

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

Complete all entries in accordance with the instructions to the Form 5500.

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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, 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, 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, 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

1a Name of plan AMERICAN CENTURY REAL ESTATE RET OPT, 1b Three-digit plan number (PN) 753, 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) TRANSAMERICA LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404, 2b Employer Identification Number (EIN) 39-0989781, 2c Plan Sponsor's telephone number 319-355-6449, 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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN CENTURY REAL ESTATE RET OPT</u>	B Three-digit plan number (PN)	<u>753</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:		
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Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECHOMARK, INC.	c EIN-PN 88-3138477-001
a	Plan name	ECOPOL AMERICA 401(K) PLAN	
b	Name of plan sponsor	ECOPOL AMERICA, INC.	c EIN-PN 88-0673772-001
a	Plan name	KALEIDOSCOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ORCAS DAYCARE ASSOCIATION	c EIN-PN 91-1510335-001
a	Plan name	PONY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	W.C.W. CORPORATION	c EIN-PN 88-0206170-001
a	Plan name	THE ATTAINMENT NETWORK 401(K) PLAN	
b	Name of plan sponsor	THE ATTAINMENT NETWORK	c EIN-PN 88-2778206-001
a	Plan name	ENVOY LIGHTING 401(K) PLAN	
b	Name of plan sponsor	ENVOY LIGHTING, INC.	c EIN-PN 27-4393479-001
a	Plan name	EPPY'S DRUG 401(K)	
b	Name of plan sponsor	EPPY'S DRUG STORE, INC.	c EIN-PN 55-0607772-001
a	Plan name	PROFESSIONAL RESTORATION 401(K) PLAN	
b	Name of plan sponsor	DRS, INC.	c EIN-PN 84-1485846-002
a	Plan name	PROGRESS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	PROGRESS USA, INC.	c EIN-PN 01-0682657-001
a	Plan name	BIG HORN WIRELINE 401(K) PLAN	
b	Name of plan sponsor	BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001
a	Plan name	KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KREATIONS AUTO BODY	c EIN-PN 26-3285845-001
a	Plan name	LA PROVENCE BAKERY 401(K) PLAN	
b	Name of plan sponsor	LA PROVENCE BAKERY	c EIN-PN 20-2583441-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE VICTIM CENTER INC. 401(K) PLAN	
b	Name of plan sponsor	THE VICTIM CENTER INC.	c EIN-PN 43-1149629-001
a	Plan name	BLUE TOP STEERING GEARS, INC. 401K	
b	Name of plan sponsor	BLUE TOP STEERING GEARS, INC.	c EIN-PN 80-0336991-001
a	Plan name	LAUZEN ACCOUNTING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JOSEPH D. LAUZEN, INC. DBA LAUZEN ACCOUNTING	c EIN-PN 26-1157436-001
a	Plan name	TIMMEL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	TIMMEL ASSOCIATES LLC	c EIN-PN 27-1928755-001
a	Plan name	REGENCY ENTERPRISES SERVICES LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	REGENCY ENTERPRISES SERVICES, LLC	c EIN-PN 05-0598254-001
a	Plan name	TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO RETIREMENT PLAN	
b	Name of plan sponsor	TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO	c EIN-PN 36-4153559-001
a	Plan name	BURNEIKIS LAW, P.C. 401(K) PLAN	
b	Name of plan sponsor	BURNEIKIS LAW, P.C.	c EIN-PN 87-1680649-001
a	Plan name	BUSENBARK, CLARK & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	CLARK CPA GROUP, P.C. DBA BUSENBARK, CLARK & ASSOCIATES	c EIN-PN 84-3793000-001
a	Plan name	C & L PLUMBING COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	C & L PLUMBING COMPANY	c EIN-PN 54-1190441-001
a	Plan name	UNIVERSAL NORTH INC. - SH 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL NORTH INC.	c EIN-PN 34-1666673-001
a	Plan name	CANOPY ROADS ADVISORS RETIREMENT PLAN	
b	Name of plan sponsor	CANOPY ROADS ADVISORS, LLC	c EIN-PN 88-2788599-001
a	Plan name	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN	
b	Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC	c EIN-PN 83-3379247-001

