

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>JANUS HENDERSON ENTERPRISE RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>650</u> 1c Effective date of plan
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> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 2d Business code (see instructions)

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

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

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	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> <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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>JANUS HENDERSON ENTERPRISE RET OPT</u>		B Three-digit plan number (PN) ▶ <u>650</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>39-0989781</u>

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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d Entity code

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d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BADGER ALLOYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BADGER ALLOYS, INC.	c EIN-PN 39-1055261-001
a	Plan name	K & H CONCRETE CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor	K&H CONCRETE CUTTING, INC.	c EIN-PN 38-2421612-001
a	Plan name	PROFESSIONAL MAINTENANCE OF COLUMBUS, INC. 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL MAINTENANCE OF COLUMBUS, INC.	c EIN-PN 31-0624825-001
a	Plan name	PROGRESSIVE COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVE COMMUNICATIONS, INC.	c EIN-PN 58-2431088-001
a	Plan name	PROGRESSIVEHEALTH 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVEHEALTH	c EIN-PN 35-1907348-002
a	Plan name	THE ZITA GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE ZITA GROUP, LLC	c EIN-PN 20-8612123-001
a	Plan name	THERAPEUTIC HEALTHCARE CONCEPTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THERAPEUTIC HEALTHCARE CONCEPTS LLC DBA JOURNEY REHAB	c EIN-PN 27-1555728-001
a	Plan name	THLA 401(K) PLAN	
b	Name of plan sponsor	TEXAS HOTEL & LODGING ASSOCIATION	c EIN-PN 74-0940600-001
a	Plan name	FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FAIRMOUNT PARTNERS, LLC	c EIN-PN 41-2094669-001
a	Plan name	FAMCO MACHINE DIVISION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BELCO INDUSTRIES, INC.	c EIN-PN 39-1220550-001
a	Plan name	FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KKD PET VET	c EIN-PN 46-1590293-001
a	Plan name	PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PUNCTUAL ABSTRACT CO. INC.	c EIN-PN 72-1228652-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN
b	Name of plan sponsor	LAW OFFICES OF ANDREW BLUMER
c	EIN-PN	41-2145148-777
a	Plan name	C T LEWIS ENTERPRISES LP RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	C T LEWIS ENTERPRISES LP
c	EIN-PN	51-0663685-001
a	Plan name	FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	FREER MECHANICAL CONTRACTOR'S INC.
c	EIN-PN	75-1046142-002
a	Plan name	FULCRUM TECHNOLOGIES, INC. 401(K) PLAN
b	Name of plan sponsor	FULCRUM TECHNOLOGIES, INC.
c	EIN-PN	77-0357662-001
a	Plan name	FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN
b	Name of plan sponsor	FUSION INTEGRATED SOLUTIONS, LLC
c	EIN-PN	20-1651003-001
a	Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY
b	Name of plan sponsor	RAO MANUFACTURING COMPANY
c	EIN-PN	41-0494610-002
a	Plan name	RGS & G 401(K) PLAN
b	Name of plan sponsor	RUBIN, GLICKMAN, STEINBERG AND GIFFORD
c	EIN-PN	23-2125472-002
a	Plan name	RHYS VINEYARDS LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	RHYS VINEYARDS LLC
c	EIN-PN	51-0499236-001
a	Plan name	UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN
b	Name of plan sponsor	UNIVERSITY PAIN MEDICINE CENTER LLC
c	EIN-PN	11-3822342-001
a	Plan name	MARK D. WOOD, DDS, MS, PC SAFE HARBOR 401(K) PLAN
b	Name of plan sponsor	MARK D. WOOD, DDS, MS, PC
c	EIN-PN	80-0026824-001
a	Plan name	MARK J. REDD DDS, INC. 401(K) PLAN
b	Name of plan sponsor	MARK J. REDD DDS, INC.
c	EIN-PN	72-1519503-001
a	Plan name	MEL BUTTERFIELD & SON INSURANCE AGENCY, INC. 401(K) PSP
b	Name of plan sponsor	MEL BUTTERFIELD & SON INSURANCE AGENCY, INC.
c	EIN-PN	34-1242268-001

