

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) P

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>DFA GLOBAL EQUITY PORTFOLIO RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>722</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>DFA GLOBAL EQUITY PORTFOLIO RET OPT</u>	B Three-digit plan number (PN)	<u>722</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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d Entity code

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d Entity code

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

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c EIN-PN

d Entity code

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

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BAKERSFIELD COUNTRY CLUB 401(K) PLAN	
b Name of plan sponsor	BAKERSFIELD COUNTRY CLUB	c EIN-PN 95-1615940-001
a Plan name	THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THE ART OF MANAGEMENT, LLP	c EIN-PN 47-2620180-001
a Plan name	THE CALIFORNIA CLUB 401(K) PLAN	
b Name of plan sponsor	THE CALIFORNIA CLUB	c EIN-PN 95-0593940-003
a Plan name	EPPRIGHT HOMES LLC 401(K) PLAN AND TRUST	
b Name of plan sponsor	EPPRIGHT HOMES LLC	c EIN-PN 47-2384404-001
a Plan name	PROGRESSIVEHEALTH 401(K) PLAN	
b Name of plan sponsor	PROGRESSIVEHEALTH	c EIN-PN 35-1907348-002
a Plan name	TKP ARCHITECTS, PC 401(K) PLAN	
b Name of plan sponsor	TKP ARCHITECTS, PC	c EIN-PN 84-1180129-001
a Plan name	BW WATER AMERICAS 401(K) PLAN	
b Name of plan sponsor	BW WATER AMERICAS	c EIN-PN 03-0570656-001
a Plan name	C. CARAMANICO & SONS, INC. 401(K) PLAN	
b Name of plan sponsor	C. CARAMANICO & SONS, INC.	c EIN-PN 23-2349249-001
a Plan name	FSY ARCHITECTS 401(K) PLAN	
b Name of plan sponsor	FSY ARCHITECTS	c EIN-PN 95-4638941-001
a Plan name	FULLERTON, LEMANN, SCHAEFER & DOMINICK 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	FULLERTON, LEMANN, SCHAEFER & DOMINICK LLP	c EIN-PN 95-3346435-001
a Plan name	RICHARD GROUP 401(K) PLAN	
b Name of plan sponsor	RICHARD GROUP, LLC	c EIN-PN 46-1249708-001
a Plan name	UNIWEST-GENESIS 401(K) PLAN	
b Name of plan sponsor	UNITED WESTERN DENVER, LLC	c EIN-PN 06-1639196-002

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	MEDICORE, LLC 401(K) PLAN	
b	Name of plan sponsor	MEDICORE, LLC	c EIN-PN 30-0852928-001
a	Plan name	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name	H&A FINANCING & SERVICES 401(K) PLAN	
b	Name of plan sponsor	H&A FINANCING & SERVICES CORP	c EIN-PN 01-0961192-001
a	Plan name	WEST WIND DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WEST WIND DENTAL	c EIN-PN 81-4317214-001
a	Plan name	WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WESTERN EMULSIONS INC.	c EIN-PN 86-0336082-001
a	Plan name	SHAWNEE COUNTRY CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHAWNEE COUNTRY CLUB	c EIN-PN 34-4353200-001
a	Plan name	CONNELL & ASSOCIATES LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONNELL & ASSOCIATES LTD.	c EIN-PN 26-3776281-001
a	Plan name	CONSTELLATION BEHAVIORAL SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSTELLATIONS BEHAVIORAL SERVICES, LLC	c EIN-PN 27-0895470-001
a	Plan name	NATURE DESIGNS LANDSCAPE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ESCONDIDO LANDSCAPE, INC.	c EIN-PN 33-0348276-001
a	Plan name	YAMIBUY 401(K) PLAN	
b	Name of plan sponsor	TRANSOCEAN RESOURCES MANAGEMENT INC.	c EIN-PN 46-1019646-001
a	Plan name	SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor	SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
a	Plan name	HLN CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HLN CONSULTING, LLC	c EIN-PN 22-3516344-001