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	GENESIS GOLD GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	GENESIS GOLD GROUP, INC.	c EIN-PN 88-4026083-001
a	Plan name	MARK BROWER PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	MARK BROWER PROPERTIES, LLC	c EIN-PN 27-4577200-001
a	Plan name	MEKRA LANG 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEKRA LANG NORTH AMERICA, LLC	c EIN-PN 58-2442603-001
a	Plan name	MELODY LIVING 401K PLAN	
b	Name of plan sponsor	MELODY LIVING ASSOCIATES- IL, L.L.C	c EIN-PN 84-4995261-001
a	Plan name	CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
b	Name of plan sponsor	CHATHAM HABITAT FOR HUMANITY	c EIN-PN 56-1689599-001
a	Plan name	GOURMET SOURCE SALES & CONSULTING 401(K) PLAN	
b	Name of plan sponsor	GOURMET SOURCE SALES & CONSULTING LLC	c EIN-PN 85-3802006-001
a	Plan name	ROSE ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor	ROSE ORTHODONTICS	c EIN-PN 82-2529653-001
a	Plan name	ROWAN V. PAUL MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROWAN V. PAUL MD, INC.	c EIN-PN 84-4260244-001
a	Plan name	WAGLER & RENOVATIONS 401(K) PLAN	
b	Name of plan sponsor	WAGLER & ASSOCIATES, INC.	c EIN-PN 26-3930415-001
a	Plan name	CLARK TRANSPORTATION SERVICES 401(K) PLAN	
b	Name of plan sponsor	TEXARKANA SUGAR HILL, INC.	c EIN-PN 75-2776645-001
a	Plan name	CLEAR GUIDANCE PARTNERS 401(K) PLAN	
b	Name of plan sponsor	CLEAR GUIDANCE PARTNERS, LP	c EIN-PN 83-3177675-001
a	Plan name	MISSION CITY REBAR, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MISSION CITY REBAR, INC.	c EIN-PN 94-2146294-004

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	WH 401(K) PLAN	
b Name of plan sponsor	WOODHOUSE CABINETRY LLC	c EIN-PN 47-2422903-001
a Plan name	CONSCIOUS MINDS 401(K) PLAN	
b Name of plan sponsor	CONSCIOUS MINDS PRODUCTION LLC	c EIN-PN 80-0255443-001
a Plan name	HERMA US INC. 401K PLAN	
b Name of plan sponsor	HERMA US INC.	c EIN-PN 61-1780660-001
a Plan name	HJK INTERNATIONAL, INC. RETIREMENT PLAN	
b Name of plan sponsor	HJK INTERNATIONAL, INC.	c EIN-PN 45-2103099-001
a Plan name	HOBAN MANAGEMENT INC 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	HOBAN MANAGEMENT INC	c EIN-PN 33-0834204-001
a Plan name	NEXT DOOR SAVINGS & RETIREMENT PLAN	
b Name of plan sponsor	NEXT DOOR FOUNDATION, INC.	c EIN-PN 39-1162969-002
a Plan name	DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	DC SHEETMETAL, LLC	c EIN-PN 06-1570038-002
a Plan name	INFINITI CREATIONS RETIREMENT PLAN	
b Name of plan sponsor	INFINITI CREATIONS, LLC	c EIN-PN 27-2501647-001
a Plan name	ON POINT INSTALLATIONS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	ON POINT INSTALLATIONS, INC.	c EIN-PN 27-1738155-001
a Plan name	ONAL GALLANT & PARTNERS PC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	ONAL GALLANT & PARTNERS PC	c EIN-PN 82-2968635-001
a Plan name	SPURSTONE 401(K) PLAN	
b Name of plan sponsor	SPURSTONE WEALTH MANAGEMENT LLC	c EIN-PN 26-4545691-001
a Plan name	STEVEN M. SORENSON MD, INC. 401(K) PLAN	
b Name of plan sponsor	STEVEN M. SORENSON MD, INC.	c EIN-PN 88-3832023-001