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	CLARITY TELECOM, LLC 401(K) PLAN	
b	Name of plan sponsor	CLARITY TELECOM LLC DBA BLUEPEAK	c EIN-PN 46-2667900-001
a	Plan name	CLEAR CREEK SKIING CORP., INC. 401(K) PLAN	
b	Name of plan sponsor	CLEAR CREEK SKIING CORPORATION, INC.	c EIN-PN 84-0619358-001
a	Plan name	MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MINING EQUIPMENT, LTD.	c EIN-PN 16-1646623-222
a	Plan name	CONNECTICUT GASTROENTEROLOGY ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONNECTICUT GASTROENTEROLOGY ASSOCIATES, P.C.	c EIN-PN 06-1150705-002
a	Plan name	NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL TECHNOLOGIES, INC.	c EIN-PN 39-0981304-001
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-003
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-002
a	Plan name	COSTA BROTHERS MASONRY 401(K)/PREVAILING WAGE PLAN	
b	Name of plan sponsor	COSTA BROTHERS MASONRY, INC.	c EIN-PN 04-3054314-003
a	Plan name	COUNTRY CLUB OF WATERBURY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COUNTRY CLUB OF WATERBURY INC.	c EIN-PN 06-0309310-001
a	Plan name	NIHC UNION 401(K) PLAN	
b	Name of plan sponsor	METROPOLITAN STEVEDORE I.A.M.	c EIN-PN 95-1002286-004
a	Plan name	AMANI ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	AMANI ENGINEERING, INC.	c EIN-PN 76-0614439-001
a	Plan name	INFRONT DEVICES & SYSTEMS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	INFRONT DEVICES & SYSTEMS, LLC	c EIN-PN 73-1646352-001

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 INNOVATIVE INTEGRATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor INNOVATIVE INTEGRATION, INC.	c EIN-PN 20-3393992-001
a	Plan name STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name OXFORD ECONOMICS USA, INC. AND TOURISM ECONOMICS, LLC 401(K) PLAN	
b	Name of plan sponsor OXFORD ECONOMICS USA, INC.	c EIN-PN 23-2620656-001
a	Plan name P/A INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor P/A INDUSTRIES INC.	c EIN-PN 06-0862210-001
a	Plan name INVESQUE HOLDINGS LP FINANCIAL FREEDOM 401(K) PLAN	
b	Name of plan sponsor INVESQUE HOLDINGS LP	c EIN-PN 47-5355397-001
a	Plan name PCRM SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor PARTNERSHIP CONCEPTS REALTY MANAGEMENT, INC.	c EIN-PN 36-2850850-001
a	Plan name PDMA CORPORATION SAVINGS PLAN	
b	Name of plan sponsor PDMA CORPORATION	c EIN-PN 59-3191224-001
a	Plan name JENKINS PLUMBING 401(K) PLAN	
b	Name of plan sponsor JENKINS PLUMBING COMPANY, LLC	c EIN-PN 58-2531468-001
a	Plan name TANIS CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor TANIS CONCRETE, INC.	c EIN-PN 22-1567712-001
a	Plan name TAPLIN HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor TAPLIN HOLDINGS, LLC	c EIN-PN 35-2561482-001
a	Plan name C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 1	
b	Name of plan sponsor MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-002

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 MAD DOGG ATHLETICS, INC. 401(K) PROFIT SHARING PLAN 2	
b	Name of plan sponsor MAD DOGG ATHLETICS, INC.	c EIN-PN 95-4481055-003
a	Plan name RIDGE GLOBAL, LLC PROFIT SHARING & 401(K) PLAN AND TRUST	
b	Name of plan sponsor RIDGE GLOBAL, LLC	c EIN-PN 20-4147521-001
a	Plan name RIOUX EYE CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIOUX EYE CENTER, INC.	c EIN-PN 87-4253844-001
a	Plan name GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001
a	Plan name MARZOLF IMPLEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor MARZOLF IMPLEMENT COMPANY	c EIN-PN 41-1347518-001
a	Plan name VADERSTAD, INC. 401(K) PLAN	
b	Name of plan sponsor VADERSTAD INC.	c EIN-PN 90-1035412-001
a	Plan name RUSCHES TRUCKING INC. RETIREMENT PLAN	
b	Name of plan sponsor RUSCHE'S TRUCKING, INC.	c EIN-PN 38-1913633-001
a	Plan name CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHILES & SONS-LAMAN, INC.	c EIN-PN 34-4492949-003
a	Plan name HALL COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor HALL COMMUNICATIONS, INC.	c EIN-PN 06-0843728-001
a	Plan name HICKORY HILL RETIREMENT COMMUNITY, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor HICKORY HILL RETIREMENT COMMUNITY, LLC	c EIN-PN 37-1544274-001
a	Plan name ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor ACME PALLET, INC.	c EIN-PN 38-1710471-001
a	Plan name NELSON PHARMACY 401(K) PLAN	
b	Name of plan sponsor NELSON PHARMACY CONSULTING SERVICES, PLC	c EIN-PN 01-0667577-001

