

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: NEUBERGER BERMAN GENESIS RET OPT
1b Three-digit plan number (PN): 311
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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)
---	---

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.
---	--	---

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

A Name of plan <u>NEUBERGER BERMAN GENESIS RET OPT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>311</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)
---------------	--

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	BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor	BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name	BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP 401(K) PLAN	
b	Name of plan sponsor	BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP	c EIN-PN 52-1136273-001
a	Plan name	CAM CONSTRUCTION & PAINTING 401(K) PLAN & TRUST	
b	Name of plan sponsor	CAM CONSTRUCTION & PAINTING INC.	c EIN-PN 45-5255646-001
a	Plan name	FRANK C. LAWRENCE DAIRY PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANK LAWRENCE DAIRY	c EIN-PN 94-1220748-001
a	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	c EIN-PN 74-1064184-001
a	Plan name	HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY 401(K) PLAN	
b	Name of plan sponsor	HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY	c EIN-PN 47-2107270-001
a	Plan name	HSC 401(K) PLAN	
b	Name of plan sponsor	HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	c EIN-PN 22-3789693-001
a	Plan name	LAUREL FOWLER INSURANCE BROKER, INC. 401(K) PLAN	
b	Name of plan sponsor	LAUREL FOWLER INSURANCE BROKER INC.	c EIN-PN 77-0393444-001
a	Plan name	PACIFIC FISHING & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC FISHING & SUPPLY, INC.	c EIN-PN 99-0302309-777
a	Plan name	PACIFIC MEDICAL 401(K) PLAN	
b	Name of plan sponsor	PACIFIC MEDICAL MANAGEMENT SERVICES, INC.	c EIN-PN 56-2321193-001
a	Plan name	RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor	RFNR, LLP	c EIN-PN 95-4664923-001
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

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 THOMAS TRI QUACH, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMAS TRI QUACH, M.D., INC.	c EIN-PN 33-0856862-001
a	Plan name UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL CREDIT SERVICES, INC.	c EIN-PN 38-3424306-001
a	Plan name UNIVERSITY ELECTRIC CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSITY ELECTRIC CO., INC.	c EIN-PN 94-1493225-002
a	Plan name WAGNER OVERHEAD DOOR CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WAGNER OVERHEAD DOOR CO., INC.	c EIN-PN 34-1232496-001
a	Plan name 1ST LIGHT SALES CORP 401(K) PROFIT SHARING PLAN AND TRUST 3	
b	Name of plan sponsor 1ST LIGHT SALES CORP	c EIN-PN 35-2431013-001
a	Plan name B & D LAW OFFICES 401(K) PLAN	
b	Name of plan sponsor B & D LAW OFFICES, P.C.	c EIN-PN 87-3361600-001
a	Plan name B & E PETROLEUM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor B & E PETROLEUM, INC.	c EIN-PN 99-0215751-002
a	Plan name FARROW CORPORATION 401(K) PLAN	
b	Name of plan sponsor FARROW CORPORATION	c EIN-PN 95-4536736-001
a	Plan name FRAZIER & SABIN, LLP 401(K) PLAN	
b	Name of plan sponsor FRAZIER & SABIN, LLP	c EIN-PN 37-1137275-001
a	Plan name HEARTLIGHT PHARMACY SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHAAF DRUGS, LLC.	c EIN-PN 20-0329214-001
a	Plan name LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAWRENCE TRACTOR COMPANY, INC.	c EIN-PN 94-1713405-001
a	Plan name NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NU-TIER BRANDS, INC.	c EIN-PN 90-0541753-001