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 STONE GUYS OF SWFL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STONE GUYS OF SWFL LLC	c EIN-PN 83-3825711-001
a	Plan name P3 MARTIAL ARTS 401(K) PLAN	
b	Name of plan sponsor SCOTT BAILEY'S MARTIAL ARTS ACADEMY, INC.	c EIN-PN 47-1694447-001
a	Plan name DES MOINES STEEL COMPANY	
b	Name of plan sponsor DES MOINES STEEL COMPANY	c EIN-PN 42-1397053-001
a	Plan name DREAM MM 401(K) PLAN	
b	Name of plan sponsor DREAM MANAGEMENT, INC.	c EIN-PN 52-2223274-001
a	Plan name JERRY CHIDESTER MD, PLLC 401(K) PLAN	
b	Name of plan sponsor JERRY CHIDESTER MD, PLLC	c EIN-PN 84-4004479-001
a	Plan name JET 401(K) PLAN	
b	Name of plan sponsor JET LLC	c EIN-PN 85-2311811-001
a	Plan name TANERA TRANSPORT, LLC 401(K) PLAN	
b	Name of plan sponsor TANERA TRANSPORT, LLC	c EIN-PN 83-2766372-001
a	Plan name TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
b	Name of plan sponsor TAYLOR GRUBAUGH CHEVROLET LLC	c EIN-PN 93-4900507-001
a	Plan name TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
b	Name of plan sponsor TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	c EIN-PN 84-3391707-001
a	Plan name TYPECASE MARKETING RESOURCE, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor TYPECASE MARKETING RESOURCE, INC.	c EIN-PN 45-3649609-333
a	Plan name UNDERGRADS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNDERGRADS, LLC	c EIN-PN 82-4510160-001
a	Plan name C.A. TAYLOR, LLC 401(K) PLAN	
b	Name of plan sponsor C.A. TAYLOR, LLC	c EIN-PN 82-0677411-001

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(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	C3 INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	C3 INNOVATIONS, INC.	c EIN-PN 46-5657940-001
a	Plan name	C3 SYSTEMS & SECURITY RETIREMENT PLAN	
b	Name of plan sponsor	C3 SYSTEMS & SECURITY	c EIN-PN 72-1581602-001
a	Plan name	CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	CADILLAC COFFEE COMPANY	c EIN-PN 38-0570380-001
a	Plan name	GEORGANTAS CLAIMS SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GEORGANTAS CLAIMS SERVICES, INC.	c EIN-PN 27-0726427-222
a	Plan name	GEORGETOWN FAMILY MEDICINE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GEORGETOWN FAMILY MEDICINE	c EIN-PN 51-0402748-001
a	Plan name	CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CARE ANGEL, INC.	c EIN-PN 46-5083636-001
a	Plan name	VALLEY OAKS MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor	VOM-SONANI MANAGEMENT PLLC	c EIN-PN 85-0748921-001
a	Plan name	WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WALKER OFFICE SUPPLIES	c EIN-PN 94-2658013-001
a	Plan name	GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRC DEVELOPMENT, INC.	c EIN-PN 27-1135741-001
a	Plan name	MERIT TITLE, LLC 401(K) PLAN	
b	Name of plan sponsor	MERIT TITLE, LLC	c EIN-PN 20-0467684-001
a	Plan name	SAPHYRE, INC. 401(K) PLAN	
b	Name of plan sponsor	SAPHYRE, INC.	c EIN-PN 82-3177747-001
a	Plan name	10K CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	10K LLC DBA 10K CONSTRUCTION	c EIN-PN 86-1833942-001