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	SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SHEPHERD DATA SERVICES, INC.	c EIN-PN 46-0469044-001
a	Plan name	NLA 401(K) PLAN	
b	Name of plan sponsor	NANCY LEDBETTER & ASSOCIATES, INC.	c EIN-PN 75-3059985-001
a	Plan name	CREATIVE PACKAGING 401(K) PLAN	
b	Name of plan sponsor	CREATIVE PACKAGING, LLC	c EIN-PN 31-1682777-001
a	Plan name	OPPORTUNITY WORKSHOP OF LEXINGTON, INC. RETIREMENT PLAN	
b	Name of plan sponsor	OPPORTUNITY WORKSHOP OF LEXINGTON, INC.	c EIN-PN 61-0593023-001
a	Plan name	AME COMMUNITY SERVICES 401 K PLAN	
b	Name of plan sponsor	AME COMMUNITY SERVICES, INC.	c EIN-PN 41-1713577-001
a	Plan name	DELAWARE CLAIMS PROCESSING FACILITY, LLC 401(K) PLAN	
b	Name of plan sponsor	DELAWARE CLAIMS PROCESSING FACILITY, LLC	c EIN-PN 20-5453231-001
a	Plan name	INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTEGRI, LLC	c EIN-PN 20-2613358-001
a	Plan name	INTERFAITH HOUSING ASSISTANCE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INTERFAITH HOUSING ASSISTANCE CORPORATION	c EIN-PN 95-3771946-002
a	Plan name	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STANISLAUS VISION ASSOCIATES OPTOMETRIC GROUP, INC.	c EIN-PN 94-2178221-003
a	Plan name	DEXTER W. WHITE CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	DEXTER W. WHITE CONSTRUCTION, LLC	c EIN-PN 62-1761678-001
a	Plan name	STRUCTURAL IMAGING, LLC 401(K) PLAN	
b	Name of plan sponsor	STRUCTURAL IMAGING, LLC	c EIN-PN 91-2076151-001
a	Plan name	PENNSYLVANIA CENTRE FOR PLASTIC SURGERY, PC 401(K) PLAN	
b	Name of plan sponsor	PENNSYLVANIA CENTRE FOR PLASTIC SURGERY, PC	c EIN-PN 23-2851398-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PERFORMANCE TIRE AND AUTO SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERFORMANCE TIRE AND AUTO SERVICE, INC.	c EIN-PN 39-1641254-001
a	Plan name	DUNLOP & JOHNSTON, INC. SALARIED EMPLOYEES' RETIREMENT SAVINGS TRUST & PLAN	
b	Name of plan sponsor	DUNLOP & JOHNSTON, INC.	c EIN-PN 34-0191480-001
a	Plan name	PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PORT PUBLICATIONS, INC.	c EIN-PN 39-1017137-001
a	Plan name	BARCLAY BRAND FERDON EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	BARCLAY BRAND CORPORATION	c EIN-PN 22-3414541-001
a	Plan name	BARLEVI & CO., ACCOUNTANCY CORPORATION 401(K) PSP	
b	Name of plan sponsor	BARLEVI & CO., ACCOUNTANCY CORPORATION	c EIN-PN 54-2081513-001
a	Plan name	BASIC METALS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BASIC METALS, INC.	c EIN-PN 39-1515822-222
a	Plan name	EGER PRODUCTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EGER PRODUCTS INC	c EIN-PN 31-0749790-001
a	Plan name	KC SALLEY 401(K) PLAN	
b	Name of plan sponsor	OLER RELO ONE LTD.	c EIN-PN 20-4736622-001
a	Plan name	THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE CELLAR LUMBER COMPANY	c EIN-PN 31-4144745-001
a	Plan name	THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE COLUMBIA PROPERTY GROUP, INC.	c EIN-PN 27-0013342-001
a	Plan name	BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
a	Plan name	ETTLESON 401(K) PLAN	
b	Name of plan sponsor	ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	c EIN-PN 36-3420816-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
b	Name of plan sponsor EVERGREEN AVIATION & SPACE MUSEUM	c EIN-PN 93-1069203-001
a	Plan name LAKELAND ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN	
b	Name of plan sponsor LAKELAND ECONOMIC DEVELOPMENT COUNCIL	c EIN-PN 45-4919549-001
a	Plan name BOSWELL & DUNLAP, LLP 401(K) PLAN	
b	Name of plan sponsor BOSWELL & DUNLAP, LLP	c EIN-PN 59-3498279-001
a	Plan name FEIST CABINETS & WOODWORKS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor FEIST CABINETS & WOODWORKS, INC.	c EIN-PN 68-0130480-001
a	Plan name MAPP DIGITAL US, LLC 401(K) PLAN	
b	Name of plan sponsor MAPP DIGITAL US, LLC	c EIN-PN 33-0901880-001
a	Plan name MOHRFELD ELECTRIC 401(K) PLAN	
b	Name of plan sponsor MOHRFELD ELECTRIC	c EIN-PN 27-1617896-001
a	Plan name PARANET CORPORATION SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PARANET CORPORATION SERVICES, INC.	c EIN-PN 58-2032457-001
a	Plan name POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POWER SOLUTIONS, LLC.	c EIN-PN 52-2100793-222
a	Plan name 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
a	Plan name SCHULTZ PROCESS SERVICES 401(K) PLAN	
b	Name of plan sponsor SCHULTZ PROCESS SERVICES, INC.	c EIN-PN 45-4118372-001
a	Plan name SIERRA WEST CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIERRA WEST CONSTRUCTION, INC.	c EIN-PN 68-0153330-002
a	Plan name SIGNATURE PAYMENTS 401(K) PLAN	
b	Name of plan sponsor CKC HOLDINGS, INC.	c EIN-PN 61-2013413-001