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	PIERCE PACKAGING COMPANY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PIERCE PACKAGING COMPANY INC.	c EIN-PN 36-4161206-001
a	Plan name	RICHARD ELSINGER, DMD 401(K) PLAN	
b	Name of plan sponsor	RICHARD ELSINGER, DMD	c EIN-PN 22-3433645-001
a	Plan name	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name	SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SKL PRIME SERVICES, LLC	c EIN-PN 01-0551573-001
a	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002
a	Plan name	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	TIBRIO LLC 401(K) PLAN	
b	Name of plan sponsor	TIBRIO LLC	c EIN-PN 81-0719473-001
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	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 GOLF LLC BU / GA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WAILEA GOLF LLC	c EIN-PN 76-0741485-003
a	Plan name	ZEETO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ZEETO GROUP, LLC	c EIN-PN 83-0490277-001
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

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 A & K EARTH MOVERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor A & K EARTH MOVERS, INC.	c EIN-PN 88-0097157-002
a	Plan name ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor ARGENT FEDERAL CREDIT UNION	c EIN-PN 54-0623641-002
a	Plan name BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name CHANNEL FUSION 401(K) PLAN	
b	Name of plan sponsor CHANNEL FUSION	c EIN-PN 45-4018060-777
a	Plan name D & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
a	Plan name MR DRYWALL SERVICES LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor MR DRYWALL SERVICES, L.L.C.	c EIN-PN 35-2514184-001
a	Plan name ONEGENERATION 401(K) PLAN	
b	Name of plan sponsor ONEGENERATION	c EIN-PN 95-4066979-001
a	Plan name SOUTHSIDE PEDIATRICS OF AIKEN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHSIDE PEDIATRICS OF AIKEN, LLC	c EIN-PN 56-2228905-001
a	Plan name SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST	
b	Name of plan sponsor SOUTHWEST NEUROSPINE INSTITUTE, P.A.	c EIN-PN 26-2906915-001
a	Plan name CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor CHEROKEE FARM DEVELOPMENT CORPORATION	c EIN-PN 46-1180603-001
a	Plan name CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHESLER CONSTRUCTION, INC.	c EIN-PN 68-0378142-002
a	Plan name CORNERSTONE ANESTHESIA GROUP, PLLC 401(K) PLAN	
b	Name of plan sponsor CORNERSTONE ANESTHESIA GROUP, PLLC	c EIN-PN 46-5671673-001

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 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 GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001
a	Plan name AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AARON A. ADAOAG, M.D., LTD.	c EIN-PN 26-0880609-001
a	Plan name AMERITEC MACHINING, INC. 401(K) PLAN	
b	Name of plan sponsor AMERITEC MACHINING, INC.	c EIN-PN 42-1393974-001
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 BULVERDE GLASS 401(K) PLAN	
b	Name of plan sponsor BULVERDE GLASS, INC	c EIN-PN 74-2941775-001
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 HAGEN INSURANCE 401(K) PLAN	
b	Name of plan sponsor HO'O ILINA, INC. DBA HAGEN INSURANCE	c EIN-PN 51-0640656-001
a	Plan name MCDERMOTT-COSTA, INC. 401(K) PLAN	
b	Name of plan sponsor MCDERMOTT-COSTA CO., INC.	c EIN-PN 94-1375883-002
a	Plan name SPAY 401(K) PLAN	
b	Name of plan sponsor SPAY, INC.	c EIN-PN 47-4011165-777
a	Plan name THE CARLTON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor THE CARLTON LAW FIRM, P.L.L.C.	c EIN-PN 27-5059291-001
a	Plan name WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001