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a	Plan name	2XE 401(K)	
b	Name of plan sponsor	2XE, LLC	c EIN-PN 85-0511624-001
a	Plan name	365 HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor	365 HEALTH SERVICES, LLC	c EIN-PN 47-1842850-001
a	Plan name	CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	CLINKSCALES PORTABLE TOILETS LLC	c EIN-PN 93-1086752-001
a	Plan name	HABITAT FOR HUMANITY SA 401(K)	
b	Name of plan sponsor	HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER APOPKA, FLORIDA,	c EIN-PN 59-3034059-001
a	Plan name	MITCHELL GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	MITCHELL GRAPHICS, INC.	c EIN-PN 38-2084428-001
a	Plan name	MODERN DISPLAY SERVICES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MODERN DISPLAY SERVICES, INC.	c EIN-PN 87-0265937-001
a	Plan name	HERSHMAN & FORMAN, P.C. 401(K)	
b	Name of plan sponsor	HERSHMAN & FORMAN, P.C.	c EIN-PN 86-1822868-001
a	Plan name	HI5.AGENCY 401(K) PLAN	
b	Name of plan sponsor	HI5.AGENCY, LLC	c EIN-PN 83-2888505-001
a	Plan name	ADA 401(K)	
b	Name of plan sponsor	AMELIA REID AVIATION, LLC DBA AERODYNAMIC AVIATION	c EIN-PN 20-2571173-001
a	Plan name	NEFSP 401(K) PLAN	
b	Name of plan sponsor	NEFSP HOLDINGS LLC	c EIN-PN 87-4240278-001
a	Plan name	NEMO, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	NEW ENGLAND MECHANICAL OVERLAY, INC.	c EIN-PN 76-0794575-001
a	Plan name	NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEPTUNE SHIPPING LIMITED	c EIN-PN 26-0630492-001

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 SHERWOOD TAX AND ACCOUNTING 401(K) PLAN	
b	Name of plan sponsor KRISTEN KEATS CPA, PC DBA. SHERWOOD TAX & ACCOUNTING	c EIN-PN 85-2133474-001
a	Plan name ZENISCO, INC. 401(K) PLAN	
b	Name of plan sponsor ZENISCO, INC.	c EIN-PN 47-3232410-001
a	Plan name ZENITH REHABILITATION 401(K) PLAN	
b	Name of plan sponsor ZENITH REHABILITATION, LLC	c EIN-PN 82-4302535-001
a	Plan name NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOBILITY HEALTH	c EIN-PN 81-0701839-001
a	Plan name CRAVE INFOTECH 401(K) PLAN	
b	Name of plan sponsor CRAVE INFOTECH	c EIN-PN 27-1280654-001
a	Plan name DELAWARE PROFESSIONAL FUNERAL SERVICES 401(K) PLAN	
b	Name of plan sponsor DELAWARE PROFESSIONAL FUNERAL SERVICES, INC	c EIN-PN 51-0381008-001
a	Plan name INTEGRATED LABORATORY PROVIDERS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED LABORATORY PROVIDERS	c EIN-PN 82-1971376-001
a	Plan name INTEGRATED LAKES MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor INTEGRATED LAKES MANAGEMENT, INC.	c EIN-PN 20-3197661-001
a	Plan name STAAR CORP. 401(K) PLAN	
b	Name of plan sponsor STAAR CORP. DBA FUTURE-TECH COMMUNICATIONS	c EIN-PN 81-4529384-001
a	Plan name PACIFIC DRIVE-INS LLC 401(K)	
b	Name of plan sponsor PACIFIC DRIVE-INS LLC	c EIN-PN 46-3867535-001
a	Plan name ANDREW CAPALDO, DMD, PC 401(K) PLAN	
b	Name of plan sponsor ANDREW CAPALDO, DMD, PC	c EIN-PN 23-2986985-001
a	Plan name DEVOL ENGINEERING 401(K) PLAN	
b	Name of plan sponsor DEVOL ENGINEERING, INC.	c EIN-PN 52-7255997-001

