

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) P

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . .

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . .

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>AB SMALL CAP GROWTH RET OPT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>509</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	08/21/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>AB SMALL CAP GROWTH RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>509</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CHAHTA HOLDING GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHAHTA HOLDING GROUP, INC.	<b>c</b> EIN-PN 26-4761691-001
<b>a</b>	Plan name	FAMILY RESOURCE CENTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FAMILY RESOURCE CENTER	<b>c</b> EIN-PN 36-3532803-001
<b>a</b>	Plan name	HAVEN INTERIORS, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAVEN INTERIORS, LTD.	<b>c</b> EIN-PN 20-3608590-001
<b>a</b>	Plan name	HSC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	<b>c</b> EIN-PN 22-3789693-001
<b>a</b>	Plan name	LAW OFFICES OF CHARLES WEBB, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEBB, CASON, COVICH P.C.	<b>c</b> EIN-PN 74-2387856-001
<b>a</b>	Plan name	NORTHERN NEVADA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FERNLEY NUGGET CORPORATION	<b>c</b> EIN-PN 26-1620600-002
<b>a</b>	Plan name	PHILLIP GALYEN PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHILLIP GALYEN PC DBA BAILEY & GALYEN	<b>c</b> EIN-PN 75-2218748-001
<b>a</b>	Plan name	SALESMaster 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PACKAGING SPECIALTY INC. DBA SALESMaster CORP.	<b>c</b> EIN-PN 23-2547189-001
<b>a</b>	Plan name	STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	STEVENS CHILDREN'S HOME, INC.	<b>c</b> EIN-PN 04-2105950-002
<b>a</b>	Plan name	STEVIson HAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEVIson HAM COMPANY	<b>c</b> EIN-PN 43-0624613-001
<b>a</b>	Plan name	XERION ADVANCED BATTERY CORP. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	XERION ADVANCED BATTERY CORP.	<b>c</b> EIN-PN 45-3516563-001
<b>a</b>	Plan name	ARBOR AND PIA EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ARBOR INSURANCE GROUP	<b>c</b> EIN-PN 23-2669484-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	B&F CERAMICS DESIGN SHOWROOM, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	B&F CERAMICS DESIGN SHOWROOM, INC.	<b>c</b> EIN-PN 54-1468088-001
<b>a</b>	Plan name	GRAND-JEAN CAPITAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAND-JEAN CAPITAL MANAGEMENT, INC.	<b>c</b> EIN-PN 94-3112978-001
<b>a</b>	Plan name	HEALTH SOLUTIONS, LLC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEALTH SOLUTIONS, LLC	<b>c</b> EIN-PN 26-1412288-001
<b>a</b>	Plan name	HULL BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HULL BROTHERS, INC.	<b>c</b> EIN-PN 34-0971398-001
<b>a</b>	Plan name	LEE KINSTLE CHEVROLET, BUICK, GMC INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEE KINSTLE CHEVROLET, BUICK, GMC INC.	<b>c</b> EIN-PN 34-0904272-001
<b>a</b>	Plan name	STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STOCKBRIDGE ENGINEERING, INC.	<b>c</b> EIN-PN 39-1732812-001
<b>a</b>	Plan name	YOUNG ELECTRICAL CONTRACTORS, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUNG ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 52-1646564-001
<b>a</b>	Plan name	A & K EARTH MOVERS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	A & K EARTH MOVERS, INC.	<b>c</b> EIN-PN 88-0097157-002
<b>a</b>	Plan name	AKJOHNSTON GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AKJOHNSTON GROUP, LLC	<b>c</b> EIN-PN 47-4760375-001
<b>a</b>	Plan name	ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARGENT FEDERAL CREDIT UNION	<b>c</b> EIN-PN 54-0623641-002
<b>a</b>	Plan name	D & S MACHINE REPAIR, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	D & S MACHINE REPAIR, INC.	<b>c</b> EIN-PN 38-2339143-001
<b>a</b>	Plan name	MBCI TRIBAL GOVERNMENT ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI BAND OF CHOCTAW INDIANS	<b>c</b> EIN-PN 64-0345731-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MBCI TRIBAL GOVERNMENT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISSISSIPPI BAND OF CHOCTAW INDIANS	<b>c</b> EIN-PN 64-0345731-001
<b>a</b>	Plan name	MCARDLE LTD. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MCARDLE LTD.	<b>c</b> EIN-PN 36-2949020-333
<b>a</b>	Plan name	PLAY VISIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLAY VISIONS, INC.	<b>c</b> EIN-PN 91-1242563-001
<b>a</b>	Plan name	RANDY'S FROZEN MEATS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RANDY'S FROZEN MEATS	<b>c</b> EIN-PN 41-0806902-001
<b>a</b>	Plan name	RANGER DIE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RANGER DIE, INC.	<b>c</b> EIN-PN 38-1858884-001
<b>a</b>	Plan name	SASAKI PAINTING & SERVICES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SASAKI PAINTING & SERVICES LLC	<b>c</b> EIN-PN 82-4675241-001
<b>a</b>	Plan name	A-1 SIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A-1 SIGNS, INC.	<b>c</b> EIN-PN 72-0647398-001
<b>a</b>	Plan name	BARKING DOG, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BARKING DOG, INC. DBA FASTSIGNS KIRKLAND	<b>c</b> EIN-PN 91-1637635-001
<b>a</b>	Plan name	GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GULF SOUTH EYE ASSOCIATES (APMC)	<b>c</b> EIN-PN 72-1076001-777
<b>a</b>	Plan name	JOHN MAGALHAES AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN MAGALHAES AND ASSOCIATES, INC.	<b>c</b> EIN-PN 04-3539096-001
<b>a</b>	Plan name	JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JOHN MOORE & ASSOCIATES, INC.	<b>c</b> EIN-PN 62-0867747-001
<b>a</b>	Plan name	JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN P. CALCATERA DPM PC	<b>c</b> EIN-PN 26-1562402-001

