

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; text-align: center;">2024</p> <hr/> <p style="text-align: center;">This Form is Open to Public Inspection</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>1a Name of plan <u>LORD ABBETT TOTAL RETURN RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>589</u></p>
<p>2a 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>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/22/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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>LORD ABBETT TOTAL RETURN RET OPT</u>	B Three-digit plan number (PN)	<u>589</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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d Entity code

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d Entity code

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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)

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	ECOMARK ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	ECOMARK ENERGY, INC.	c EIN-PN 47-2681037-001
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	FOUR WHEELS OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	FOUR WHEELS OF TEXAS, INC.	c EIN-PN 75-2631966-001
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	KELDERMAN MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	KELDERMAN MANUFACTURING, INC.	c EIN-PN 42-1145969-001
a	Plan name	LAWRENCE SEMICONDUCTOR RESEARCH LABORATORIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LAWRENCE SEMICONDUCTOR RESEARCH LABORATORY, INC.	c EIN-PN 86-0711627-777
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	B & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B & B TRADING CORPORATION	c EIN-PN 04-3055768-001
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	HEFTY SEED COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	AGRONOMY SCIENCES, LLC DBA HEFTY SEED COMPANY	c EIN-PN 20-2149647-001
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	PARADIGM HEALTH PLANS 401(K) PLAN	
b	Name of plan sponsor	PARADIGM HEALTH PLANS 401(K) PLAN	c EIN-PN 45-3581579-001

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 TIM'S FABRICATORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TIM'S FABRICATORS, INC.	c EIN-PN 04-3273548-001
a	Plan name TIMOTHY P. MILLER TRUCKING 401(K) PLAN	
b	Name of plan sponsor TIMOTHY P. MILLER TRUCKING, INC.	c EIN-PN 20-2756682-001
a	Plan name CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CYPRESS POINT CLUB	c EIN-PN 94-6008058-002
a	Plan name A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A BETTER CONTRACTOR, LLC	c EIN-PN 46-4885039-002
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 ABBATELLO ELECTRIC, LLC 401(K) PLAN	
b	Name of plan sponsor ABBATELLO ELECTRIC, LLC	c EIN-PN 06-1632260-001
a	Plan name CHIROPRACTIC PLUS OF TRICITIES, P.C. 401(K) PLAN	
b	Name of plan sponsor CHIROPRACTIC PLUS OF TRICITIES, P.C.	c EIN-PN 20-3867928-001
a	Plan name CHOICE CONCRETE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 52-1758766-777
a	Plan name FYI SYSTEMS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor FYI SYSTEMS, INC.	c EIN-PN 22-2562534-001
a	Plan name H2R CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor H2R CORP	c EIN-PN 81-2654817-001
a	Plan name IAMUS CONSULTING 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor IAMUS CONSULTING, INC.	c EIN-PN 47-4130171-001
a	Plan name JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001

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 MCDERMOTT-COSTA, INC. 401(K) PLAN	
b	Name of plan sponsor MCDERMOTT-COSTA CO., INC.	c EIN-PN 94-1375883-002
a	Plan name MTS/SFH 401(K) P/S PLAN	
b	Name of plan sponsor MULTIPLICITY THERAPEUTIC SERVICES, INC.	c EIN-PN 51-0619590-001
a	Plan name CHRISTIAN HOME SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CHRISTIAN HOME SERVICES, INC.	c EIN-PN 38-3369745-001
a	Plan name FENWEST, INC. 401(K) PLAN	
b	Name of plan sponsor FENWEST, INC.	c EIN-PN 02-0523632-001
a	Plan name FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor FERGUSON COX ASSOCIATES, INC.	c EIN-PN 06-1242231-001
a	Plan name GREAT KIDS PEDIATRICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor ABEL PAREDES, M.D., P.A. DBA GREAT KIDS PEDIATRICS	c EIN-PN 74-2092637-002
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 LINNEMAN LAW, LLP PROFIT SHARING PLAN	
b	Name of plan sponsor LINNEMAN LAW, LLP	c EIN-PN 94-1165008-001
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 SCHIMP FAMILY DENTISTRY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor SCHIMP FAMILY DENTISTRY	c EIN-PN 30-0024715-001
a	Plan name SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCHOLZE, LUDWIG, GRUHN & WISHAU, S.C.	c EIN-PN 39-1317185-001