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 IRON EAGLE WELDING ACADEMY 401(K) PLAN	
b	Name of plan sponsor IRON EAGLE WELDING ACADEMY	c EIN-PN 85-1505205-001
a	Plan name STYLECRAFT HOME COLLECTION, INC 401(K) PLAN	
b	Name of plan sponsor STYLECRAFT HOME COLLECTION, INC.	c EIN-PN 27-0439124-001
a	Plan name PEGASYS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor PEGASYS TECHNOLOGIES, LLC	c EIN-PN 82-4668955-001
a	Plan name PERINATAL MEDICAL GROUP, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERINATAL MEDICAL GROUP, INC	c EIN-PN 94-2673505-001
a	Plan name JET HELSETH MFG, INC. 401(K) PLAN	
b	Name of plan sponsor JET HELSETH MANUFACTURING, INC.	c EIN-PN 59-3402920-001
a	Plan name TD SUPPLY SPECIALISTS LLC RETIREMENT PLAN	
b	Name of plan sponsor TD SUPPLY SPECIALISTS LLC	c EIN-PN 46-0747817-001
a	Plan name KEKO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEKO, LLC DBA MOSQUITO JOE OF SOUTHERN MD	c EIN-PN 47-4732055-001
a	Plan name KENECT RETIREMENT PLAN	
b	Name of plan sponsor KENECT, LLC	c EIN-PN 82-1997153-777
a	Plan name THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name PROPER HOME, INC. 401(K)	
b	Name of plan sponsor PROPER HOME, INC.	c EIN-PN 87-1827057-001
a	Plan name LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor LABRASCA PLASTIC SURGERY, INC.	c EIN-PN 46-4013077-001
a	Plan name PURE ENERGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor PURE ENERGY GROUP, INC.	c EIN-PN 86-2201015-001

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	FEDVEL CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	FEDVEL CONSTRUCTION, INC.	c EIN-PN 82-2603538-001
a	Plan name	FERRETTI SEARCH 401(K) PLAN	
b	Name of plan sponsor	PURSUIT SEARCH GROUP, LLC	c EIN-PN 83-1896110-001
a	Plan name	LEGENDARY HOME SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	LEGENDARY HOME SOLUTIONS LLC	c EIN-PN 83-3696034-001
a	Plan name	MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MARC DUTTON IRRIGATION, INC.	c EIN-PN 38-2152186-001
a	Plan name	MAUI PARADISE PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	MAUI PARADISE PROPERTIES	c EIN-PN 46-0867014-001
a	Plan name	MICHAEL YARDLEY FARMS 401(K) PLAN	
b	Name of plan sponsor	MICHAEL YARDLEY FARMS, LLC	c EIN-PN 26-1223608-001
a	Plan name	NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHERN CROSSARM COMPANY, INC.	c EIN-PN 39-0987381-001
a	Plan name	PARAGON PERFORMANCE 401K PLAN	
b	Name of plan sponsor	PARAGON PERFORMANCE	c EIN-PN 84-5134367-001
a	Plan name	PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PARAGON PRINT SYSTEMS, INC.	c EIN-PN 23-2984595-001
a	Plan name	PETERSEN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY DESIGN & CONSTRUCTION, INC.	c EIN-PN 87-0328548-001
a	Plan name	PETITBON ALARM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	PETITBON ALARM COMPANY, INC.	c EIN-PN 52-1908898-001
a	Plan name	PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor	PROVIDENCE PREPARATORY CHARTER SCHOOL	c EIN-PN 85-2193353-001

