

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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: PIMCO REAL RETURN RET OPT; 1b Three-digit plan number (PN): 473; 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.

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<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>PIMCO REAL RETURN RET OPT</u>	B Three-digit plan number (PN) ▶	<u>473</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:		
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d Entity code

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c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 COMCARE, INC. 401(K) PLAN	
b	Name of plan sponsor COMCARE, INC.	c EIN-PN 62-1019649-004
a	Plan name DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVINE ORGANICS LLC	c EIN-PN 46-1867921-001
a	Plan name ECOS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor ECOS ENERGY, LLC	c EIN-PN 26-4332281-001
a	Plan name HRG MANAGEMENT, LLC 401(K) PS PLAN	
b	Name of plan sponsor HRG MANAGEMENT, LLC	c EIN-PN 81-1773216-001
a	Plan name KEITH A. COHRS D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor KEITH A. COHRS D.D.S., P.C.	c EIN-PN 20-2818829-001
a	Plan name LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN	
b	Name of plan sponsor LAW OFFICES OF ANDREW BLUMER	c EIN-PN 41-2145148-777
a	Plan name MONTALVO ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor MONTALVO ASSOCIATION	c EIN-PN 94-1249283-001
a	Plan name NORTHWEST ELECTRIC OF VANCOUVER, INC. 401(K) PLAN	
b	Name of plan sponsor NORTHWEST ELECTRIC OF VANCOUVER, INC.	c EIN-PN 20-8108991-001
a	Plan name PROJEX PACIFIC INC. 401(K) PLAN	
b	Name of plan sponsor PROJEX PACIFIC INC	c EIN-PN 51-0470194-001
a	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name RFNRCPAS RETIREMENT PLAN	
b	Name of plan sponsor RFNR, LLP	c EIN-PN 95-4664923-001
a	Plan name RHYS VINEYARDS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RHYS VINEYARDS LLC	c EIN-PN 51-0499236-001

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 STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor TENNESSEE ASSOCIATED ELECTRIC, LLC	c EIN-PN 46-1537499-001
a	Plan name TENSILE TESTING, INC. 401(K) PLAN	
b	Name of plan sponsor TENSILE TESTING, INC.	c EIN-PN 34-1029460-001
a	Plan name THOMPSON PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON PHARMACY, INC.	c EIN-PN 38-2171852-001
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 DIRECT FLOORING, INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DIRECT FLOORING, INC.	c EIN-PN 27-3853454-001
a	Plan name EDUCATIUS GROUP 401(K) PLAN	
b	Name of plan sponsor EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	c EIN-PN 26-4005699-001
a	Plan name FROST ROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FROST ROOFING, INC.	c EIN-PN 34-4493960-001
a	Plan name GRABER ANIMAL HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRABER ANIMAL HOSPITAL, INC.	c EIN-PN 34-1903123-001
a	Plan name JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JAG, INC.	c EIN-PN 20-4383697-001
a	Plan name KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor KENTUCKY EDUCATION ASSOCIATION	c EIN-PN 61-0245450-001
a	Plan name LEADER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor LEADER ENTERPRISES, INC.	c EIN-PN 59-3754529-001

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	PARADIGM HEALTH PLANS 401(K) PLAN	
b	Name of plan sponsor	PARADIGM HEALTH PLANS 401(K) PLAN	c EIN-PN 45-3581579-001
a	Plan name	SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
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	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	WALEED MARI & ASSOCIATES SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALEED MARI & ASSOCIATES	c EIN-PN 77-0453687-001
a	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor	ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
a	Plan name	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name	COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002
a	Plan name	MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MS INTERNATIONAL, INC.	c EIN-PN 35-1562013-003
a	Plan name	WARREN'S CONCRETE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	WARREN'S CONCRETE SERVICES, INC.	c EIN-PN 65-0102699-001
a	Plan name	A WISIALKO AND COMPANY 401(K) PLAN	
b	Name of plan sponsor	A WISIALKO AND COMPANY LLC	c EIN-PN 46-1598908-001
a	Plan name	BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BUILDERS IRON	c EIN-PN 38-3128186-001