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.)	
<b>a</b>	Plan name JOHN P. FRANGIE, M.D., P.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JOHN P. FRANGIE, M.D., P.C.	<b>c</b> EIN-PN 46-0538578-001
<b>a</b>	Plan name AMERITEC MACHINING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERITEC MACHINING, INC.	<b>c</b> EIN-PN 42-1393974-001
<b>a</b>	Plan name BASIC METALS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BASIC METALS, INC.	<b>c</b> EIN-PN 39-1515822-222
<b>a</b>	Plan name CHILDREN'S WELLNESS CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHILDREN'S WELLNESS CENTER, LLC	<b>c</b> EIN-PN 20-3469174-001
<b>a</b>	Plan name DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DORIC PRODUCTS, INC.	<b>c</b> EIN-PN 35-1391396-003
<b>a</b>	Plan name ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ETNA STAFFING SOLUTIONS (ESS) LLC	<b>c</b> EIN-PN 26-2379410-001
<b>a</b>	Plan name H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	<b>c</b> EIN-PN 33-0842894-001
<b>a</b>	Plan name JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor JOHNSON COUNTY DERMATOLOGY, P.A.	<b>c</b> EIN-PN 04-3586031-002
<b>a</b>	Plan name POLYSHOT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor POLYSHOT CORPORATION	<b>c</b> EIN-PN 16-1384222-001
<b>a</b>	Plan name PONY EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor W.C.W. CORPORATION	<b>c</b> EIN-PN 88-0206170-001
<b>a</b>	Plan name RAZOR, USA, LLC EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAZOR, USA, LLC	<b>c</b> EIN-PN 95-4807765-001
<b>a</b>	Plan name SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAVANT SYSTEMS, INC.	<b>c</b> EIN-PN 85-1002349-777