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	HMC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	HODGDON MANAGEMENT AND CONSTRUCTION, INC. DBA HMC CONSTRUCTION, INC.	c EIN-PN 56-2467203-002
a	Plan name	COUNTRY ROADS TRUCKING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	COUNTRY ROADS TRUCKING SYSTEMS, INC.	c EIN-PN 35-1696225-001
a	Plan name	DBM ENGINEERING, P.C. 401(K) PLAN	
b	Name of plan sponsor	DBM ENGINEERING, PC	c EIN-PN 20-2917025-001
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
a	Plan name	SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRING GROVE CEMETERY	c EIN-PN 31-0235950-003
a	Plan name	SPRING LAKE DENTAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRING LAKE DENTAL GROUP	c EIN-PN 56-1957791-001
a	Plan name	ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001
a	Plan name	INTRINSYX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001
a	Plan name	PEDIATRIC MINDS MEDICAL CENTER 401(K)	
b	Name of plan sponsor	PEDIATRIC MINDS MEDICAL CENTER, INC.	c EIN-PN 27-3044815-001
a	Plan name	ASCENDANT COMMERCIAL INSURANCE 401K PLAN	
b	Name of plan sponsor	ASCENDANT COMMERCIAL INSURANCE, INC.	c EIN-PN 27-0835494-001
a	Plan name	ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSOCIATED COMPONENTS TECHNOLOGY, INC.	c EIN-PN 33-0439579-001
a	Plan name	REIF LAW GROUP, P.C. 401(K) PLAN	
b	Name of plan sponsor	REIF LAW GROUP, P.C.	c EIN-PN 26-4085758-001

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	MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor	MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	c EIN-PN 20-4106052-001
a	Plan name	VALOR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	VALOR, LLC	c EIN-PN 61-1370293-001
a	Plan name	WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
b	Name of plan sponsor	WARSHAUER WOODWARD ATKINS, LLC.	c EIN-PN 88-2972581-001
a	Plan name	RUE & ZIFFRA, P.A. 401(K) PLAN	
b	Name of plan sponsor	RUE & ZIFFRA, P.A.	c EIN-PN 59-3154090-001
a	Plan name	GRAND FUNDING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAND FUNDING GROUP, INC.	c EIN-PN 27-3273076-002
a	Plan name	CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CLEVELAND CITY FORGE, INC.	c EIN-PN 34-1972972-001
a	Plan name	CLICK2BIND INSURANCE 401(K) PLAN	
b	Name of plan sponsor	CLICK2BIND INSURANCE SERVICES, INC.	c EIN-PN 81-3280949-001
a	Plan name	HAM BROADCASTING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAM BROADCASTING COMPANY, INC.	c EIN-PN 61-1193671-001
a	Plan name	HERZOG ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	HERZOG ROOFING, INC.	c EIN-PN 41-1380767-001
a	Plan name	HH VENTURES RETIREMENT PLAN	
b	Name of plan sponsor	HH VENTURES, LLC	c EIN-PN 26-1852077-001
a	Plan name	HI MARLEY, INC. 401(K) PLAN	
b	Name of plan sponsor	HI MARLEY, INC.	c EIN-PN 82-1259445-001
a	Plan name	NLA 401(K) PLAN	
b	Name of plan sponsor	NANCY LEDBETTER & ASSOCIATES, INC.	c EIN-PN 75-3059985-001

