES INSURANCE SERVICES, INC.	c EIN-PN 33-0746599-001
a	Plan name CONCEPT 2001, INC. 401(K) PLAN	
b	Name of plan sponsor CONCEPT 2001, INC. DBA CONCEPT HR	c EIN-PN 58-2453817-001
a	Plan name ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-001
a	Plan name ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
b	Name of plan sponsor ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-003
a	Plan name MEALS ON WHEELS, ETC., INC. EMPLOYEE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEALS ON WHEELS, ETC., INC.	c EIN-PN 59-2977907-001
a	Plan name RNB & K 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIPES NELSON BAGGOT & KALOBRATSOS P.C.	c EIN-PN 36-4233711-001
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 DARK CORNER SOFTWARE 401(K) PLAN	
b	Name of plan sponsor DARK CORNER SOFTWARE, LLC	c EIN-PN 20-2559570-001
a	Plan name HHMT EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor HELPING HANDS MASSAGE THERAPY, INC.	c EIN-PN 92-3745310-001

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	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	DEG CONSTRUCTION CO., INC, 401(K) PLAN	
b	Name of plan sponsor	DEG CONSTRUCTION CO., INC.	c EIN-PN 86-0640575-001
a	Plan name	DELAWARE CLAIMS PROCESSING FACILITY, LLC 401(K) PLAN	
b	Name of plan sponsor	DELAWARE CLAIMS PROCESSING FACILITY, LLC	c EIN-PN 20-5453231-001
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
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	DPE, INC. 401(K) PLAN	
b	Name of plan sponsor	DPE, INC.	c EIN-PN 58-2110906-001
a	Plan name	DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
b	Name of plan sponsor	DR. LAURIE A. MULKA, DDS P.C.	c EIN-PN 38-3434258-001
a	Plan name	INNOVA ZONES 401(K) PLAN	
b	Name of plan sponsor	INNOVA ZONES, LLC	c EIN-PN 46-5111106-001
a	Plan name	SEABOLD GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SEABOLD CONSTRUCTION CO., INC.	c EIN-PN 93-0876271-001
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

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	NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW KNOXVILLE SUPPLY CO. INC.	c EIN-PN 34-4314480-001
a	Plan name	OBJECT ONE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	OBJECT ONE TECHNOLOGIES, INC.	c EIN-PN 30-0308536-001
a	Plan name	OCEAN MARINE LLC RETIREMENT PLAN	
b	Name of plan sponsor	OCEAN MARINE	c EIN-PN 54-1950803-001
a	Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
a	Plan name	ELIZABETH W. BINGHAM, DMD. INC. 401K PLAN	
b	Name of plan sponsor	ELIZABETH W BINGHAM	c EIN-PN 84-4995848-001
a	Plan name	JCJ, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JCJ, LLP	c EIN-PN 27-4442059-001
a	Plan name	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC 401(K) PLAN	
b	Name of plan sponsor	OSCEOLA OB/GYN DBA HUNTERS CREEK WMS HC	c EIN-PN 11-3800210-001
a	Plan name	C & C DESIGN OF WISCONSIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C & C DESIGN OF WISCONSIN, LLC	c EIN-PN 39-1480298-001
a	Plan name	EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
b	Name of plan sponsor	EVERGREEN AVIATION & SPACE MUSEUM	c EIN-PN 93-1069203-001
a	Plan name	EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC 401(K) PLAN	
b	Name of plan sponsor	EVERGREEN COSMETIC & FAMILY DENTISTRY PLLC	c EIN-PN 20-4457765-001
a	Plan name	CARRION, LAFFITTE & CASELLAS RETIREMENT PLAN	
b	Name of plan sponsor	CARRION, LAFFITTE & CASELLAS, INC.	c EIN-PN 66-0635623-001
a	Plan name	KINETIC MARKETING COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	KINETIC MARKETING COMMUNICATIONS LLC	c EIN-PN 20-0778734-001