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 WATKINS CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor WATKINS CONSTRUCTION COMPANY, INC.	c EIN-PN 95-3084079-001
a	Plan name WATTS COPY SYSTEMS, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WATTS COPY SYSTEMS, INC.	c EIN-PN 37-1117989-001
a	Plan name WAVE CREST DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WAVE CREST DEVELOPMENT	c EIN-PN 94-2349728-001
a	Plan name WDI COMPANIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WDI COMPANIES, INC.	c EIN-PN 93-0696596-001
a	Plan name ABEL'S EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor ABEL'S EXPRESS, INC.	c EIN-PN 23-2245413-001
a	Plan name ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ALEX TATUM CONSTRUCTION CO., INC.	c EIN-PN 58-1520046-002
a	Plan name ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN	
b	Name of plan sponsor ALL SEASONS WINDOW & DOOR MFG. INC.	c EIN-PN 75-1868821-001
a	Plan name BAY TRADERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAY TRADERS, INC.	c EIN-PN 92-0140124-002
a	Plan name FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name FEDERAL DEFENDERS OF MONTANA, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor FEDERAL DEFENDERS OF MONTANA, INC.	c EIN-PN 81-0479512-001
a	Plan name GEMINI CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor GEMINI CORP.	c EIN-PN 45-2731123-001

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	HENNESSEY ENGINEERS, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	HENNESSEY ENGINEERS, INC.	c EIN-PN 38-2047389-004
a	Plan name	HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HENSLEY LAMKIN RACHEL, INC.	c EIN-PN 75-2377361-001
a	Plan name	IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IMPORT LOGISTICS, INC.	c EIN-PN 36-3798354-001
a	Plan name	JAPAT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JAPAT, INC.	c EIN-PN 94-2694329-001
a	Plan name	KEYSTONE SPRING SERVICE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KEYSTONE SPRING SERVICE, INC.	c EIN-PN 25-1329257-002
a	Plan name	MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN	
b	Name of plan sponsor	MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY	c EIN-PN 65-0633679-001
a	Plan name	PARAGON SOFTWARE GROUP CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARAGON SOFTWARE GROUP CORPORATION	c EIN-PN 26-2745098-001
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	Q3 TECHNOLOGIES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	Q3 TECHNOLOGIES LLC	c EIN-PN 20-4855347-001
a	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLIM CHICKENS	c EIN-PN 45-3985800-001
a	Plan name	THE COLONIAL MANOR 401(K) PLAN	
b	Name of plan sponsor	COLONIAL MANOR HEALTH CARE CENTER, INC.	c EIN-PN 31-0868001-001
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

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	WELSH-HAGEN 401(K) PLAN	
b	Name of plan sponsor	WELSH HAGEN	c EIN-PN 45-4918589-001
a	Plan name	PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PELION ACTUARIAL SERVICES, INC.	c EIN-PN 45-2927368-001
a	Plan name	ACCUTRACK SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ACCUTRACK SERVICES, LLC	c EIN-PN 27-2912487-001
a	Plan name	GENERA ENERGY 401(K) PLAN	
b	Name of plan sponsor	GENERA ENERGY, INC.	c EIN-PN 45-4907881-001
a	Plan name	COASTAL BANCSHARES, INC. 401(K) PLAN	
b	Name of plan sponsor	COASTAL BANCSHARES, INC.	c EIN-PN 76-0421550-001
a	Plan name	GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor	GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
a	Plan name	PRINCESS ANNE ENT & ALLERGY, PC 401(K) PLAN	
b	Name of plan sponsor	PRINCESS ANNE ENT & ALLERGY, P.C.	c EIN-PN 45-5573995-001
a	Plan name	PRINCETON CORPORATE CONSULTANTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PRINCETON CORPORATE CONSULTANTS, INC.	c EIN-PN 95-3169800-001
a	Plan name	TOTAL NETWORK MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	TOTAL NETWORK MANUFACTURING	c EIN-PN 35-2644359-001
a	Plan name	TTL AUTOMOTIVE ENTERPRISES, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	TTL AUTOMOTIVE ENT. INC.	c EIN-PN 68-0461731-001
a	Plan name	DANIEL S. BANDARI, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANIEL S. BANDARI, M.D., INC.	c EIN-PN 26-3401605-001
a	Plan name	DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	DATA PATH, INC.	c EIN-PN 90-0242296-001