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	PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	PROVISTA SOFTWARE CORPORATION	c EIN-PN 38-4102924-001
a	Plan name	QUAL TECH AIR, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	QUAL TECH AIR LLC	c EIN-PN 81-4869829-001
a	Plan name	RESURGENCE IT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RESURGENCE IT, INC.	c EIN-PN 81-3507059-001
a	Plan name	RIVER MARKET 401(K) PLAN	
b	Name of plan sponsor	RIVER MARKET COMMUNITY CO-OP	c EIN-PN 41-1335460-001
a	Plan name	RYAN'S HIGHWAY AUTO PARTS, INC. EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor	RYAN'S HIGHWAY AUTO PARTS, INC.	c EIN-PN 45-4830452-001
a	Plan name	SKY DESSERT 401(K) PLAN	
b	Name of plan sponsor	SKY DESSERT, LLC	c EIN-PN 81-3848448-001
a	Plan name	SKY'S THE LIMIT CAR CARE 401(K) PLAN	
b	Name of plan sponsor	SKY'S THE LIMIT CAR CARE	c EIN-PN 45-3438558-001
a	Plan name	SLOANE DENTAL 401(K) PLAN	
b	Name of plan sponsor	12 SOUTH DENTAL PLLC	c EIN-PN 46-1289540-001
a	Plan name	SUMMIT DENTAL & IMPLANT CLINIC 401(K) PLAN	
b	Name of plan sponsor	SUMMIT DENTAL & IMPLANT CLINIC	c EIN-PN 82-1344355-001
a	Plan name	SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNBURY ANIMAL HOSPITAL	c EIN-PN 20-1018098-001
a	Plan name	TED GROB CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TED GROB CORPORATION	c EIN-PN 39-1027921-001
a	Plan name	THE ELENCO 401(K) PLAN	
b	Name of plan sponsor	ELENCO CARBIDE TOOL CORPORATION	c EIN-PN 39-1125498-001

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	TORELCO LLC 401(K) PLAN	
b	Name of plan sponsor	TORELCO LLC	c EIN-PN 88-0965718-001
a	Plan name	TORQBUDDY, LLC. 401(K) PLAN	
b	Name of plan sponsor	TORQBUDDY LLC	c EIN-PN 37-1620889-001
a	Plan name	VANGUARD CLINICAL INC. 401(K) PLAN	
b	Name of plan sponsor	VANGUARD CLINICAL INC.	c EIN-PN 81-2699127-001
a	Plan name	WAYNE PREPARATORY ACADEMY 401(K) PLAN	
b	Name of plan sponsor	WAYNE PREPARATORY ACADEMY, LP	c EIN-PN 30-0826240-001
a	Plan name	WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAMS CONCRETE CONTRACTING LLC	c EIN-PN 26-0888255-001
a	Plan name	A GREATER LOVE FOSTER FAMILY AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	A GREATER LOVEFOSTER FAMILY AGENCY, INC.	c EIN-PN 82-3295704-001
a	Plan name	A PLUS BOOKKEEPING 401(K) PLAN	
b	Name of plan sponsor	NOT OUR PROBLEM LLC DBA A PLUS BOOKKEEPING & TAX SERVICE	c EIN-PN 93-1497760-001
a	Plan name	ADRIAN PULKRABEK DDS PLLC 401(K) PLAN	
b	Name of plan sponsor	ADRIAN PULKRABEK DDS PLLC	c EIN-PN 76-0716251-001
a	Plan name	AGCULTURE MARKETING, LLC 401(K) PLAN	
b	Name of plan sponsor	AGCULTURE MARKETING, LLC	c EIN-PN 81-3881269-001
a	Plan name	AGNIESZKA JAMROZEK, DMD LLC DEFINED BENEFIT PENSION PLAN AND TRUST	
b	Name of plan sponsor	AGNIESZKA JAMROZEK DMD, LLC	c EIN-PN 81-1106417-001
a	Plan name	AGRICAPTURE 401(K) PLAN	
b	Name of plan sponsor	AGRICAPTURE, INC.	c EIN-PN 86-3882425-001
a	Plan name	AMERICAN HYDROVAC LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN HYDROVAC LLC	c EIN-PN 32-0657536-001