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.)	
<b>a</b>	Plan name ABEL'S EXPRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ABEL'S EXPRESS, INC.	<b>c</b> EIN-PN 23-2245413-001
<b>a</b>	Plan name ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ABSOLUTE BUSINESS SOLUTIONS CORPORATION	<b>c</b> EIN-PN 54-2061431-777
<b>a</b>	Plan name ARNOLD TOOL & DIE CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARNOLD TOOL & DIE CO.	<b>c</b> EIN-PN 38-2004956-001
<b>a</b>	Plan name COMPASS HEALTH ADMINISTRATORS 401K PLAN	
<b>b</b>	Name of plan sponsor COMPASS HEALTH ADMINISTRATORS	<b>c</b> EIN-PN 82-2891309-001
<b>a</b>	Plan name FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FEDERAL MACHINERY & EQUIPMENT COMPANY	<b>c</b> EIN-PN 34-0811973-001
<b>a</b>	Plan name GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	<b>c</b> EIN-PN 20-8143829-001
<b>a</b>	Plan name GREAT KIDS PEDIATRICS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ABEL PAREDES, M.D., P.A. DBA GREAT KIDS PEDIATRICS	<b>c</b> EIN-PN 74-2092637-002
<b>a</b>	Plan name GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GREAT KIDS, INC.	<b>c</b> EIN-PN 62-1798100-001
<b>a</b>	Plan name HERITAGE ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDUCATION SERVICES DBA HERITAGE ACADEMY	<b>c</b> EIN-PN 57-1002951-001
<b>a</b>	Plan name INDEPENDENCE BANCSHARES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENCE BANCSHARES, INC.	<b>c</b> EIN-PN 42-1191386-001
<b>a</b>	Plan name KIM & LAVOY, S.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIM & LAVOY, S.C.	<b>c</b> EIN-PN 20-0771810-001
<b>a</b>	Plan name MARTHINSEN AND SALVITTI INSURANCE GROUP 401(K) SALARY REDUCTION PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MARTHINSEN AND SALVITTI INSURANCE GROUP	<b>c</b> EIN-PN 25-1724440-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION	<b>c</b> EIN-PN 54-1879031-001
<b>a</b>	Plan name	PARK SPRINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARK SPRINGS, LLC	<b>c</b> EIN-PN 58-2452928-001
<b>a</b>	Plan name	RIOUX EYE CENTER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIOUX EYE CENTER, INC.	<b>c</b> EIN-PN 87-4253844-001
<b>a</b>	Plan name	PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PELION ACTUARIAL SERVICES, INC.	<b>c</b> EIN-PN 45-2927368-001
<b>a</b>	Plan name	THE FINANCIAL GROUP OF PHILADELPHIA, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE FINANCIAL GROUP OF PHILADELPHIA, LLC	<b>c</b> EIN-PN 20-2128204-001
<b>a</b>	Plan name	COACTIVE WEALTH STRATEGISTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COACTIVE WEALTH STRATEGISTS, LLC	<b>c</b> EIN-PN 45-3909949-001
<b>a</b>	Plan name	MASTERS ELECTRICAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASTERS ELECTRICAL SERVICES, LTD	<b>c</b> EIN-PN 74-2618930-777
<b>a</b>	Plan name	HEXADYNE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEXADYNE CORPORATION	<b>c</b> EIN-PN 20-2774386-001
<b>a</b>	Plan name	ATLAS LABOR ILLINOIS LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ATLAS LABOR ILLINOIS LLC	<b>c</b> EIN-PN 83-3804981-001
<b>a</b>	Plan name	DEG CONSTRUCTION CO., INC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEG CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 86-0640575-001
<b>a</b>	Plan name	NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL ORGANIZATION OF THE NEW APOSTOLIC CHURCH OF NORTH AMERICA	<b>c</b> EIN-PN 36-6001991-001
<b>a</b>	Plan name	NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 39-0981304-001