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	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	AEM PARTNERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEM PARTNERS, LLC	c EIN-PN 20-0857620-001
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	DEFENSESTORM, INC. 401(K) PLAN	
b	Name of plan sponsor	DEFENSESTORM, INC.	c EIN-PN 46-5598717-001
a	Plan name	PACIFIC FISHING & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC FISHING & SUPPLY, INC.	c EIN-PN 99-0302309-777
a	Plan name	ATLANTIC GOLF AND TURF 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC GOLF AND TURF LLC	c EIN-PN 27-1400038-001
a	Plan name	JI IN KIM, D.D.S., PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JI IN KIM, D.D.S., PROFESSIONAL CORPORATION	c EIN-PN 45-2050276-001
a	Plan name	PORTO'S BAKERY, INC. 401(K) PLAN	
b	Name of plan sponsor	PORTO'S BAKERY, INC.	c EIN-PN 95-4610775-777
a	Plan name	BATP 401(K) PLAN	
b	Name of plan sponsor	BEHAVIOR ANALYSIS & THERAPY PARTNERS	c EIN-PN 20-4756508-001
a	Plan name	EHLEN & FULLER, DDS RETIREMENT PLAN	
b	Name of plan sponsor	EHLEN & FULLER, DDS, PLLC	c EIN-PN 27-5224563-001
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 CONNECTME 401(K) PLAN	
b	Name of plan sponsor	MODERN HR, INC.	c EIN-PN 81-0741257-002

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	PRONK TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRONK TECHNOLOGIES, INC.	c EIN-PN 20-1891840-001
a	Plan name	BITTNER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BITTNER, LLC	c EIN-PN 61-1372128-001
a	Plan name	PURE ARCHITECTURE & DEVELOPMENT, PLLC 401(K) PLAN	
b	Name of plan sponsor	PURE ARCHITECTURE & DEVELOPMENT, PLLC	c EIN-PN 85-2594068-001
a	Plan name	QIU ACCOUNTANCY CORP. 401(K) PLAN	
b	Name of plan sponsor	QIU ACCOUNTANCY CORP.	c EIN-PN 95-4629680-001
a	Plan name	BOSTON PHARMACEUTICALS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BOSTON PHARMACEUTICALS INC.	c EIN-PN 81-0837665-001
a	Plan name	FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name	LEAN TECHNIQUES, INC. 401(K) PLAN	
b	Name of plan sponsor	LEAN TECHNIQUES, INC.	c EIN-PN 38-3836804-001
a	Plan name	MANAGED HEALTHCARE UNLIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor	MANAGED HEALTHCARE UNLIMITED, INC.	c EIN-PN 95-4587291-001
a	Plan name	MICHIGAN EXTRUDED ALUMINUM SALARIED 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN EXTRUDED ALUMINUM	c EIN-PN 38-2696585-777
a	Plan name	MOMENTUM BUILDERS 401(K)	
b	Name of plan sponsor	MOMENTUM BUILDERS	c EIN-PN 25-1413147-001
a	Plan name	MONARCH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	MONARCH HOLDINGS, LLC	c EIN-PN 26-1687351-001
a	Plan name	NETWORK OBJECTS 401(K) PLAN	
b	Name of plan sponsor	NETWORK OBJECTS, INC.	c EIN-PN 56-2633028-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PARADIGM PROPERTIES, LLC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor PARADIGM PROPERTIES, LLC	c EIN-PN 06-1533601-001
a	Plan name PETRO-VALVE, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor PETRO-VALVE, INC.	c EIN-PN 74-2088515-001
a	Plan name RESIDENCE ARTISTS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RESIDENCE ARTISTS, INC.	c EIN-PN 34-1273217-001
a	Plan name S&S PACKAGING PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor S&S PACKAGING PRODUCTS, INC.	c EIN-PN 23-2940069-001
a	Plan name SCI 401(K) PLAN	
b	Name of plan sponsor SYSTEM CONTROLS & INSTRUMENTATION, LTD.	c EIN-PN 46-0638297-001
a	Plan name SHORT LINE EXPRESS MARKET 401(K) PLAN	
b	Name of plan sponsor SHORT LINE EXPRESS MARKET	c EIN-PN 88-0296690-001
a	Plan name SIGN ME UP 401(K) PLAN	
b	Name of plan sponsor SIGN ME UP OF WISCONSIN, LLC	c EIN-PN 01-0793749-001
a	Plan name SMARTBILL, LTD. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SMARTBILL, LTD.	c EIN-PN 31-1806543-001
a	Plan name ADDRESS HEALTHCARE ADMINISTRATION, LLC	
b	Name of plan sponsor ADDRESS HEALTHCARE ADMINISTRATION, LLC	c EIN-PN 99-1289536-001
a	Plan name AMERICAN RELIANCE INDUSTRIES COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN RELIANCE INDUSTRIES COMPANY	c EIN-PN 35-2131825-001
a	Plan name APPLE CANYON LAKE PROPERTY OWNERS' ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor APPLE CANYON LAKE PROPERTY OWNERS' ASSOCIATION	c EIN-PN 36-2752703-001
a	Plan name CAIN THOMAS ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CAIN THOMAS ASSOCIATES, INC.	c EIN-PN 41-1453222-001