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	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	THE JIM O'NEAL FORD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JIM O'NEAL FORD	c EIN-PN 35-1091372-001
a	Plan name	ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	ACME LIFT COMPANY LLC	c EIN-PN 86-0900122-001
a	Plan name	GENESIS ENVIRONMENTAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	GENESIS ENVIRONMENTAL SOLUTIONS, INC.	c EIN-PN 20-1763158-001
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	GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLESSNER & ASSOCIATES, PLLC	c EIN-PN 55-0761731-001
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	MATRIX MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	MATRIX MANUFACTURING, INC.	c EIN-PN 38-3622804-001
a	Plan name	CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CONSER HOMES, INC.	c EIN-PN 93-0670347-001
a	Plan name	GREEN SPOT PACKAGING, INC. TAX-FAVORED SAVINGS PLAN	
b	Name of plan sponsor	GREEN SPOT PACKAGING	c EIN-PN 95-3750837-001
a	Plan name	GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor	GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name	ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDREWS OIL CO. & GAS SERVICES, INC.	c EIN-PN 06-0812862-001

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	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	TYNAN EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	YALE INDUSTRIAL TRUCKS - TYNAN, INC.	c EIN-PN 35-1147878-001
a	Plan name	UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
b	Name of plan sponsor	UBORA ENGINEERING & PLANNING, INC	c EIN-PN 20-2459818-001
a	Plan name	HIGHLAND COMMUNITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HIGHLAND COMMUNITY MANAGEMENT, LLC	c EIN-PN 59-3383539-001
a	Plan name	HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
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	ROCHESTER HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor	ROCHESTER HARLEY DAVIDSON, INC.	c EIN-PN 41-0990467-001
a	Plan name	RUBY JANE SIA, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RUBY JANE SIA, M.D., INC.	c EIN-PN 03-0510778-001
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	RYAN & RYAN CONSTRUCTION, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	RYAN & RYAN CONSTRUCTION, INC.	c EIN-PN 20-2312773-001
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-003
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-002

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	DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRILLING & PRODUCTION CO.	c EIN-PN 95-0803480-001
a	Plan name	E-SAFE TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	E-SAFE TECHNOLOGIES, LLC	c EIN-PN 27-3784047-001
a	Plan name	EARTHLITE 401(K) PLAN	
b	Name of plan sponsor	EARTHLITE ACQUISITION, INC.	c EIN-PN 33-0493452-001
a	Plan name	INVENA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INVENA CORPORATION	c EIN-PN 48-1233142-001
a	Plan name	INVESTMENT CENTER 401(K) PLAN	
b	Name of plan sponsor	INVESTMENT CENTER	c EIN-PN 42-1485034-001
a	Plan name	NIHC UNION 401(K) PLAN	
b	Name of plan sponsor	METROPOLITAN STEVEDORE I.A.M.	c EIN-PN 95-1002286-004
a	Plan name	ELMER SCHULTZ SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELMER SCHULTZ SERVICES, INC.	c EIN-PN 23-1937880-001
a	Plan name	EMBER, LLC 401(K) PLAN	
b	Name of plan sponsor	EMBER, LLC	c EIN-PN 42-1760276-001
a	Plan name	EMERGENCY GROUPS' OFFICE 401(K) PLAN	
b	Name of plan sponsor	EGO, INC. DBA BRAULT	c EIN-PN 95-4278964-001
a	Plan name	C.J.M. LIGHTING SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	C.J.M ELECTRIC & LIGHTING SERVICE, INC.	c EIN-PN 33-0393497-001
a	Plan name	C.K.'S LOCKSHOP & SECURITY CENTER 401(K) PLAN	
b	Name of plan sponsor	C.K.'S LOCKSHOP & SECURITY CENTER	c EIN-PN 65-0306864-001
a	Plan name	FINELINES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	KSG ENTERPRISES, INC.	c EIN-PN 04-3291695-001