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	TORRES CONSTRUCTION CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TORRES CONSTRUCTION CORPORATION	c EIN-PN 95-4869961-001
a	Plan name	TOTAL NETWORK MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	TOTAL NETWORK MANUFACTURING	c EIN-PN 35-2644359-001
a	Plan name	UNISA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISA, INC.	c EIN-PN 84-1235301-001
a	Plan name	UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNITY MANUFACTURING COMPANY	c EIN-PN 36-1899680-001
a	Plan name	AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN NATION BANK	c EIN-PN 73-1258880-001
a	Plan name	APEX TRAILER 401(K) PLAN	
b	Name of plan sponsor	APEX TRAILER SALES AND RENTALS, INC.	c EIN-PN 61-1020316-001
a	Plan name	APG, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	APG OFFICE FURNISHINGS, INC.	c EIN-PN 31-0747489-002
a	Plan name	APPALACHIAN BOILER AND FAB,LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APPALACHIAN BOILER AND FAB, LLC	c EIN-PN 46-0911627-001
a	Plan name	AUTOMATED GIVING SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTOMATED GIVING SOLUTIONS, LLC.	c EIN-PN 90-0284345-333
a	Plan name	CAFE EXPRESS 401(K) PLAN	
b	Name of plan sponsor	CE ACQUISITION, LLC	c EIN-PN 81-1640096-001
a	Plan name	CALCO FENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	CALCO FENCE, INC.	c EIN-PN 94-2926990-001
a	Plan name	CASTOR GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CASTOR GROUP, LLC	c EIN-PN 20-0785510-001