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 CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT	c EIN-PN 45-2648658-001
a	Plan name CASA DE LOS NINOS 401(K) PLAN	
b	Name of plan sponsor CASA DE LOS NINOS	c EIN-PN 86-0314595-002
a	Plan name CHRISSELLE, INC. 401(K) PLAN	
b	Name of plan sponsor CHRISSELLE, INC.	c EIN-PN 27-2841262-001
a	Plan name CRISP ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor CRISP ENTERPRISES, INC.	c EIN-PN 33-0934203-001
a	Plan name DENBESTE COMPANIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor DENBESTE COMPANIES, INC.	c EIN-PN 93-3878708-001
a	Plan name DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor DENNIS SEAMAN CO., L.P.A.	c EIN-PN 34-1207750-001
a	Plan name DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DENTAL HEALTH SERVICES 401(K) RETIREMENT PLAN	c EIN-PN 34-1117652-001
a	Plan name DIEFFENBACH'S POTATO CHIPS 401(K) PLAN	
b	Name of plan sponsor DIEFFENBACH'S POTATO CHIPS, INC.	c EIN-PN 23-3044270-001
a	Plan name EL MOLINO DE ORO INC. RETIREMENT PLAN	
b	Name of plan sponsor EL MOLINO DE ORO INC.	c EIN-PN 45-3830780-001
a	Plan name EXECUTIVE BENEFIT PROGRAMS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EXECUTIVE BENEFIT PROGRAMS, INC.	c EIN-PN 95-3617290-001
a	Plan name HANGMAN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANGMAN PRODUCTS, INC.	c EIN-PN 95-4749074-001
a	Plan name HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
b	Name of plan sponsor HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	c EIN-PN 34-1165089-001

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 HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001
a	Plan name INTERSTATE COMMERCIAL GLASS & DOOR, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor INTERSTATE COMMERCIAL GLASS & DOOR, INC.	c EIN-PN 38-2822716-001
a	Plan name INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor INTERVENTIONAL PAIN CONSULTANTS LLC	c EIN-PN 83-0901793-001
a	Plan name J GOOD-IN INC. - 401(K) PLAN	
b	Name of plan sponsor J GOOD-IN INC.	c EIN-PN 95-4100491-001
a	Plan name A-1 ELECTRIC COMPANY, INC. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor A-1 ELECTRIC COMPANY, INC.	c EIN-PN 33-6004115-001
a	Plan name CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
b	Name of plan sponsor MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	c EIN-PN 48-0666889-001
a	Plan name ELITE SPINE & MUSCULOSKELETAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELITE SPINE & MUSCULOSKELETAL CENTER	c EIN-PN 46-1188119-001
a	Plan name HARMONY HEALTHCARE IT 401K PLAN	
b	Name of plan sponsor BUSINESS INTERACTIONS LLC DBA HARMONY HEALTHCARE IT	c EIN-PN 32-0157950-002
a	Plan name HARROD & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor HARROD & ASSOCIATES, PSC	c EIN-PN 61-1291670-001
a	Plan name HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001
a	Plan name MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN	
b	Name of plan sponsor MOUNTAIN BORDERS ASSOCIATES INC	c EIN-PN 27-0189681-001
a	Plan name MOUNTZ, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MOUNTZ, INC.	c EIN-PN 94-2625117-001

