

<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>COLUMBIA CONTRARIAN CORE RET OPT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>634</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.	08/22/2025	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>COLUMBIA CONTRARIAN CORE RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>634</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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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 KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KAANAPALI OPERATIONS ASSOCIATION, INC.	<b>c</b> EIN-PN 99-0323901-001
<b>a</b>	Plan name POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor POLK COUNTY SCHOOL READINESS COALITION, INC.	<b>c</b> EIN-PN 59-3648316-001
<b>a</b>	Plan name THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	<b>c</b> EIN-PN 04-2103792-003
<b>a</b>	Plan name ERG AEROSPACE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ERG AEROSPACE CORPORATION	<b>c</b> EIN-PN 74-3182426-002
<b>a</b>	Plan name KRIEGEL HOLDING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KRIEGEL HOLDING COMPANY, INC.	<b>c</b> EIN-PN 30-0227844-001
<b>a</b>	Plan name LA-Z-BOY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MGM GALLERIES LLC DBA LA-Z-BOY FURNITURE GALLERIES	<b>c</b> EIN-PN 46-0513963-001
<b>a</b>	Plan name FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FAIRGROUNDS TRANSPORTATION	<b>c</b> EIN-PN 26-1692517-001
<b>a</b>	Plan name LAURAS INTERNATIONAL LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	<b>c</b> EIN-PN 26-1603445-001
<b>a</b>	Plan name TIRE SERVICES UNLIMITED, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIRE SERVICES UNLIMITED, LLC	<b>c</b> EIN-PN 26-0164707-001
<b>a</b>	Plan name RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
<b>b</b>	Name of plan sponsor RAO MANUFACTURING COMPANY	<b>c</b> EIN-PN 41-0494610-002
<b>a</b>	Plan name RGS & G 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD	<b>c</b> EIN-PN 23-2125472-002
<b>a</b>	Plan name RICHARD GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHARD GROUP, LLC	<b>c</b> EIN-PN 46-1249708-001

<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	CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAPSTONE COMMERCIAL PROPERTIES, INC.	<b>c</b> EIN-PN 73-1691050-001
<b>a</b>	Plan name	GENERA ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENERA ENERGY, INC.	<b>c</b> EIN-PN 45-4907881-001
<b>a</b>	Plan name	CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHEROKEE FARM DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 46-1180603-001
<b>a</b>	Plan name	ROSCOE BROWN, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROSCOE BROWN, INC.	<b>c</b> EIN-PN 62-0810017-001
<b>a</b>	Plan name	VOXTUR ANALYTICS US CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOXTUR ANALYTICS US CORP.	<b>c</b> EIN-PN 87-2071392-001
<b>a</b>	Plan name	VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VULCAN FIRE SYSTEMS, INC.	<b>c</b> EIN-PN 61-1057957-001
<b>a</b>	Plan name	CLEARBROOK, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEARBROOK LLC	<b>c</b> EIN-PN 63-1209080-001
<b>a</b>	Plan name	MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MINING EQUIPMENT, LTD.	<b>c</b> EIN-PN 16-1646623-222
<b>a</b>	Plan name	WESTERN CAMPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN CAMPS, INC.	<b>c</b> EIN-PN 95-2499851-001
<b>a</b>	Plan name	ACC-U-SET 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACC-U-SET CONSTRUCTION	<b>c</b> EIN-PN 91-2101492-001
<b>a</b>	Plan name	ACE DATA STORAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACE DATA STORAGE, INC.	<b>c</b> EIN-PN 64-0826126-001
<b>a</b>	Plan name	NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEXT DAY DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 81-2485203-001