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 COPLOY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COPLOY, INC.	c EIN-PN 45-5000939-001
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 FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name 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 A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor A/E GRAPHICS, INC.	c EIN-PN 39-1252452-001
a	Plan name ABBATELLO ELECTRIC, LLC 401(K) PLAN	
b	Name of plan sponsor ABBATELLO ELECTRIC, LLC	c EIN-PN 06-1632260-001
a	Plan name ABCO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ABCO CORPORATION	c EIN-PN 54-0838480-001
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 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 IBEW LOCAL UNION NO. 444 PENSION PLAN	
b	Name of plan sponsor INTERNATIONAL BROTHERHOOD OF ELECTRICAL UNION WORKERS LOCAL UNION 44	c EIN-PN 73-6153191-001
a	Plan name JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name LIBERTY BUSINESS ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor LIBERTY BUSINESS ASSOCIATES, LLC	c EIN-PN 30-0079001-001

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	MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN	
b	Name of plan sponsor	MUNCIE FAMILY DENTAL CARE, INC.	c EIN-PN 35-1520023-001
a	Plan name	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	c EIN-PN 95-1685796-002
a	Plan name	ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ORLANDO SPRING CORP	c EIN-PN 95-1933966-001
a	Plan name	POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POINDEXTER NUT COMPANY	c EIN-PN 94-2074522-001
a	Plan name	PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PORT PUBLICATIONS, INC.	c EIN-PN 39-1017137-001
a	Plan name	THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE CELLAR LUMBER COMPANY	c EIN-PN 31-4144745-001
a	Plan name	TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name	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	CAPITAL SALES CO. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAPITAL SALES CO	c EIN-PN 34-1955230-001
a	Plan name	CHURCHLAND ANIMAL CLINIC, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHURCHLAND ANIMAL CLINIC, INC.	c EIN-PN 54-0941437-001
a	Plan name	DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAIRY-MIX, INC.	c EIN-PN 59-0659640-001

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 FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor FEDERAL MACHINERY & EQUIPMENT COMPANY	c EIN-PN 34-0811973-001
a	Plan name GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C.	c EIN-PN 30-0389300-001
a	Plan name IMPACT LABEL CORPORATION EMPLOYEE'S 401(K) SAVINGS PLAN	
b	Name of plan sponsor IMPACT LABEL CORPORATION	c EIN-PN 38-1746654-002
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 JAMES G. MURPHY, INC. 401(K) PLAN	
b	Name of plan sponsor JAMES G. MURPHY, INC.	c EIN-PN 91-0901239-002
a	Plan name KEYSTONE BRAND MEATS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEYSTONE BRAND MEATS, INC.	c EIN-PN 34-0938069-001
a	Plan name KILLION COMMUNICATIONS CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KILLION COMMUNICATIONS CONSULTANTS, INC.	c EIN-PN 37-1367165-001
a	Plan name KIM & LAVOY, S.C. 401(K) PLAN	
b	Name of plan sponsor KIM & LAVOY, S.C.	c EIN-PN 20-0771810-001
a	Plan name LITHOGRAPHICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LITHOGRAPHICS, INC.	c EIN-PN 62-0952563-001
a	Plan name MXD PROCESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MIXER DIRECT INC., DBA MXD PROCESS	c EIN-PN 27-1855081-001
a	Plan name MY OFFICE, INC. 401(K) PLAN	
b	Name of plan sponsor MY OFFICE, INC.	c EIN-PN 48-1289900-001
a	Plan name QUALITY ASSURED LABEL, INC. SAVINGS PLAN	
b	Name of plan sponsor QUALITY ASSURED LABEL, INC.	c EIN-PN 41-1492638-002

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 TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002
a	Plan name VALLEY WOOD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VALLEY WOOD, INC.	c EIN-PN 58-1869240-001
a	Plan name WEINBERG & COMPANY 401K PLAN	
b	Name of plan sponsor WEINBERG & COMPANY, LLP	c EIN-PN 05-0401635-001
a	Plan name FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FLOWMASTER, INC.	c EIN-PN 46-4050504-002
a	Plan name ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name 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
a	Plan name PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
a	Plan name 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 CARGO CORPORATION 401(K) P/S PLAN	
b	Name of plan sponsor ADVANCED CARGO CORPORATION	c EIN-PN 41-1663563-001
a	Plan name ADVANCED MECHANICAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED MECHANICAL, INC.	c EIN-PN 93-1321840-001
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 GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	c EIN-PN 04-2178889-001