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 PARKER SQUARED AND AFFILIATED COMPANIES 401(K) PLAN	
b	Name of plan sponsor PARKER SQUARED, INC. DBA SLEEPING BABY, INC.	c EIN-PN 27-0402271-001
a	Plan name R&F, INC. EMPLOYEES BENEFIT PLAN	
b	Name of plan sponsor R&F, INC.	c EIN-PN 34-1016464-001
a	Plan name ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE 401(K) PSP	
b	Name of plan sponsor ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE CO.	c EIN-PN 33-0197591-001
a	Plan name SEER TEAM RETIREMENT PLAN	
b	Name of plan sponsor THE NEW EQUATION LIMITED LIABILITY COMPANY DBA SEER INTERACTIVE	c EIN-PN 03-0512205-001
a	Plan name THE LIFE ASSOCIATES, INC. & BLANKENSHIP 401(K) PLAN	
b	Name of plan sponsor THE LIFE ASSOCIATES, INC.	c EIN-PN 61-1150917-001
a	Plan name VAUGHN WATER COMPANY 401(K) PLAN	
b	Name of plan sponsor VAUGHN WATER COMPANY	c EIN-PN 95-1600230-002
a	Plan name ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ICONERGY LTD	c EIN-PN 27-2414344-001
a	Plan name IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IDAHO ASPHALT SUPPLY, INC.	c EIN-PN 82-0325664-001
a	Plan name JANET H. LEE, D.O., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JANET H. LEE	c EIN-PN 87-0754052-001
a	Plan name LINDAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LINDAR CORPORATION	c EIN-PN 41-1752658-001
a	Plan name LISA M. SIMONE, ATTORNEY AT LAW, A PROFESSIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor LISA M. SIMONE ATTORNEY AT LAW, A PROFESSIONAL CORPORATION	c EIN-PN 87-4041442-001
a	Plan name MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MCCOURT EQUIPMENT, INC.	c EIN-PN 74-2913583-001

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	NU-WAY CONCESSIONAIRES, INC. 401(K) PLAN
b	Name of plan sponsor	NU-WAY CONCESSIONAIRES, INC.
c	EIN-PN	22-1933816-001
a	Plan name	PASADENA SENIOR CENTER 401(K) PLAN
b	Name of plan sponsor	PASADENA SENIOR CENTER
c	EIN-PN	95-2085393-001
a	Plan name	PRESTIGE WOMEN'S HEALTH CARE 401(K) PLAN
b	Name of plan sponsor	PRESTIGE WOMEN'S HEALTH CARE
c	EIN-PN	27-0665184-001
a	Plan name	RAMI, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	RAMI, INC.
c	EIN-PN	77-0595067-001
a	Plan name	THE MOSTERT GROUP LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THE MOSTERT GROUP, LLC
c	EIN-PN	20-0349381-001
a	Plan name	WOODBINE 401(K) PLAN
b	Name of plan sponsor	WOODBINE DEVELOPMENT I, LTD.
c	EIN-PN	75-2574239-001
a	Plan name	ABBATELLO ELECTRIC, LLC 401(K) PLAN
b	Name of plan sponsor	ABBATELLO ELECTRIC, LLC
c	EIN-PN	06-1632260-001
a	Plan name	ENCORE GLASS 401(K) PLAN
b	Name of plan sponsor	ENCORE GLASS
c	EIN-PN	45-4333619-001
a	Plan name	FISCHER CUNNANE & ASSOCIATES LTD. TAX FAVORED SAVINGS PLAN
b	Name of plan sponsor	FISCHER CUNNANE & ASSOCIATES LTD.
c	EIN-PN	23-3060583-001
a	Plan name	MUSSEY, SARBER & ASSOCIATES 401(K) PLAN
b	Name of plan sponsor	MUSSEY, SARBER & ASSOCIATES, P.C.
c	EIN-PN	75-3025214-001
a	Plan name	O SKIN CARE LLC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	O SKIN CARE LLC
c	EIN-PN	26-0374403-001
a	Plan name	OASIS AIR AND SOLAR 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	OASIS AIR AND SOLAR
c	EIN-PN	95-2865840-001