<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	NEXT LEVEL IT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXT LEVEL IT, LLC	<b>c</b> EIN-PN 87-2800471-001
<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	DAVID FELKER, MD, P.A. 401(K) SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	DAVID FELKER, MD, P.A.	<b>c</b> EIN-PN 65-0932108-001
<b>a</b>	Plan name	DAVIDSEN EXCAVATING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVIDSEN EXCAVATING, INC.	<b>c</b> EIN-PN 26-2880639-001
<b>a</b>	Plan name	OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OXFORD ECONOMICS USA, INC.	<b>c</b> EIN-PN 23-2620656-001
<b>a</b>	Plan name	ULTIMA DESIGN OF SOUTH FLORIDA, INC. RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ULTIMA DESIGN OF SOUTH FLORIDA, INC.	<b>c</b> EIN-PN 65-0407058-001
<b>a</b>	Plan name	GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GAINLINE FINANCIAL PARTNERS, LLC	<b>c</b> EIN-PN 87-2523664-001
<b>a</b>	Plan name	GAMBI DISPOSAL, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GAMBI DISPOSAL, INC.	<b>c</b> EIN-PN 68-0137750-002
<b>a</b>	Plan name	MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1	
<b>b</b>	Name of plan sponsor	MAD DOGG ATHLETICS, INC.	<b>c</b> EIN-PN 95-4481055-002
<b>a</b>	Plan name	MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2	
<b>b</b>	Name of plan sponsor	MAD DOGG ATHLETICS, INC.	<b>c</b> EIN-PN 95-4481055-003
<b>a</b>	Plan name	GERALD GRAIN INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GERALD GRAIN CENTER, INC.	<b>c</b> EIN-PN 34-1526549-001
<b>a</b>	Plan name	RYAN & RYAN CONSTRUCTION, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RYAN & RYAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 20-2312773-001

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 CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHILDREN'S RECEIVING HOME OF SACRAMENTO	<b>c</b> EIN-PN 94-1322166-001
<b>a</b>	Plan name WHISNANT & COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WHISNANT & COMPANY, LLC	<b>c</b> EIN-PN 56-1084523-001
<b>a</b>	Plan name WILKE CHIROPRACTIC LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor WILKE CHIROPRACTIC LLC	<b>c</b> EIN-PN 81-3238618-001
<b>a</b>	Plan name MITCHELL CONSTRUCTION CO., INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MITCHELL CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 57-0521961-001
<b>a</b>	Plan name HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HICKORY HILL RETIREMENT COMMUNITY, LLC	<b>c</b> EIN-PN 37-1544274-001
<b>a</b>	Plan name CONTRACT SOURCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONTRACT SOURCE, INC.	<b>c</b> EIN-PN 34-1605726-001
<b>a</b>	Plan name NELSON PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor NELSON PHARMACY CONSULTING SERVICES, PLC	<b>c</b> EIN-PN 01-0667577-001
<b>a</b>	Plan name SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SHEPHERD DATA SERVICES, INC.	<b>c</b> EIN-PN 46-0469044-001
<b>a</b>	Plan name STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC.	<b>c</b> EIN-PN 94-2178221-003
<b>a</b>	Plan name ANNAPOLIS ACCOUNTING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CJ BATTISTA, P.C. D/B/A ANNAPOLIS ACCOUNTING SERVICES	<b>c</b> EIN-PN 52-2248341-001
<b>a</b>	Plan name DTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DARNELL TECHNICAL SERVICES, INC.	<b>c</b> EIN-PN 77-0622546-777
<b>a</b>	Plan name TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	<b>c</b> EIN-PN 81-4118651-001