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 MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name DEJNO'S, INC. 401(K) PLAN	
b	Name of plan sponsor DEJNO'S, INC.	c EIN-PN 39-1335924-001
a	Plan name MISSOURI GENERAL INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MISSOURI GENERAL INSURANCE AGENCY DBA MGI RISK ADVISORS	c EIN-PN 43-1234763-001
a	Plan name DOYLE & ASSOCIATES, PLLC 401(K) PLAN	
b	Name of plan sponsor DOYLE & ASSOCIATES, PLLC	c EIN-PN 20-1414332-001
a	Plan name SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a	Plan name SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE SCIENTIFIC CONSULTING GROUP, INC.	c EIN-PN 52-1719423-001
a	Plan name WEST COAST FIRESTOPPING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEST COAST FIRESTOPPING, INC.	c EIN-PN 20-8550680-001
a	Plan name INTRINSYX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001
a	Plan name WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC.	c EIN-PN 46-3012973-001
a	Plan name WILBURN HOLDING COMPANY, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor WILBURN HOLDING COMPANY, INC.	c EIN-PN 46-1294150-002
a	Plan name OASIS AIR AND SOLAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OASIS AIR AND SOLAR	c EIN-PN 95-2865840-001
a	Plan name OCEAN VIEW DENTAL 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUMMER T. WOOD, D.M.D. DBA OCEAN VIEW DENTAL	c EIN-PN 45-3512542-001

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	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	JCJ, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JCJ, LLP	c EIN-PN 27-4442059-001
a	Plan name	SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SNAPPY SPORT SENTER, INC.	c EIN-PN 81-0426659-001
a	Plan name	SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SNRA COMMODITIES, INC.	c EIN-PN 46-3031744-001
a	Plan name	BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
a	Plan name	EXCEL PAYROLL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	EXCEL PAYROLL SERVICES, INC.	c EIN-PN 26-1943089-001
a	Plan name	SPRINGFIELD TRACTOR & TRAILER SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	SPRINGFIELD TRACTOR & TRAILER SALES, INC.	c EIN-PN 37-1013499-003
a	Plan name	SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor	SST ENERGY CORPORATION	c EIN-PN 84-1109846-001
a	Plan name	KIMBERLY PARK DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIMBERLY PARK DENTAL ASSOCIATES, P.C.	c EIN-PN 42-1049323-001
a	Plan name	KING CHIROPRACTIC RETIREMENT PLAN	
b	Name of plan sponsor	KING CHIROPRACTIC INSTITUTE	c EIN-PN 52-2210480-001
a	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-222
a	Plan name	LUCAS PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	LUCAS PLUMBING & HEATING, INC.	c EIN-PN 34-0967099-005

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	CLARKE PACKING 401(K) PLAN	
b	Name of plan sponsor	CLARKE PACKING & CRATING COMPANY	c EIN-PN 36-3828267-001
a	Plan name	CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
b	Name of plan sponsor	CLASSIC CARRIERS, INC.	c EIN-PN 31-1152938-001
a	Plan name	ADVANCED SPINE & SPORTS CARE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADVANCED SPINE & SPORTS CARE	c EIN-PN 36-4426097-001
a	Plan name	COLEMAN FROST LLP 401(K) PLAN	
b	Name of plan sponsor	COLEMAN FROST LLP	c EIN-PN 20-0807972-001
a	Plan name	COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	c EIN-PN 47-1612263-222
a	Plan name	GLAZE 'N' SEAL PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLAZE 'N' SEAL PRODUCTS, INC.	c EIN-PN 45-3147432-001
a	Plan name	QUIVX 401(K) PLAN & TRUST	
b	Name of plan sponsor	QUIVX	c EIN-PN 26-4736334-001
a	Plan name	TOYOTA OF RIDGECREST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOYOTA OF RIDGECREST	c EIN-PN 95-1774180-001
a	Plan name	TRANSYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor	TRANSPORT LEASING COMPANY, LLP DBA TRANSYSTEMS SERVICES	c EIN-PN 81-0359563-001
a	Plan name	CRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CRESS INSURANCE CONSULTANTS, INC.	c EIN-PN 85-0324896-001
a	Plan name	HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name	HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	HARLEY AUTOMOTIVE GROUP, INC.	c EIN-PN 41-1711881-001