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	THE DREAM CATCHER FOUNDATION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE DREAM CATCHER FOUNDATION, INC.	c EIN-PN 20-4996410-001
a	Plan name	FLORIDA LEISURE COMMUNITIES 401(K) PLAN	
b	Name of plan sponsor	FLORIDA LEISURE COMMUNITIES CORPORATION	c EIN-PN 59-3040840-001
a	Plan name	LONE WOLF RESOURCES 401(K) PLAN	
b	Name of plan sponsor	LONE WOLF RESOURCES, LLC	c EIN-PN 75-2815928-001
a	Plan name	PRECISION ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION ELECTRIC, INC.	c EIN-PN 88-0203624-001
a	Plan name	MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MADDEN ELEVATOR COMPANY	c EIN-PN 27-4404800-001
a	Plan name	THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY 401(K)	
b	Name of plan sponsor	THE PARK HOME DBA THE MEADOWS PERSONAL CARE COMMUNITY	c EIN-PN 24-0522575-001
a	Plan name	ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ALLIED GOVERNMENT SOLUTIONS, INC.	c EIN-PN 27-4329708-001
a	Plan name	CPMM SERVICES GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CPMM SERVICES GROUP, INC.	c EIN-PN 31-1579010-001
a	Plan name	HALL COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	HALL COMMUNICATIONS, INC.	c EIN-PN 06-0843728-001
a	Plan name	HAM BROADCASTING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAM BROADCASTING COMPANY, INC.	c EIN-PN 61-1193671-001
a	Plan name	MCR SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	MCR SERVICES LLC	c EIN-PN 39-1969575-002
a	Plan name	MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	MED ONE FAMILY MEDICAL GROUP, INC.	c EIN-PN 33-0776463-001

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	REIF LAW GROUP, P.C. 401(K) PLAN	
b	Name of plan sponsor	REIF LAW GROUP, P.C.	c EIN-PN 26-4085758-001
a	Plan name	DANHAUER DRUG COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DANHAUER DRUG, INC.	c EIN-PN 61-0992161-001
a	Plan name	AURORA PROJECT, INC. 401(K) PLAN	
b	Name of plan sponsor	AURORA PROJECT, INC.	c EIN-PN 34-1517827-001
a	Plan name	HIX & SNEDEKER COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	HIX SNEDEKER COMPANIES, LLC	c EIN-PN 27-1982876-001
a	Plan name	MISTLIN MOTORS 401(K) PLAN	
b	Name of plan sponsor	MISTLIN MOTORS	c EIN-PN 94-2540043-001
a	Plan name	ROYALTY CLEARINGHOUSE, LTD. 401(K) PLAN	
b	Name of plan sponsor	ROYALTY CLEARINGHOUSE, LTD	c EIN-PN 38-3687330-001
a	Plan name	NATURAL CARE WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	NATURAL CARE WELLNESS CENTER	c EIN-PN 20-5364037-001
a	Plan name	WENCO MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	WENCO MANAGEMENT, LLC	c EIN-PN 81-0971670-003
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	OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	OUTDOOR LIGHTING PERSPECTIVES, L.L.C.	c EIN-PN 62-1766403-001
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	PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	PATEL, GREENE & ASSOCIATES, LLC	c EIN-PN 45-2209743-001

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	KLEAN KANTEEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KLEAN KANTEEN	c EIN-PN 94-2537951-002
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	ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED NETWORK PRODUCTS, INC.	c EIN-PN 23-2316443-001
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	MEDIA WATCH, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MEDIA WATCH, INC.	c EIN-PN 43-1587643-001
a	Plan name	CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor	CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	c EIN-PN 47-2388058-001
a	Plan name	CREATIVE RETIREMENT SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CREATIVE RETIREMENT SYSTEMS, INC.	c EIN-PN 31-1299207-001
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	ASSURANCE LABS RETIREMENT READINESS PLAN	
b	Name of plan sponsor	ASSURANCE DRUG TESTING LABORATORIES, LLC	c EIN-PN 20-4013455-001
a	Plan name	VEHICLE ACCESSORIES RETIREMENT PLAN	
b	Name of plan sponsor	VEHICLE ACCESSORIES	c EIN-PN 38-3553465-001
a	Plan name	AVANTE SALON & DAY SPA, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTE SALON & DAY SPA, LLC	c EIN-PN 86-1142434-001
a	Plan name	NEIGHBORHOOD SERVICES 401(K) TRUST	
b	Name of plan sponsor	NEIGHBORHOOD SERVICES	c EIN-PN 36-3701749-001