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 COBRA MOTO LLC 401(K) PLAN	
b	Name of plan sponsor COBRA MOTO, LLC	c EIN-PN 27-1784830-001
a	Plan name ELEMASTER US, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELEMASTER US, INC.	c EIN-PN 99-0376707-001
a	Plan name EXPOTEL HOSPITALITY SERVICES 401K PLAN	
b	Name of plan sponsor EXPOTEL HOSPITALITY SERVICES, INC.	c EIN-PN 72-1456101-001
a	Plan name GBCA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENERAL BUILDING CONTRACTORS ASSOCIATION, INC.	c EIN-PN 23-0847495-003
a	Plan name HOTEL MANAGEMENT AND CONSULTING 401(K) PLAN	
b	Name of plan sponsor HOTEL MANAGEMENT AND CONSULTING	c EIN-PN 45-3388643-001
a	Plan name HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-222
a	Plan name HUALALAI INVESTORS 401(K) PLAN	
b	Name of plan sponsor HUALALAI INVESTORS, LLC	c EIN-PN 59-3836047-001
a	Plan name J. AMBROGI FOOD DISTRIBUTORS, INC. 401(K) PLAN	
b	Name of plan sponsor J. AMBROGI FOOD DISTRIBUTION, INC.	c EIN-PN 51-0297646-001
a	Plan name JODESIGN, LLC 401(K) PLAN	
b	Name of plan sponsor JODESIGN, LLC	c EIN-PN 68-0671125-001
a	Plan name A-1 SIGNS, INC. 401(K) PLAN	
b	Name of plan sponsor A-1 SIGNS, INC.	c EIN-PN 72-0647398-001
a	Plan name BCP SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor BCP SYSTEMS, INC.	c EIN-PN 33-0753105-001
a	Plan name BREAKING GROUND EXCAVATION INC. 401(K) PLAN	
b	Name of plan sponsor BREAKING GROUND EXCAVATION INC.	c EIN-PN 91-2118848-001

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	BRETON VILLAGE TRAVEL SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor	BRETON VILLAGE TRAVEL SERVICES INC.	c EIN-PN 38-2017934-001
a	Plan name	CTCO BENEFIT SERVICES 401(K) PLAN	
b	Name of plan sponsor	CTCO BENEFIT SERVICES, LLC	c EIN-PN 30-0515404-002
a	Plan name	DMA HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	DMA HOLDINGS, INC.	c EIN-PN 26-1547833-001
a	Plan name	HARRY DAVIS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARRY DAVIS, LLC	c EIN-PN 26-4098911-001
a	Plan name	HUTTMANN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HUTTMANN, INC.	c EIN-PN 20-1362691-001
a	Plan name	KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYROCK ENERGY, LLC	c EIN-PN 26-0602410-001
a	Plan name	LIBERTY BUSINESS ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	LIBERTY BUSINESS ASSOCIATES, LLC	c EIN-PN 30-0079001-001
a	Plan name	MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MORRIS CERULLO WORLD EVANGELISM	c EIN-PN 95-2372233-001
a	Plan name	NORTHERN NJ CHAPTER, INC. NECA SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	NORTHERN NJ CHAPTER, INC. NECA	c EIN-PN 22-1455827-002
a	Plan name	NORTHWEST ELECTRIC OF VANCOUVER, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST ELECTRIC OF VANCOUVER, INC.	c EIN-PN 20-8108991-001
a	Plan name	R & L INSURANCE AGENCY LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	R & L INSURANCE AGENCY, LLC	c EIN-PN 30-0119097-001
a	Plan name	R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	R.C. FINE FOODS, INC.	c EIN-PN 22-2136686-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	ROADRUNNER GLASS COMPANY, INC.	c EIN-PN 86-0713467-001
a	Plan name	SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMITH & JOHNSON ATTORNEYS, P.C.	c EIN-PN 38-2067637-001
a	Plan name	TOYOTA OF RIDGECREST 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOYOTA OF RIDGECREST	c EIN-PN 95-1774180-001
a	Plan name	VAUGHN A. VICTORINO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VAUGHN A. VICTORINO	c EIN-PN 81-0866840-001
a	Plan name	VENTURA PACIFIC COMPANY 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	VENTURA PACIFIC COMPANY	c EIN-PN 95-3057749-001
a	Plan name	HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HATTERAS PRINTING, INC.	c EIN-PN 38-2168116-001
a	Plan name	HAUCK BROS, INC. 401(K) PLAN	
b	Name of plan sponsor	HAUCK BROTHERS, INC.	c EIN-PN 31-0599870-001
a	Plan name	HAVEN INTERIORS, LTD. 401(K) PLAN	
b	Name of plan sponsor	HAVEN INTERIORS, LTD.	c EIN-PN 20-3608590-001
a	Plan name	HAWKE MEDIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAWKE MEDIA, LLC	c EIN-PN 46-3254493-001
a	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	c EIN-PN 13-3592138-001
a	Plan name	ID SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	ID SYSTEMS, INC.	c EIN-PN 38-2419366-002
a	Plan name	JAMES E. FULTON & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	JAMES E. FULTON & SONS, INC.	c EIN-PN 38-2064280-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	JAMES L. GRAVES CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	JAMES L. GRAVES CONSTRUCTION	c EIN-PN 26-4072884-001
a	Plan name	MCCAULEY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	MCCAULEY MANAGEMENT, INC.	c EIN-PN 45-4536598-001
a	Plan name	PARTNERS SUPPLY COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	PARTNERS SUPPLY COMPANY, INC.	c EIN-PN 62-1633017-001
a	Plan name	RALPHS - PUGH CO., INC. 401(K) PLAN	
b	Name of plan sponsor	RALPHS - PUGH CO., INC.	c EIN-PN 94-0791950-001
a	Plan name	SYRBERUS, INC. 401(K) PLAN	
b	Name of plan sponsor	SYRBERUS, INC.	c EIN-PN 20-4850238-001
a	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-004
a	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-005
a	Plan name	VERENGO, INC. 401(K) PLAN	
b	Name of plan sponsor	VERENGO, INC.	c EIN-PN 26-1996114-001
a	Plan name	WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WONDERLAND TIRE COMPANY, INC.	c EIN-PN 38-2264378-001
a	Plan name	ALBRECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALBRECO, INC.	c EIN-PN 31-1638056-001
a	Plan name	BEHAVIORAL INTERVENTION GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BEHAVIORAL INTERVENTION GROUP	c EIN-PN 20-5450870-001
a	Plan name	CELINA COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	CELINA TENT, INC.	c EIN-PN 34-1894249-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CENTER POINT FAMILY DENTISTRY, PLLC
c	EIN-PN	27-4512893-002
a	Plan name	CENTERPOINTE DENTAL GROUP, P.A. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CENTERPOINTE DENTAL GROUP, P.A.
c	EIN-PN	41-1821880-001
a	Plan name	CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN
b	Name of plan sponsor	CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY
c	EIN-PN	23-7198801-001
a	Plan name	EMERGENCY GROUPS' OFFICE 401(K) PLAN
b	Name of plan sponsor	EGO, INC. DBA BRAULT
c	EIN-PN	95-4278964-001
a	Plan name	FIRST SECURITY MORTGAGE SERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	FIRST SECURITY MORTGAGE SERVICES, INC.
c	EIN-PN	59-3153355-001
a	Plan name	FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	FISHER DESIGN, INC.
c	EIN-PN	31-0601808-001
a	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN
b	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION
c	EIN-PN	54-1879031-001
a	Plan name	NANIA ENERGY 401(K) PLAN
b	Name of plan sponsor	NANIA ENERGY
c	EIN-PN	36-4273465-001
a	Plan name	OASYS 401(K) PLAN
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.
c	EIN-PN	52-1747644-001
a	Plan name	RAY HENSLEY, INC. RET. PLAN
b	Name of plan sponsor	RAY HENSLEY, INC.
c	EIN-PN	31-0889689-001
a	Plan name	SOUTHERN AUTOBODY SUPPLY, INC. 401(K) PLAN
b	Name of plan sponsor	SOUTHERN AUTOBODY SUPPLY, INC.
c	EIN-PN	62-1592592-001
a	Plan name	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN
b	Name of plan sponsor	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES
c	EIN-PN	23-7433927-001