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.)		
<b>a</b>	Plan name WESTERN 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTERN ENVIRONMENTAL SOLUTIONS, LLC	<b>c</b> EIN-PN 22-3643528-001
<b>a</b>	Plan name JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JARMER ELECTRIC, INC.	<b>c</b> EIN-PN 93-0694887-001
<b>a</b>	Plan name JOINER CONSTRUCTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOINER CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 75-2218562-001
<b>a</b>	Plan name SUN CHLORELLA USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUN CHLORELLA USA	<b>c</b> EIN-PN 95-3807726-001
<b>a</b>	Plan name SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUPERIOR PAINT SUPPLY, INC.	<b>c</b> EIN-PN 87-0241620-001
<b>a</b>	Plan name GENESIS ENVIRONMENTAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENESIS ENVIRONMENTAL SOLUTIONS, INC.	<b>c</b> EIN-PN 20-1763158-001
<b>a</b>	Plan name PREMIER GOLF, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PREMIER GOLF, LLC	<b>c</b> EIN-PN 84-4534811-001
<b>a</b>	Plan name MAISON LOUIS MARIE LLC DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor MAISON LOUIS MARIE LLC	<b>c</b> EIN-PN 47-4176521-002
<b>a</b>	Plan name GLEN CARBIDE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GLEN CARBIDE, INC.	<b>c</b> EIN-PN 25-1065069-004
<b>a</b>	Plan name GLENN A ZEH, DDS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLENN A ZEH, DDS, PC	<b>c</b> EIN-PN 84-1596272-001
<b>a</b>	Plan name THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROUND ROCK BASEBALL CLUB, LP	<b>c</b> EIN-PN 77-0646382-001
<b>a</b>	Plan name THE SHELTERING ARMS SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE SHELTERING ARMS	<b>c</b> EIN-PN 58-0566236-777

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.)	
<b>a</b>	Plan name THE TM GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE TM GROUP, INC.	<b>c</b> EIN-PN 38-3156552-777
<b>a</b>	Plan name ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALTAONE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1658623-222
<b>a</b>	Plan name MATRIX VISUAL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	<b>c</b> EIN-PN 33-0773727-001
<b>a</b>	Plan name CONSOLIDATED DOORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONSOLIDATED DOORS, INC.	<b>c</b> EIN-PN 39-1757450-001
<b>a</b>	Plan name MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MED-FAST PHARMACY, INC.	<b>c</b> EIN-PN 25-1631348-001
<b>a</b>	Plan name ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANDREWS OIL CO. & GAS SERVICES, INC.	<b>c</b> EIN-PN 06-0812862-001
<b>a</b>	Plan name CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CROMPION INTERNATIONAL, LLC	<b>c</b> EIN-PN 72-1468104-001
<b>a</b>	Plan name HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor HARPREET SAINI DDS, INC.	<b>c</b> EIN-PN 27-4236646-001
<b>a</b>	Plan name ULTRAGLOW 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TANGLEWOOD SOLAR & ELECTRIC LLC	<b>c</b> EIN-PN 47-1163713-001
<b>a</b>	Plan name ROCKY MOUNTAIN RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	<b>c</b> EIN-PN 46-0750094-001
<b>a</b>	Plan name VELOCITY STAFF 401(K) PLAN	
<b>b</b>	Name of plan sponsor VELOCITY STAFF, INC.	<b>c</b> EIN-PN 20-1745461-001
<b>a</b>	Plan name VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor VENTURA PACIFIC COMPANY	<b>c</b> EIN-PN 95-3057749-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOME PARAMOUNT PEST CONTROL COMPANY	<b>c</b> EIN-PN 54-0762970-001
<b>a</b>	Plan name	BEERMAN PRECISION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEERMAN PRECISION, INC.	<b>c</b> EIN-PN 72-0519232-001
<b>a</b>	Plan name	DRAGON LINE, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DRAGON LINE, LLC.	<b>c</b> EIN-PN 81-1828114-001
<b>a</b>	Plan name	WESTMINSTER CAPITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTMINSTER CAPITAL, INC.	<b>c</b> EIN-PN 95-2157201-001
<b>a</b>	Plan name	BIG PINE PAIUTE TRIBE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BIG PINE PAIUTE TRIBE	<b>c</b> EIN-PN 95-3059258-001
<b>a</b>	Plan name	EAGLE FUNERAL SERVICE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAGLE FUNERAL SERVICE	<b>c</b> EIN-PN 84-3598744-002
<b>a</b>	Plan name	NEXT DOOR SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEXT DOOR FOUNDATION, INC.	<b>c</b> EIN-PN 39-1162969-002
<b>a</b>	Plan name	KMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINETICS MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 77-0476369-001
<b>a</b>	Plan name	KOMET USA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KOMET USA, LLC	<b>c</b> EIN-PN 84-1719571-001
<b>a</b>	Plan name	PATTIS PRESCHOOL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PATTIS PRESCHOOL, INC.	<b>c</b> EIN-PN 30-0143660-001
<b>a</b>	Plan name	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	<b>c</b> EIN-PN 74-2459387-001
<b>a</b>	Plan name	FORT DEARBORN PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORT DEARBORN PARTNERS	<b>c</b> EIN-PN 36-3745996-001