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 PAUL NAFTALI, O.D., P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL NAFTALI, O.D., P.A.	c EIN-PN 22-3361281-001
a	Plan name PAVLIC VENDING SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor PAVLIC VENDING SERVICE, INC.	c EIN-PN 39-1143309-001
a	Plan name PAYNTER REALTY & INVESTMENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor PAYNTER REALTY & INVESTMENTS	c EIN-PN 33-0335741-001
a	Plan name PROCESSES BY MARTIN, INC. 401(K) PLAN	
b	Name of plan sponsor PROCESSES BY MARTIN, INC.	c EIN-PN 95-4434945-001
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 SERRA COMMUNITY MEDICAL CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor SERRA COMMUNITY MEDICAL CLINIC, INC.	c EIN-PN 95-4786125-001
a	Plan name SERTOMA CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor SERTOMA CENTER INCORPORATED	c EIN-PN 62-0818599-002
a	Plan name SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	
b	Name of plan sponsor SOUTH TEXAS COMMUNITY LIVING CORPORATION	c EIN-PN 76-0364678-001
a	Plan name SOUTHERN CALIFORNIA EMERGENCY MEDICINE 401(K) PLAN	
b	Name of plan sponsor SOUTHERN CALIFORNIA EMERGENCY MEDICINE, A MEDICAL CORPORATION	c EIN-PN 87-0698478-001
a	Plan name T-G ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor T-G ENTERPRISES, INC.	c EIN-PN 61-0864715-001
a	Plan name THE SHELTERING ARMS SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE SHELTERING ARMS	c EIN-PN 58-0566236-777
a	Plan name TRI-RIVERS HEALTHCARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRI-RIVERS HEALTHCARE, PLLC	c EIN-PN 61-1357247-001

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	ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABERDEEN CAPTIONING, INC.	c EIN-PN 33-0983867-001
a	Plan name	ABSOLUTE ENERGY RETIREMENT PLAN	
b	Name of plan sponsor	ABSOLUTE ENERGY, L.L.C.	c EIN-PN 20-3841025-777
a	Plan name	ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALIKA C. GARCIA	c EIN-PN 81-0742572-001
a	Plan name	BEST CLEANERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BEST CLEANERS, INC.	c EIN-PN 06-1333413-001
a	Plan name	CHADE FASHIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CHADE FASHIONS, INC.	c EIN-PN 36-3203528-001
a	Plan name	COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor	BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name	ENT CLINIC OF IOWA, P.C. 401(K) PLAN	
b	Name of plan sponsor	ENT CLINIC OF IOWA, P.C.	c EIN-PN 42-1487214-002
a	Plan name	GODIRECTINC.COM, INC. 401(K) PLAN	
b	Name of plan sponsor	GODIRECTINC.COM, INC.	c EIN-PN 26-0155233-001
a	Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001
a	Plan name	JCFA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JCFA	c EIN-PN 27-1822983-001
a	Plan name	JCJ, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JCJ, LLP	c EIN-PN 27-4442059-001
a	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-001