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 AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001
a	Plan name APPLE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor APPLE ELECTRICAL CONTRACTORS, INC.	c EIN-PN 75-2529492-001
a	Plan name APPLEWOOD PLASTERING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor APPLEWOOD PLASTERING SERVICES, INC.	c EIN-PN 20-5274149-001
a	Plan name AUTO GLASS SPECIALISTS INC. 401(K) PLAN	
b	Name of plan sponsor AUTO GLASS SPECIALISTS INC.	c EIN-PN 03-0392483-001
a	Plan name BAY AREA/GENERAL CRANE SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor BAY AREA/GENERAL CRANE SERVICE, INC.	c EIN-PN 74-1869552-001
a	Plan name BAYSIDE DREDGING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAYSIDE DREDGING LLC	c EIN-PN 88-2719169-001
a	Plan name BLUE BLAZER VENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor BLUE BLAZER VENTURES, INC.	c EIN-PN 85-1002874-001
a	Plan name BLUE COMMERCE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE COMMERCE INC.	c EIN-PN 47-4494129-001
a	Plan name BRAIN TUNNELGENIX TECHNOLOGIES CORP 401(K) PLAN	
b	Name of plan sponsor BRAIN TUNNELGENIX TECHNOLOGIES CORP	c EIN-PN 03-0586076-001
a	Plan name CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA CARDIOVASCULAR INSTITUTE	c EIN-PN 88-4143827-001
a	Plan name CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN	
b	Name of plan sponsor CARNIVAL EMPLOYMENT SERVICES, LLC	c EIN-PN 26-4824293-001
a	Plan name CASS CONCRETE 401(K) PLAN	
b	Name of plan sponsor CASS CONCRETE SERVICES LLC	c EIN-PN 86-3815732-001

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	CI-DELL PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	CI-DELL PLASTICS, INC.	c EIN-PN 39-1556975-001
a	Plan name	COLT NECK LABS, LLC - 401(K)	
b	Name of plan sponsor	COLT NECK LABS, LLC	c EIN-PN 83-4534512-001
a	Plan name	COR 401(K) PLAN	
b	Name of plan sponsor	COR CONSTRUCTION SERVICES, INC.	c EIN-PN 11-3742607-001
a	Plan name	CORNERSTONE FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor	LEONARD FINANCIAL LLC	c EIN-PN 83-1863378-001
a	Plan name	CREEKSIDE ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACKSON-POLEN ANIMAL HOSPITAL PC DBA CREEKSIDE ANIMAL HOSPITAL	c EIN-PN 26-2580271-001
a	Plan name	CRIMSON CARE NETWORK 401(K) PLAN	
b	Name of plan sponsor	CRIMSON CARE NETWORK	c EIN-PN 82-2820387-002
a	Plan name	DENNY'S BODY SHOP 401(K) PLAN	
b	Name of plan sponsor	DENNY'S BODY SHOP	c EIN-PN 82-3818063-001
a	Plan name	DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DENTAL PROFESSIONALS OF FAIR LAWN, P.A.	c EIN-PN 22-2028230-001
a	Plan name	DURAMARK TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	DURAMARK TECHNOLOGIES, INC.	c EIN-PN 26-0529942-001
a	Plan name	DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	DWIGHT LEWIS STATE FARM INSURANCE AGENCY	c EIN-PN 47-2834035-001
a	Plan name	EL MANDADO 401(K) PLAN	
b	Name of plan sponsor	EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	c EIN-PN 56-2067801-001
a	Plan name	EYNCON 401(K) PLAN	
b	Name of plan sponsor	EYNCON, LLC	c EIN-PN 47-2720798-001