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.)		
<b>a</b>	Plan name <a href="#">PERM MACHINE &amp; TOOL CO., INC. BASIC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PERM MACHINE &amp; TOOL CO., INC.</a>	<b>c</b> EIN-PN <a href="#">36-2817667-001</a>
<b>a</b>	Plan name <a href="#">WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WOLVERINE POWER SUPPLY COOPERATIVE, INC.</a>	<b>c</b> EIN-PN <a href="#">38-1326766-002</a>
<b>a</b>	Plan name <a href="#">CLAYTON PHARMACY SERVICES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLAYTON PHARMACY SERVICES</a>	<b>c</b> EIN-PN <a href="#">45-4098818-001</a>
<b>a</b>	Plan name <a href="#">COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL</a>	<b>c</b> EIN-PN <a href="#">71-0577085-004</a>
<b>a</b>	Plan name <a href="#">COOPER CONSULTING COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COOPER CONSULTING COMPANY</a>	<b>c</b> EIN-PN <a href="#">74-2723942-001</a>
<b>a</b>	Plan name <a href="#">DUCTCO, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DUCTCO, LLC</a>	<b>c</b> EIN-PN <a href="#">46-2763056-002</a>
<b>a</b>	Plan name <a href="#">ENGELHARDT DAIRY OF WISCONSIN, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENGELHARDT DAIRY OF WISCONSIN, LLC</a>	<b>c</b> EIN-PN <a href="#">45-2174947-001</a>
<b>a</b>	Plan name <a href="#">GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GERRITY'S SUPERMARKET, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2150407-777</a>
<b>a</b>	Plan name <a href="#">GLYMED PLUS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLYMED PLUS LLC</a>	<b>c</b> EIN-PN <a href="#">80-0112220-001</a>
<b>a</b>	Plan name <a href="#">HARTWIG PLUMBING &amp; HEATING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARTWIG PLUMBING &amp; HEATING, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3618206-001</a>
<b>a</b>	Plan name <a href="#">MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.</a>	<b>c</b> EIN-PN <a href="#">81-0587881-001</a>
<b>a</b>	Plan name <a href="#">NEW DAY CHRISTIAN DISTRIBUTORS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEW DAY CHRISTIAN DISTRIBUTORS, INC.</a>	<b>c</b> EIN-PN <a href="#">62-1126698-001</a>

**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.)

<b>a</b> Plan name	OLYMPIATECH 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	<b>c</b> EIN-PN 41-0919848-001
<b>a</b> Plan name	ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	ONE SOURCE INDUSTRIES, LLC	<b>c</b> EIN-PN 33-0835151-001
<b>a</b> Plan name	SYSLOGIC, INC. SAVINGS AND RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	SYSLOGIC, INC.	<b>c</b> EIN-PN 39-1832556-001
<b>a</b> Plan name	TEKTEAM 401(K) PLAN	
<b>b</b> Name of plan sponsor	TECHTEAM, LLC DBA TEKTEAM	<b>c</b> EIN-PN 94-3335438-001
<b>a</b> Plan name	AH FACILITIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC	<b>c</b> EIN-PN 22-3789700-001
<b>a</b> Plan name	TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TRIBLER ORPETT & MEYER, P.C.	<b>c</b> EIN-PN 36-3317353-001
<b>a</b> Plan name	APG, INC. EMPLOYEES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	APG OFFICE FURNISHINGS, INC.	<b>c</b> EIN-PN 31-0747489-002
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AB SMALL CAP GROWTH RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>509</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	12282493
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	11799211
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	12282493	11799211
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		1
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		1
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	12282493	11799210

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1985858	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		1985858

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	36908	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		36908
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		36908

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1948950
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		805762
(2) From this plan .....	<b>2l(2)</b>		3237995

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.