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	M.F. HUSEBY COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	M.F. HUSEBY COMPANY, INC.	c EIN-PN 95-1729316-001
a	Plan name	MAAS BROTHERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MAAS BROTHERS, INC. PROFIT SHARING PLAN	c EIN-PN 91-1907561-001
a	Plan name	MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1	
b	Name of plan sponsor	MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-002
a	Plan name	MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2	
b	Name of plan sponsor	MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-003
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	ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALPHA CONSULTING ENGINEERS, INC.	c EIN-PN 25-1719838-001
a	Plan name	CONNOLLY, SWITAJ, FOGLER & CO. LLP 401(K) PLAN	
b	Name of plan sponsor	CONNOLLY, SWITAJ, FOGLER & CO. LLP	c EIN-PN 22-2249462-001
a	Plan name	TTI LOGISTICS, LLC PROFIT SHARING 401(K) PLAN AND TRUST	
b	Name of plan sponsor	TTI LOGISTICS, LLC	c EIN-PN 22-3461921-002
a	Plan name	AMPAC 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name	HAN SCOBLE, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAN SCOBLE, DDS	c EIN-PN 95-4776558-001
a	Plan name	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name	ROAM ARTISAN BURGERS 401(K) PLAN	
b	Name of plan sponsor	ROAM RESTAURANT GROUP, INC.	c EIN-PN 88-3541442-001

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 ARTERIOCYTE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARTERIOCYTE, INC.	c EIN-PN 26-1272740-001
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 VANQUISH WORLDWIDE, LLC FS TEAMSTERS 401(K) PLAN	
b	Name of plan sponsor VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-003
a	Plan name VANQUISH WORLDWIDE, LLC PREVAILING WAGE EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-002
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 MISTLIN MOTORS 401(K) PLAN	
b	Name of plan sponsor MISTLIN MOTORS	c EIN-PN 94-2540043-001
a	Plan name BEAMALLOY TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor BEAMALLOY TECHNOLOGIES, LLC	c EIN-PN 20-0326509-001
a	Plan name BECK COMPANIES INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor BECK READYMIX CONCRETE COMPANY, INC.	c EIN-PN 74-2341756-001
a	Plan name DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUVALL FORD COMPANY, INC.	c EIN-PN 58-1538949-001
a	Plan name INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTERNATIONAL TANK SERVICE, INC.	c EIN-PN 34-1277387-001
a	Plan name INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor INTERPRINT, INC.	c EIN-PN 59-0871253-001
a	Plan name INTRINSYX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001

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	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	WILLIAMS, DECLARK & TUSCHMAN CO., LPA PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAMS, DECLARK & TUSCHMAN CO., LPA	c EIN-PN 34-1311244-001
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
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	BREAKING GROUND EXCAVATION INC. 401(K) PLAN	
b	Name of plan sponsor	BREAKING GROUND EXCAVATION INC.	c EIN-PN 91-2118848-001
a	Plan name	BREEZWAY THRIFTY GLASS 401(K) PLAN	
b	Name of plan sponsor	JOJO ENTERPRISES, INC. DBA BREEZWAY THRIFTY GLASS	c EIN-PN 33-0433751-001
a	Plan name	ELECTRO-TECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELECTRO-TECH, INC.	c EIN-PN 06-1107977-001
a	Plan name	ELITE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	ELITE CONSTRUCTION & DESIGN, INC.	c EIN-PN 20-5415510-001
a	Plan name	JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor	JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001
a	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	BURCH COURT DENTAL	c EIN-PN 61-1338337-001
a	Plan name	BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 88-0401243-002
a	Plan name	JOHNSTON & HUTCHINSON, LLP 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON & HUTCHINSON LLP	c EIN-PN 27-1473841-001

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	JP RUEL ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	JP ELECTRIC AND SON, INC.	c EIN-PN 46-2288362-001
a	Plan name	STAFF CONNECTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	MIPRO STAFFING, LLC	c EIN-PN 20-3309316-001
a	Plan name	STAFFING PLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	STAFFING PLUS, INC.	c EIN-PN 36-4330850-222
a	Plan name	CARDIOVASCULAR SOLUTIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	CARDIOVASCULAR SOLUTIONS, LLC	c EIN-PN 26-0170867-001
a	Plan name	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.	c EIN-PN 59-1273247-001
a	Plan name	LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
b	Name of plan sponsor	LPT CPA'S + ADVISORS PLLC	c EIN-PN 75-2618166-001
a	Plan name	THE GOLF CLUB OF TENNESSEE 401(K) PLAN	
b	Name of plan sponsor	THE GOLF CLUB OF TENNESSEE	c EIN-PN 58-1831848-001
a	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name	CIVIL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CIVIL SERVICES, INC.	c EIN-PN 59-2975137-001
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	PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION SMALL ENGINE CO., INC.	c EIN-PN 59-1985940-001