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="#">PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROPERTY MANAGEMENT OF ANDOVER, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2978110-001</a>
<b>a</b>	Plan name <a href="#">PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PYRAMID SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2951993-001</a>
<b>a</b>	Plan name <a href="#">FERGUSON COX ASSOCIATES, INC. EMPLOYEES' PROFIT SHARING &amp; 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FERGUSON COX ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">06-1242231-001</a>
<b>a</b>	Plan name <a href="#">LEE KINSTLE CHEVROLET, BUICK, GMC INC. PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEE KINSTLE CHEVROLET, BUICK, GMC INC.</a>	<b>c</b> EIN-PN <a href="#">34-0904272-001</a>
<b>a</b>	Plan name <a href="#">MAM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIDWEST ALTERNATIVE MEDICINE</a>	<b>c</b> EIN-PN <a href="#">20-1161026-001</a>
<b>a</b>	Plan name <a href="#">MARCHIONDA &amp; FERRER 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARCHIONDA &amp; FERRER, P.A.</a>	<b>c</b> EIN-PN <a href="#">22-3261359-001</a>
<b>a</b>	Plan name <a href="#">MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MATTHEW L. BRIDGES DDS PLLC</a>	<b>c</b> EIN-PN <a href="#">82-1972625-001</a>
<b>a</b>	Plan name <a href="#">MOHRFELD ELECTRIC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MOHRFELD ELECTRIC</a>	<b>c</b> EIN-PN <a href="#">27-1617896-001</a>
<b>a</b>	Plan name <a href="#">MOJO SOLO 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MOJO SOLO, INC.</a>	<b>c</b> EIN-PN <a href="#">20-1101717-001</a>
<b>a</b>	Plan name <a href="#">NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEUMANN MONSON, INC.</a>	<b>c</b> EIN-PN <a href="#">42-1242646-222</a>
<b>a</b>	Plan name <a href="#">NORTHERN BUSINESS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORTHERN BUSINESS PRODUCTS, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1423060-001</a>
<b>a</b>	Plan name <a href="#">OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">OUR HOME PHARMACY, INC.</a>	<b>c</b> EIN-PN <a href="#">27-2618187-001</a>

<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	PETE'S PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETE'S PLUMBING, INC.	<b>c</b> EIN-PN 20-0937994-001
<b>a</b>	Plan name	PROTIRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROTIRO, INC.	<b>c</b> EIN-PN 84-1441825-001
<b>a</b>	Plan name	RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIZZETTA & COMPANY, INC.	<b>c</b> EIN-PN 59-3075187-001
<b>a</b>	Plan name	S. G. SWENSON & SONS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	S. G. SWENSON & SONS, INC.	<b>c</b> EIN-PN 46-0252744-002
<b>a</b>	Plan name	SIAGEL PRODUCTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIAGEL PRODUCTIONS, INC.	<b>c</b> EIN-PN 04-2999213-001
<b>a</b>	Plan name	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	<b>c</b> EIN-PN 30-0188234-001
<b>a</b>	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLIM CHICKENS	<b>c</b> EIN-PN 45-3985800-001
<b>a</b>	Plan name	STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STEVEN A. VARANO, ESQ.	<b>c</b> EIN-PN 22-3143496-001
<b>a</b>	Plan name	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.	<b>c</b> EIN-PN 59-1273247-001
<b>a</b>	Plan name	TECHNOLOGY INSTALL PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TECHNOLOGY INSTALL PARTNERS, LLC	<b>c</b> EIN-PN 46-4786835-001
<b>a</b>	Plan name	WILLIAMS, DECLARK & TUSCHMAN CO., LPA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIAMS, DECLARK & TUSCHMAN CO., LPA	<b>c</b> EIN-PN 34-1311244-001
<b>a</b>	Plan name	BLAGER CONCRETE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLAGER CONCRETE COMPANY	<b>c</b> EIN-PN 20-0634151-001