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	KNIGHT FARMS 401(K) PLAN	
b	Name of plan sponsor	KNIGHT FARMS	c EIN-PN 68-0255456-001
a	Plan name	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP 401(K) PLAN	
b	Name of plan sponsor	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP	c EIN-PN 47-0395621-002
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	ALLIANCE PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor	ALLIANCE PRIMARY CARE ASSOCIATES PLLC DBA ALLIANCE PEDIATRICS	c EIN-PN 45-3459804-001
a	Plan name	AVMEDICAL, LLC 401(K) PLAN	
b	Name of plan sponsor	AVMEDICAL, LLC	c EIN-PN 83-2573744-001
a	Plan name	CIRCLE MEDICAL CARE OF CALIFORNIA 401(K) PLAN	
b	Name of plan sponsor	CIRCLE MEDICAL CARE OF CALIFORNIA	c EIN-PN 47-4883537-001
a	Plan name	EAGLE FUNERAL SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EAGLE FUNERAL SERVICE	c EIN-PN 84-3598744-002
a	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name	OCEANWIDE PLAZA LLC 401(K) PLAN	
b	Name of plan sponsor	OCEANWIDE PLAZA LLC	c EIN-PN 68-0683629-001
a	Plan name	OCEANWIDE RESORT HI LLC 401(K) PLAN	
b	Name of plan sponsor	OCEANWIDE RESORT HI LLC	c EIN-PN 81-2988222-001
a	Plan name	SOUTHERN REBAR & SUPPLIES, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN REBAR & SUPPLIES, INC.	c EIN-PN 83-0890207-001
a	Plan name	SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SOUTHWEST 66 CREDIT UNION	c EIN-PN 75-0815084-002

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	TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE GRIT REDI-MIX LTD	c EIN-PN 20-2018457-001
a	Plan name	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	
b	Name of plan sponsor	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	c EIN-PN 42-0680307-002
a	Plan name	WELL GO USA, INC. 401(K) PLAN	
b	Name of plan sponsor	WELL GO USA, INC.	c EIN-PN 75-2542366-001
a	Plan name	ALLIANCE TRANSPORTATION GROUP 401(K) PLAN	
b	Name of plan sponsor	ALLIANCE-TEXAS ENGINEERING COMPANY	c EIN-PN 74-2851432-001
a	Plan name	ALOHA HABILITATION SERVICES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ALOHA HABILITATION SERVICES, INC.	c EIN-PN 99-0356254-001
a	Plan name	B & E PETROLEUM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B & E PETROLEUM, INC.	c EIN-PN 99-0215751-002
a	Plan name	B & G HVAC, INC. 401(K) PLAN	
b	Name of plan sponsor	B & G HVAC, INC.	c EIN-PN 20-4345115-001
a	Plan name	BUD'S AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	BUDS CHEVROLET, INC.	c EIN-PN 34-1626376-001
a	Plan name	CITY CLUB APARTMENTS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	CITY CLUB APARTMENTS, LLC	c EIN-PN 81-1284363-001
a	Plan name	DARWIN RESEARCH GROUP 401(K) PLAN	
b	Name of plan sponsor	DARWIN ADVISORY PARTNERS, LLC DBA DARWIN RESEARCH	c EIN-PN 27-3461316-001
a	Plan name	TEXAS BANK 401(K) PLAN	
b	Name of plan sponsor	TEXAS BANK	c EIN-PN 75-1405029-001
a	Plan name	TEXAS GOLF ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	TEXAS GOLF ASSOCIATION	c EIN-PN 75-0715222-001

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 DFA GLOBAL EQUITY PORTFOLIO RET OPT	B Three-digit plan number (PN) ▶ 722
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.

	(a) Beginning of Year	(b) End of Year
Assets		
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)	2
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)	19792838
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	18159150
(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	19792840	18159152
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	19792840	18159152

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)	355198	
(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)	2390484	
(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)		345008
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3090690

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)	74663	
(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)		74663
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		74663

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3016027
l Transfers of assets:			
(1) To this plan.....	2l(1)		2819113
(2) From this plan	2l(2)		7468828

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 _____.