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 PREMIER DENTAL ASSOCIATES, PLLC SAFE HARBOR 401(K) PSP	
b	Name of plan sponsor PREMIER DENTAL ASSOCIATES, PLLC	c EIN-PN 20-2051976-001
a	Plan name GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001
a	Plan name CONSOLIDATED CONSTRUCTION CO, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED CONSTRUCTION CO., INC.	c EIN-PN 20-5220958-001
a	Plan name CONSOLIDATED DOORS, INC. 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED DOORS, INC.	c EIN-PN 39-1757450-001
a	Plan name CONSUMERTRACK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSUMERTRACK, INC.	c EIN-PN 20-0849843-001
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 R. BRET CAMPBELL, DO, PLLC RETIREMENT PLAN	
b	Name of plan sponsor R. BRET CAMPBELL, DO, PLLC	c EIN-PN 80-0111632-001
a	Plan name ANTHONY JUDD ANDERSON, MD, PLLC 401(K) PLAN	
b	Name of plan sponsor ANTHONY JUDD ANDERSON, MD, PLLC	c EIN-PN 58-2685551-001
a	Plan name HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
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 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 ROCHESTER TELEPHONE COMPANY INC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor ROCHESTER TELEPHONE COMPANY INC	c EIN-PN 35-0619275-777

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ROCKY MOUNTAIN RESOURCES 401(K) PLAN	
b	Name of plan sponsor	RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	c EIN-PN 46-0750094-001
a	Plan name	VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	VENTURA PACIFIC COMPANY	c EIN-PN 95-3057749-001
a	Plan name	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN	
b	Name of plan sponsor	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE	c EIN-PN 76-0804445-001
a	Plan name	SEMILAB USA 401(K) PLAN	
b	Name of plan sponsor	SEMILAB USA LLC	c EIN-PN 27-0347663-001
a	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
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	BIOEX CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor	BIOEX CONSULTING, LLC	c EIN-PN 26-3459118-001
a	Plan name	WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	WISCONSIN WOMEN'S HEALTH FOUNDATION	c EIN-PN 39-1900678-001
a	Plan name	ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELLEFSON TRANSPORTATION GROUP, INC.	c EIN-PN 58-1654796-001
a	Plan name	ELM HEATING AND COOLING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ELM HEATING & COOLING, INC.	c EIN-PN 36-4021033-001
a	Plan name	EMG, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	EMG, INC.	c EIN-PN 94-2903016-001
a	Plan name	JEKK TOOLS & FASTENERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JEKK TOOLS & FASTENERS, INC.	c EIN-PN 23-2278532-001

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	SONOMA GRAPHIC PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	SONOMA GRAPHIC PRODUCTS	c EIN-PN 68-0441691-001
a	Plan name	EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor	EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004
a	Plan name	STANDARD BUILDERS 401(K) PLAN	
b	Name of plan sponsor	STANDARD BUILDERS, INC.	c EIN-PN 20-4989039-001
a	Plan name	STANDARD MAINTENANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	STANDARD MAINTENANCE COMPANY, LLC	c EIN-PN 62-1741930-001
a	Plan name	FIRST COAST SECURITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRST COAST SECURITY SERVICES, INC.	c EIN-PN 59-3647971-001
a	Plan name	KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor	KOMET USA, LLC	c EIN-PN 84-1719571-001
a	Plan name	PAYROLL EXPRESS, LLC 401(K) PLAN	
b	Name of plan sponsor	PAYROLL EXPRESS, LLC	c EIN-PN 45-3517823-001
a	Plan name	SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor	FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name	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	PETE'S PLUMBING 401(K) PLAN	
b	Name of plan sponsor	PETE'S PLUMBING, INC.	c EIN-PN 20-0937994-001
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	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	c EIN-PN 81-4829814-001