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 BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	<b>c</b> EIN-PN 74-1179149-002
<b>a</b>	Plan name COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	<b>c</b> EIN-PN 47-1612263-222
<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 FFTT, LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor FFTT, LLC	<b>c</b> EIN-PN 81-0860100-001
<b>a</b>	Plan name HOUSTON CRITICAL CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor WAEL ASI M.D. P.A DBA HOUSTON CRITICAL CARE	<b>c</b> EIN-PN 76-0567380-222
<b>a</b>	Plan name INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERVENTIONAL PAIN CONSULTANTS LLC	<b>c</b> EIN-PN 83-0901793-001
<b>a</b>	Plan name JODESIGN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JODESIGN, LLC	<b>c</b> EIN-PN 68-0671125-001
<b>a</b>	Plan name A-OK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A-OK SANITARY & GARBAGE SERVICE, INC.	<b>c</b> EIN-PN 46-0416889-001
<b>a</b>	Plan name CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CROWN SEARCH SERVICES	<b>c</b> EIN-PN 31-1724430-001
<b>a</b>	Plan name DMA HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DMA HOLDINGS, INC.	<b>c</b> EIN-PN 26-1547833-001
<b>a</b>	Plan name DMD BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DMD WINDOW AND DOOR, INC.	<b>c</b> EIN-PN 81-4449392-001
<b>a</b>	Plan name EMBER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EMBER, LLC	<b>c</b> EIN-PN 42-1760276-001

<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	HWO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HWO, INC.	<b>c</b> EIN-PN 83-2185021-001
<b>a</b>	Plan name	LESLY KAHN & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LESLY KAHN & COMPANY	<b>c</b> EIN-PN 95-4820708-001
<b>a</b>	Plan name	LEVIN LEGAL GROUP, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEVIN LEGAL GROUP, P.C.	<b>c</b> EIN-PN 23-2830283-001
<b>a</b>	Plan name	PRECISION ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECISION ELECTRIC, INC.	<b>c</b> EIN-PN 88-0203624-001
<b>a</b>	Plan name	R & L INSURANCE AGENCY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	R & L INSURANCE AGENCY, LLC	<b>c</b> EIN-PN 30-0119097-001
<b>a</b>	Plan name	RNR CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RNR CONTRACTORS, INC.	<b>c</b> EIN-PN 22-3177714-001
<b>a</b>	Plan name	SUPERMAX HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERMAX HEALTHCARE INC.	<b>c</b> EIN-PN 27-2105941-001
<b>a</b>	Plan name	WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN WOMEN'S HEALTH FOUNDATION	<b>c</b> EIN-PN 39-1900678-001
<b>a</b>	Plan name	MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MCCLELLAND LAW GROUP	<b>c</b> EIN-PN 26-0787424-001
<b>a</b>	Plan name	NOVO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOVO ADVISORS, LLC	<b>c</b> EIN-PN 83-2881830-001
<b>a</b>	Plan name	PRIMECARE HOME CARE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIMECARE HOME CARE SERVICES, INC.	<b>c</b> EIN-PN 65-1317901-001
<b>a</b>	Plan name	VILLAGE GREEN LANDSCAPES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE GREEN LAWN MAINTENANCE & LANDSCAPING, INC.	<b>c</b> EIN-PN 41-1933240-001

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 ALBERTELLI LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAMES E. ALBERTELLI, P.A.	<b>c</b> EIN-PN 26-0659686-001
<b>a</b>	Plan name ALBERTY GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALBERTY GROUP, LLC	<b>c</b> EIN-PN 83-4525061-001
<b>a</b>	Plan name ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALEX TATUM CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 58-1520046-002
<b>a</b>	Plan name ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARIAS, TOVAR & ASSOCIATES, P.A.	<b>c</b> EIN-PN 65-0971956-001
<b>a</b>	Plan name CENTRAL FLORIDA CANCER INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTRAL FLORIDA CANCER INSTITUTE	<b>c</b> EIN-PN 59-3569143-001
<b>a</b>	Plan name FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FIRST MISSOURI CREDIT UNION	<b>c</b> EIN-PN 43-0492167-001
<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 SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHADOW FINANCIAL SYSTEMS, INC.	<b>c</b> EIN-PN 22-3564167-001
<b>a</b>	Plan name THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PRESTWICK GROUP, INC.	<b>c</b> EIN-PN 39-1888813-222
<b>a</b>	Plan name VISIT NEWPORT BEACH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VISIT NEWPORT BEACH, INC.	<b>c</b> EIN-PN 51-0225353-001
<b>a</b>	Plan name ABSOLUTE ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ABSOLUTE ENERGY, L.L.C	<b>c</b> EIN-PN 20-3841025-777
<b>a</b>	Plan name ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALIKA C. GARCIA	<b>c</b> EIN-PN 81-0742572-001