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 BELINDA S. GRANADA DDS CASH BALANCE	
b	Name of plan sponsor BELINDA S. GRANADA DDS PC	c EIN-PN 47-1502317-002
a	Plan name BELINDA S. GRANADA DDS PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELINDA S. GRANADA DDS PC	c EIN-PN 47-1502317-001
a	Plan name SEACOAST COIN, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor PETER EPSTEIN, ASP	c EIN-PN 95-4170738-001
a	Plan name SEACOAST COIN, INC. MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PETER EPSTEIN, ASP	c EIN-PN 95-4170738-002
a	Plan name NEXT LEVEL IT, LLC 401(K) PLAN	
b	Name of plan sponsor NEXT LEVEL IT, LLC	c EIN-PN 87-2800471-001
a	Plan name BROADMOOR DRUG CENTER RETIREMENT PLAN	
b	Name of plan sponsor BROADMOOR DRUG CENTER, INC.	c EIN-PN 72-0754023-001
a	Plan name SOUND HEALTH IMAGING, INC. RETIREMENT PLAN	
b	Name of plan sponsor SOUND HEALTH IMAGING, INC.	c EIN-PN 81-0489518-002
a	Plan name CELTIC CONSTRUCTION, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor CELTIC CONSTRUCTION, INC.	c EIN-PN 20-1247860-001
a	Plan name LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor LAGUNA SOURCE LLC	c EIN-PN 41-2223213-002
a	Plan name TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name TECHNOALPIN 401(K) PLAN	
b	Name of plan sponsor TECHNOALPIN USA, INC.	c EIN-PN 22-3857446-001
a	Plan name CLEARWATER CONSULTING 401(K) PLAN	
b	Name of plan sponsor CLEARWATER CONSULTING, LLC	c EIN-PN 20-8661154-001

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	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	CONTAINER STORAGE 401(K) PLAN	
b	Name of plan sponsor	CONTAINER STORAGE COMPANY OF HAWAII, LTD	c EIN-PN 99-0223980-001
a	Plan name	CONTRACT TRANSPORT, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CONTRACT TRANSPORT, INC.	c EIN-PN 42-0981821-002
a	Plan name	DENVER METRO ASSOCIATION OF REALTORS 401(K) PLAN	
b	Name of plan sponsor	DENVER METRO ASSOCIATION OF REALTORS	c EIN-PN 84-0188045-002
a	Plan name	FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FAIRGROUNDS TRANSPORTATION	c EIN-PN 26-1692517-001
a	Plan name	GERRALD'S MECHANICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GERRALD'S MECHANICAL SERVICES, INC.	c EIN-PN 58-2047712-001
a	Plan name	GROOV-PIN CORPORATION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	GROOV-PIN CORPORATION	c EIN-PN 22-0965690-001
a	Plan name	MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDIX SPECIALTY VEHICLES, LLC	c EIN-PN 54-2028306-001
a	Plan name	PBHM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERSPECTIVE BEHAVIORAL HEALTH MANAGEMENT, LLC	c EIN-PN 33-1048513-001
a	Plan name	PETROLEUM INSTALLATION SPECIALISTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PETROLEUM INSTALLATION SPECIALISTS, LLC	c EIN-PN 87-0647114-001
a	Plan name	RODMAN & RODMAN 401(K) PLAN	
b	Name of plan sponsor	RODMAN & RODMAN, LLC	c EIN-PN 84-1098791-001
a	Plan name	ROPE CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROPE CORP	c EIN-PN 59-3585714-001

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		AGGRESSIVE CONCEPTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	AGGRESSIVE CONCEPTS	c EIN-PN	30-0801925-001

a Plan name		UNICOI SYSTEMS, INC. AND WAHSEGA, INC. 401(K) PLAN	
b Name of plan sponsor	UNICOI SYSTEMS, INC.	c EIN-PN	58-2590945-001

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

a Plan name			
b Name of plan sponsor		c EIN-PN	

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	16967487	15357140
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	16967487	15357140

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)	803694	
(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)	-309979	
(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		493715

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)	144861	
(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)		144861
j Total expenses. Add all expense amounts in column (b) and enter total	2j		144861

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		348854
l Transfers of assets:			
(1) To this plan	2l(1)		2465661
(2) From this plan	2l(2)		4424862

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 _____.