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 ULRICHSEN, ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ULRICHSEN ROSEN & FREED LLC	c EIN-PN 20-4413474-001
a	Plan name ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED COMPONENTS TECHNOLOGY, INC.	c EIN-PN 33-0439579-001
a	Plan name DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C. 401(K) PLAN	
b	Name of plan sponsor DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C.	c EIN-PN 27-0631471-001
a	Plan name MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name AVERA & SMITH LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AVERA & SMITH LLP	c EIN-PN 54-2118084-001
a	Plan name DELUCA HOMES, LP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor DELUCA HOMES, LP	c EIN-PN 23-1892084-001
a	Plan name DENALI CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor DENALI CONSTRUCTION SERVICES, LP DBA THERMAL DYNAMIN, DENALI COMFORT	c EIN-PN 20-1036081-001
a	Plan name HOLMDEL FINANCIAL SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HOLMDEL FINANCIAL SERVICES, INC.	c EIN-PN 20-0793991-001
a	Plan name HOLTORF MEDICAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HOLTORF MEDICAL GROUP, INC.	c EIN-PN 52-2401779-002
a	Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MJD TRUCKING, INC.	c EIN-PN 65-0831291-001
a	Plan name DRABIK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DRABIK MANUFACTURING, INC.	c EIN-PN 34-1503007-001
a	Plan name INNOVATIVE 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE STAMPING CORP.	c EIN-PN 95-3018165-001

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	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
a	Plan name	BIG PINE PAIUTE TRIBE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIG PINE PAIUTE TRIBE	c EIN-PN 95-3059258-001
a	Plan name	INVESTMENT CENTER 401(K) PLAN	
b	Name of plan sponsor	INVESTMENT CENTER	c EIN-PN 42-1485034-001
a	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name	BRICK CITY PRIMARY CARE PLLC 401(K) PLAN	
b	Name of plan sponsor	BRICK CITY PRIMARY CARE	c EIN-PN 26-4778038-001
a	Plan name	F.A. PEINADO, LLC 401(K) PLAN	
b	Name of plan sponsor	F.A. PEINADO, LLC	c EIN-PN 77-0647820-001
a	Plan name	P.L.P.S. 401(K) PLAN	
b	Name of plan sponsor	P.L.P.S. INC.	c EIN-PN 76-0471058-001
a	Plan name	CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CARTER STREET CORPORATION	c EIN-PN 62-1125122-001
a	Plan name	KMS 401(K) PLAN	
b	Name of plan sponsor	KINETICS MECHANICAL SERVICES, INC.	c EIN-PN 77-0476369-001
a	Plan name	PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	PAUL MILLER FORD, INC.	c EIN-PN 61-0481346-001
a	Plan name	FOOD 4 LESS SALARY SAVINGS PLAN	
b	Name of plan sponsor	PAQ, INC. DBA FOOD 4 LESS	c EIN-PN 68-0363934-002
a	Plan name	LAKES TENNIS 401(K) PLAN	
b	Name of plan sponsor	KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY	c EIN-PN 20-1885263-001