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 VIRTUAL OFFICEWARE (DE), LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor VIRTUAL OFFICEWARE (DE), LLC.	c EIN-PN 38-3892710-001
a	Plan name VISION ELECTRIC, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VISION ELECTRIC, INC.	c EIN-PN 06-1420597-002
a	Plan name VISIT NEWPORT BEACH, INC. 401(K) PLAN	
b	Name of plan sponsor VISIT NEWPORT BEACH, INC.	c EIN-PN 51-0225353-001
a	Plan name BERICH MASONRY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BERICH MASONRY, INC.	c EIN-PN 20-2612940-001
a	Plan name DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DOUGLAS MACHINES CORP	c EIN-PN 59-1906520-001
a	Plan name HBL GROUP 401(K) PLAN	
b	Name of plan sponsor HBL GROUP, LLC	c EIN-PN 46-0807868-001
a	Plan name HEARTLAND FOOD PRODUCTS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor TC HEARTLAND, LLC DBA HEARTLAND FOOD PRODUCTS GROUP	c EIN-PN 20-1938376-001
a	Plan name KOPPENHEFFER & SON TRUCKING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor KOPPENHEFFER & SON TRUCKING CO., INC.	c EIN-PN 23-2224832-001
a	Plan name LIVING INDEPENDENT IS FOR EVERYONE, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor LIVING INDEPENDENT IS FOR EVERYONE, INC.	c EIN-PN 27-4619816-001
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 BRUNNER FUNERAL HOME 401(K) PLAN	
b	Name of plan sponsor BRUNNER FUNERAL HOME, INC.	c EIN-PN 34-1239396-001
a	Plan name FLORIDA LEISURE COMMUNITIES 401(K) PLAN	
b	Name of plan sponsor FLORIDA LEISURE COMMUNITIES CORPORATION	c EIN-PN 59-3040840-001