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 KOPPENHEFFER & SON TRUCKING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor KOPPENHEFFER & SON TRUCKING CO., INC.	c EIN-PN 23-2224832-001
a	Plan name FORT DEARBORN PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor FORT DEARBORN PARTNERS	c EIN-PN 36-3745996-001
a	Plan name LAMONI LIVESTOCK AUCTION MARKET, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor LAMONI LIVESTOCK AUCTION MARKET, LLC	c EIN-PN 83-1452702-001
a	Plan name BENCOR SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BENCOR, INC.	c EIN-PN 59-3578144-001
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 COLORADO CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor COLORADO CREDIT UNION	c EIN-PN 84-0660269-003
a	Plan name CONTROL ASSOCIATES OF PUERTO RICO, LLC 1165(E) PLAN	
b	Name of plan sponsor CONTROL ASSOCIATES OF PUERTO RICO, LLC	c EIN-PN 66-0711769-001
a	Plan name CRYSTALASER PROFIT SHARING PLAN	
b	Name of plan sponsor CRYSTALASER	c EIN-PN 86-0889160-002
a	Plan name DAVIS HOMES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVIS HOMES, LLC	c EIN-PN 26-2767353-001
a	Plan name DESIGN SPACE INPHARMATICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRODUCTLIFE GROUP US, LLC	c EIN-PN 36-4982515-001
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

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	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
a	Plan name	FAIRCOUNT INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	FAIRCOUNT, LLC	c EIN-PN 59-3566721-001
a	Plan name	FAIRMONT DESIGNS RETIREMENT PLAN	
b	Name of plan sponsor	CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS	c EIN-PN 94-2930113-001
a	Plan name	FOSTER THOMAS RETIREMENT PLAN	
b	Name of plan sponsor	FOSTER THOMAS, INC.	c EIN-PN 52-1826441-001
a	Plan name	GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GERRITY'S SUPERMARKET, INC.	c EIN-PN 23-2150407-777
a	Plan name	GIBSON OVERSEAS, INC. 401(K) PLAN	
b	Name of plan sponsor	GIBSON OVERSEAS, INC.	c EIN-PN 95-3393699-002
a	Plan name	GLOBALEDGE TECHNOLOGIES, INC. SECTION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GLOBALEDGE TECHNOLOGIES, INC.	c EIN-PN 20-0264454-001
a	Plan name	HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HATTERAS PRINTING, INC.	c EIN-PN 38-2168116-001
a	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name	HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	HOMESTAR COMPANIES, LLC.	c EIN-PN 26-2775069-001
a	Plan name	HORSHAM SQUARE PHARMACY, INC. 401K PLAN	
b	Name of plan sponsor	HORSHAM SQUARE PHARMACY, INC.	c EIN-PN 23-2409251-002
a	Plan name	HOSKINS EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HOSKINS EQUIPMENT, LLC	c EIN-PN 95-3547273-001

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	HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001
a	Plan name	KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
b	Name of plan sponsor	KEEL ENTERPRISES OF LA LLC	c EIN-PN 72-1158560-001
a	Plan name	KPT PHYSICAL THERAPY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KPT PHYSICAL THERAPY	c EIN-PN 52-1796165-001
a	Plan name	MEL'S COUNTRY CAFE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MEL'S COUNTRY CAFE	c EIN-PN 76-0557980-001
a	Plan name	MODERN WOMEN'S CARE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MODERN WOMEN'S CARE	c EIN-PN 27-1337010-001
a	Plan name	MONFORT MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MONFORT MANAGEMENT, INC.	c EIN-PN 77-0012053-001
a	Plan name	NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	NEW ENGLAND DENTAL CENTER, P.C.	c EIN-PN 06-1001051-001
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	PRIMARY MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIMARY MECHANICAL, INC.	c EIN-PN 33-0964975-001
a	Plan name	RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	RAFAEL BENITEZ CARRILLO, INC.	c EIN-PN 66-0213972-002
a	Plan name	REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001
a	Plan name	SHNA 401(K) PLAN	
b	Name of plan sponsor	DKSH NORTH AMERICA, INC.	c EIN-PN 52-1985590-001

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.	<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 JANUS FORTY RET OPT	B Three-digit plan number (PN) ▶ 199
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)	11740
		9833
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	694844
(2) U.S. Government securities	1c(2)	630512
(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)	46598880
(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	47305464	41972590
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	-18936	87146
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	-18936	87146
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	47324400	41885444

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)	3934	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3934
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	324805	
(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)		324805
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	12163220	
(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)	-256749	
(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		12235210

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)	528231	
(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)		528231
j Total expenses. Add all expense amounts in column (b) and enter total	2j		528231

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11706979
l Transfers of assets:			
(1) To this plan	2l(1)		1385882
(2) From this plan	2l(2)		18531817

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 _____.