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	BRUCE S. HEATER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRUCE S. HEATER, DDS, LLC	c EIN-PN 86-1138955-002
a	Plan name	COLLEGIUM HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLEGIUM HOLDINGS, INC.	c EIN-PN 22-3221879-001
a	Plan name	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL	c EIN-PN 71-0577085-004
a	Plan name	COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	COLONIAL HEIGHTS VETERINARY HOSPITAL	c EIN-PN 54-2031691-001
a	Plan name	CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CROWN SEARCH SERVICES	c EIN-PN 31-1724430-001
a	Plan name	CSRA 401(K) PLAN	
b	Name of plan sponsor	CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	c EIN-PN 58-1369830-333
a	Plan name	EASTON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	EASTON ENTERPRISES, INC.	c EIN-PN 38-3653577-001
a	Plan name	EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	
b	Name of plan sponsor	ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	c EIN-PN 95-3084651-015
a	Plan name	FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLOORGUARD, INC.	c EIN-PN 36-4027503-001
a	Plan name	KANO TRUCKING 401(K) RETIREMENT SAVINGS PLAN (001)	
b	Name of plan sponsor	THEOPHYLLUS, INC. DBA KANO TRUCKING SERVICE	c EIN-PN 99-0283834-001
a	Plan name	KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	KRIEGEL HOLDING COMPANY, INC.	c EIN-PN 30-0227844-001
a	Plan name	KURTZ, ANDERSON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KURTZ, ANDERSON & ASSOCIATES	c EIN-PN 33-0320621-001

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 LAURAS INTERNATIONAL LLP 401(K) PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-001
a	Plan name MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MAUNALANI NURSING AND REHABILITATION CENTER	c EIN-PN 99-0249327-222
a	Plan name MAX A. SASS & SONS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MAX A. SASS & SONS, INC.	c EIN-PN 39-1129503-001
a	Plan name MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MINING EQUIPMENT, LTD.	c EIN-PN 16-1646623-222
a	Plan name MIPRO CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIPRO CONSULTING, LLC	c EIN-PN 20-2695598-001
a	Plan name MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor MOHS CONSTRUCTION COMPANY, INC.	c EIN-PN 46-1727385-001
a	Plan name NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTANT 401(K) PLAN	
b	Name of plan sponsor NEUROMUSCULOSKELETAL REHABILITATION MEDICINE CONSULTAN	c EIN-PN 20-3988984-001
a	Plan name OLYMPIATECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	c EIN-PN 41-0919848-001
a	Plan name P/A INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor P/A INDUSTRIES INC.	c EIN-PN 06-0862210-001
a	Plan name PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	c EIN-PN 54-1850850-001
a	Plan name PRESIDIUM PROPERTY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor CENTAURUS PROPERTY MANAGEMENT, LLC DBA PRESIDIUM PROPERTY MANAGEMENT	c EIN-PN 26-0536884-001
a	Plan name PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROGRESSIVE PACKAGING, INC.	c EIN-PN 41-1701839-001

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 R.W. PARKINSON, MD 401(K) PLAN	
b	Name of plan sponsor RICHARD W. PARKINSON MD	c EIN-PN 87-0468611-001
a	Plan name RAIL WORLD LLC 401(K) PLAN	
b	Name of plan sponsor RAIL WORLD LLC	c EIN-PN 52-2344008-001
a	Plan name S & W ELECTRIC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor S & W ELECTRIC COMPANY, INC.	c EIN-PN 63-0833028-001
a	Plan name SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHEPHERD DATA SERVICES, INC.	c EIN-PN 46-0469044-001
a	Plan name SHERIDAN SHEET METAL COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SHERIDAN SHEET METAL COMPANY	c EIN-PN 41-1631666-001
a	Plan name SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor AEROSPACE & MARINE INTERNATIONAL CORPORATION	c EIN-PN 77-0280581-001
a	Plan name TRB + ASSOCIATES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor TRB + ASSOCIATES, INC.	c EIN-PN 20-5865052-001
a	Plan name AMANI ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor AMANI ENGINEERING, INC.	c EIN-PN 76-0614439-001
a	Plan name UNISA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNISA, INC.	c EIN-PN 84-1235301-001
a	Plan name VERENGO, INC. 401(K) PLAN	
b	Name of plan sponsor VERENGO, INC.	c EIN-PN 26-1996114-001
a	Plan name VERMILION ENERGY, USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VERMILION ENERGY USA INC.	c EIN-PN 47-1769898-001

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 VON'S JEWELRY, INC. 401(K) PLAN

b Name of plan sponsor VON'S JEWELRY, INC. **c** EIN-PN 34-1162214-001

a Plan name

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a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan PIMCO REAL RETURN RET OPT	B Three-digit plan number (PN) 473
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	17937386
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	16902090
(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	17937386	16902090
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	17937386	16902090

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)	542684	
(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)	-88649	
(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		454035

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)	128849	
(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)		128849
j Total expenses. Add all expense amounts in column (b) and enter total	2j		128849

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		325186
l Transfers of assets:			
(1) To this plan	2l(1)		3518301
(2) From this plan	2l(2)		4878783

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 _____.