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	LANDMARK SITE CONTRACTORS PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	LANDMARK SITE CONTRACTORS	c EIN-PN 33-0723620-001
a	Plan name	PEREGRINE FALCON CORP. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PEREGRINE FALCON CORPORATION	c EIN-PN 94-3209312-001
a	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN	
b	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.	c EIN-PN 36-2817667-001
a	Plan name	WHITE BRENNER LLP 401(K) PLAN	
b	Name of plan sponsor	WHITE BRENNER LLP	c EIN-PN 46-1799572-001
a	Plan name	WHITLOCK PLUMBING AND HEATING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITLOCK PLUMBING AND HEATING, INC.	c EIN-PN 54-1282116-001
a	Plan name	AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor	AVKARE, LLC	c EIN-PN 20-8622803-001
a	Plan name	AVMEDICAL, LLC 401(K) PLAN	
b	Name of plan sponsor	AVMEDICAL, LLC	c EIN-PN 83-2573744-001
a	Plan name	BERGER & JEN KIN DDS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BERGER & JEN KIN DDS, INC.	c EIN-PN 95-4666002-001
a	Plan name	CARVER FINANCIAL CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CARVER FINANCIAL CORPORATION	c EIN-PN 20-0397876-001
a	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAVINS, INC.	c EIN-PN 27-3977682-001
a	Plan name	CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002
a	Plan name	COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001

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 DRYTECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRYTECH, INC.	c EIN-PN 63-1117842-001
a	Plan name EASTERN COLORADO BANK 401(K) PLAN	
b	Name of plan sponsor THE EASTERN COLORADO BANK	c EIN-PN 84-0361004-001
a	Plan name FAIRWAY MARKET III 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FAIRWAY MARKET III	c EIN-PN 77-0084733-001
a	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001
a	Plan name HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name INTERFAITH HOUSING ASSISTANCE CORPORATION 401(K) PLAN	
b	Name of plan sponsor INTERFAITH HOUSING ASSISTANCE CORPORATION	c EIN-PN 95-3771946-002
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 MANAGEMENT BENCH ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor MANAGEMENT BENCH ADVISORS, LLC	c EIN-PN 85-2876498-001
a	Plan name MEIERJOHAN BUILDING GROUP 401(K) PLAN	
b	Name of plan sponsor MEIERJOHAN BUILDING GROUP	c EIN-PN 26-3835304-001
a	Plan name MILLER ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLER ENVIRONMENTAL, INC.	c EIN-PN 33-0878786-002

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	ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor	ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001
a	Plan name	PETERSON, OLIVER & POLL 401(K) PLAN	
b	Name of plan sponsor	PETERSON, OLIVER & POLL	c EIN-PN 33-0551209-001
a	Plan name	PGI PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PERSIMMON GROUP, INC.	c EIN-PN 75-2515316-001
a	Plan name	PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a	Plan name	PRIEST AMISTADI PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PRIEST AMISTADI	c EIN-PN 94-2507389-001
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	RESEARCH FOR BETTER TEACHING 401(K) PLAN	
b	Name of plan sponsor	RESEARCH FOR BETTER TEACHING	c EIN-PN 04-3145000-003
a	Plan name	STEELTECH BUILDING PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STEELTECH BUILDING PRODUCTS, INC.	c EIN-PN 06-0805933-001
a	Plan name	STELLAR VETERINARY SERVICES 401(K) PLAN	
b	Name of plan sponsor	STELLAR VETERINARY SERVICES, LLC	c EIN-PN 47-2964550-001
a	Plan name	SYSLOGIC, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	SYSLOGIC, INC.	c EIN-PN 39-1832556-001
a	Plan name	AERO-MARK LLC 401(K) PLAN	
b	Name of plan sponsor	AERO-MARK LLC	c EIN-PN 26-4647620-001
a	Plan name	VIBRATION MOUNTINGS & CONTROLS, INC. PENSION PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-003

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan NEUBERGER BERMAN GENESIS RET OPT	B Three-digit plan number (PN) ▶ 311
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
---------------	--------------------------------------

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)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	13504828
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	16166259
(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	16166259	13504828
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	16166259	13504828

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1029270	
(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		1029270

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	113046	
(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)		113046
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		113046

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		916224
l Transfers of assets:			
(1) To this plan.....	2l(1)		1072231
(2) From this plan	2l(2)		4649886

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 _____.