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 FONTENELLE & GOODREAU INSURANCE, LLC RETIREMENT PLAN	
b	Name of plan sponsor FONTENELLE & GOODREAU INSURANCE, LLC	c EIN-PN 20-5889299-001
a	Plan name FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor FOREWAY TRANSPORTATION, INC.	c EIN-PN 38-2165402-001
a	Plan name GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor INDEPENDENT CAPITAL MANAGEMENT LLC	c EIN-PN 26-3029556-001
a	Plan name JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor JOHNSON FINANCIAL SOLUTIONS, INC.	c EIN-PN 20-8464483-001
a	Plan name JOINER CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOINER CONSTRUCTION COMPANY, INC.	c EIN-PN 75-2218562-001
a	Plan name MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name OHIO COUNCIL OF RETAIL MERCHANTS 401(K) PLAN	
b	Name of plan sponsor OHIO COUNCIL OF RETAIL MERCHANTS	c EIN-PN 31-4269320-002
a	Plan name PHCM 401(K) SAVINGS PLAN	
b	Name of plan sponsor PROVIDENCE HEALTHCARE MANAGEMENT, INC.	c EIN-PN 01-0919235-001
a	Plan name TRIS PHARMA 401(K) PLAN	
b	Name of plan sponsor TRIS PHARMA, INC.	c EIN-PN 22-3747409-001
a	Plan name ALPHA ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor ALPHA ENGINEERING OF INDIANA, INC. DBA ALPHA ENGINEERING, INC.	c EIN-PN 35-1463178-001
a	Plan name BACK EAST, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BACK EAST LTD	c EIN-PN 65-0706506-001

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	BUILDING SYSTEMS TRANSPORTATION CO. RETIREMENT SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	BUILDING SYSTEMS TRANSPORTATION CO.	c	EIN-PN	31-1289790-001
a	Plan name	CIVIL SERVICES, INC. 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	CIVIL SERVICES, INC.	c	EIN-PN	59-2975137-001
a	Plan name	DATA PATH, INC. 401(K) P/S PLAN	c	EIN-PN	
b	Name of plan sponsor	DATA PATH, INC.	c	EIN-PN	90-0242296-001
a	Plan name	GROOV-PIN CORPORATION EMPLOYEES' PENSION PLAN	c	EIN-PN	
b	Name of plan sponsor	GROOV-PIN CORPORATION	c	EIN-PN	22-0965690-001
a	Plan name	GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	GUIDE WEALTH PARTNERS, INC.	c	EIN-PN	42-1350912-001
a	Plan name	OKMULGEE PEDIATRICS 401(K) RETIREMENT PLAN	c	EIN-PN	
b	Name of plan sponsor	OKMULGEE PEDIATRICS	c	EIN-PN	73-1473375-001
a	Plan name	REALEYES MEDIA, LLC 401(K) P/S PLAN	c	EIN-PN	
b	Name of plan sponsor	REALEYES MEDIA, LLC	c	EIN-PN	51-0491459-001
a	Plan name	REALTECH 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	REALTECH CONSTRUCTION CO., LLC	c	EIN-PN	95-4709478-001
a	Plan name	TEXAS GOLF ASSOCIATION 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	TEXAS GOLF ASSOCIATION	c	EIN-PN	75-0715222-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JANUS HENDERSON ENTERPRISE RET OPT	B Three-digit plan number (PN) ▶ 650
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	25687301
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	23693367
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	25687301	23693367
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	25687300	23693366

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)	235673	
(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)	2113353	
(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)		1385335
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3734361

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)	112269	
(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)		112269
j Total expenses. Add all expense amounts in column (b) and enter total	2j		112269

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3622092
l Transfers of assets:			
(1) To this plan	2l(1)		2570918
(2) From this plan	2l(2)		8186944

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 _____.