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 BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BENJAMIN DEL VENTO, P.A.	<b>c</b> EIN-PN 22-1943968-001
<b>a</b>	Plan name D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor D. S. ERICKSON & ASSOCIATES, PLLC	<b>c</b> EIN-PN 20-5957980-001
<b>a</b>	Plan name D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor D.I.J. CONSTRUCTION, INC.	<b>c</b> EIN-PN 74-2291006-001
<b>a</b>	Plan name GOGANIAN & ASSOCIATES, P.C. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GOGANIAN & ASSOCIATES, P.C.	<b>c</b> EIN-PN 47-4203482-001
<b>a</b>	Plan name ILAPAK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ILAPAK, INC.	<b>c</b> EIN-PN 13-3036089-002
<b>a</b>	Plan name LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOMONT MOLDING, LLC	<b>c</b> EIN-PN 47-1306587-001
<b>a</b>	Plan name LONE WOLF RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONE WOLF RESOURCES, LLC	<b>c</b> EIN-PN 75-2815928-001
<b>a</b>	Plan name ALL STATES LIGHTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALL STATES LIGHTING, INC.	<b>c</b> EIN-PN 59-3045526-001
<b>a</b>	Plan name BRUNNER FUNERAL HOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRUNNER FUNERAL HOME, INC.	<b>c</b> EIN-PN 34-1239396-001
<b>a</b>	Plan name DANHAUER DRUG COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DANHAUER DRUG, INC.	<b>c</b> EIN-PN 61-0992161-001
<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 INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENT CAPITAL MANAGEMENT LLC	<b>c</b> EIN-PN 26-3029556-001

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 PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	<b>c</b> EIN-PN 54-1850850-001
<b>a</b>	Plan name PHOTON INFOTECH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PHOTON INFOTECH, INC.	<b>c</b> EIN-PN 26-0106960-001
<b>a</b>	Plan name SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor SABOT TECHNOLOGIES, INC.	<b>c</b> EIN-PN 68-0462138-001
<b>a</b>	Plan name BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUDGET DRY WATERPROOFING, INC.	<b>c</b> EIN-PN 20-8805605-001
<b>a</b>	Plan name CITY OF GIRARD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CITY OF GIRARD ILLINOIS	<b>c</b> EIN-PN 37-6001364-001
<b>a</b>	Plan name EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor EASLEY HEAD & NECK SURGERY, P.A.	<b>c</b> EIN-PN 57-0752346-002
<b>a</b>	Plan name GRZECA LAW GROUP, S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRZECA LAW GROUP, S.C.	<b>c</b> EIN-PN 39-1822885-001
<b>a</b>	Plan name GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GUIDE WEALTH PARTNERS, INC.	<b>c</b> EIN-PN 42-1350912-001
<b>a</b>	Plan name OLIVEIRA WEALTH PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLIVEIRA WEALTH	<b>c</b> EIN-PN 77-0514829-001
<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 RED ARROW INDUSTRIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RED ARROW INDUSTRIES, LLC	<b>c</b> EIN-PN 20-8584431-001
<b>a</b>	Plan name THA ARCHITECTS ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	<b>c</b> EIN-PN 38-1561901-002

<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>COLUMBIA CONTRARIAN CORE RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>634</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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	15782220
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	16113237
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	15782220	16113237
<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>	2	
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2	
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	15782218	16113237

**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>		<b>(a)</b> Amount	<b>(b)</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>	87598	
<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>	1999123	
<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>		1337778
<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>		3424499

**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>	91942	
(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>		91942
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		91942

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		3332557
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1490594
(2) From this plan .....	<b>2l(2)</b>		4492132

**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 \_\_\_\_\_.