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	EZGO GROUP 401(K) PLAN	
b	Name of plan sponsor	EZGO GROUP, INC.	c EIN-PN 36-4850864-001
a	Plan name	FFC CPAS 401(K) PLAN	
b	Name of plan sponsor	FFC CPAS, LLC	c EIN-PN 84-2245616-001
a	Plan name	FIDE 401(K) PLAN	
b	Name of plan sponsor	EMINENT CONSULTING, LLC DBA FIDE LLC	c EIN-PN 82-0818461-001
a	Plan name	GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
b	Name of plan sponsor	GATEWAY TO PREVENTION AND RECOVERY, INC.	c EIN-PN 73-1215510-001
a	Plan name	GAZI ATASEVEN 401(K) PLAN	
b	Name of plan sponsor	A TO Z REAL ESTATE TRANSACTION LLC	c EIN-PN 86-1384624-001
a	Plan name	GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	c EIN-PN 95-2428410-001
a	Plan name	GL KREINER, INC. 401(K) PLAN	
b	Name of plan sponsor	GL KREINER, INC.	c EIN-PN 81-1723713-001
a	Plan name	HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGH PLAINS ENGINEERING & CONSULTING, LLC	c EIN-PN 87-2706193-002
a	Plan name	HOPE BY THE SEA DEFINED BENEFIT PLAN	
b	Name of plan sponsor	HOPE BY THE SEA, INC.	c EIN-PN 11-3673202-001
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	HS BAINS INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor	HS BAINS INSURANCE SERVICES	c EIN-PN 81-0962836-001
a	Plan name	KEOTA TRANSMISSION & REPAIR LLC 401(K) PLAN	
b	Name of plan sponsor	KEOTA TRANSMISSION & REPAIR LLC	c EIN-PN 27-1263484-001

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	LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
b	Name of plan sponsor	LAND LIFE COMPANY USA, PBC	c EIN-PN 83-1925466-001
a	Plan name	A&B MARKET, LLC 401(K) PLAN	
b	Name of plan sponsor	A&B MARKET, LLC	c EIN-PN 47-2479032-001
a	Plan name	A.D. PERKINS 401(K) PLAN	
b	Name of plan sponsor	A.D. PERKINS CORP.	c EIN-PN 26-0350579-001
a	Plan name	AISTHETIKOS, INC. 401(K) PLAN	
b	Name of plan sponsor	AISTHETIKOS, INC.	c EIN-PN 26-4099842-001
a	Plan name	AKRON DERMATOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	AKRON DERMATOLOGY, INC.	c EIN-PN 34-1787891-001
a	Plan name	APPLIED TECH SERVICES LLC 401(K)	
b	Name of plan sponsor	APPLIED TECH SERVICES LLC	c EIN-PN 82-5498381-001
a	Plan name	BDG 401(K) PLAN	
b	Name of plan sponsor	BARBARO DENTAL GROUP, LLC	c EIN-PN 38-4060034-001
a	Plan name	BRAZOS VALLEY CONTRACTING CO. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAZOS VALLEY CONTRACTING CO.	c EIN-PN 74-2578579-001
a	Plan name	BREAK IT DOWN, LLC 401(K) PLAN	
b	Name of plan sponsor	BREAK IT DOWN, LLC	c EIN-PN 27-1788791-001
a	Plan name	CCS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	CCS SERVICES, LLC	c EIN-PN 75-3026195-001
a	Plan name	CEDAR VALLEY CHEESE STORE	
b	Name of plan sponsor	CEDAR VALLEY CHEESE STORE	c EIN-PN 20-2863599-001
a	Plan name	CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	CROSSING BORDERS LANGUAGE CENTER, LLC.	c EIN-PN 45-5111582-001

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 DMA HOLDINGS 401(K) PLAN	
b	Name of plan sponsor DMA HOLDINGS, INC.	c EIN-PN 26-1547833-001
a	Plan name DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor DOMESTIC DIESEL AND AUTO SERVICE	c EIN-PN 27-4834463-001
a	Plan name ELKHART DENTAL AND IMPLANT CENTER 401(K) PLAN	
b	Name of plan sponsor ELKHART DENTAL AND IMPLANT CENTER	c EIN-PN 35-1864354-002
a	Plan name GLENNWOOD CUSTOM BUILDERS 401(K) PLAN	
b	Name of plan sponsor GLENNWOOD CUSTOM BUILDERS, INC	c EIN-PN 20-2045461-001
a	Plan name GLOBAL K9 PROTECTION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GLOBAL K9 PROTECTION GROUP LLC	c EIN-PN 82-4550904-001
a	Plan name GLOBAL TABLEWARE SOLUTIONS, CORP. 401(K) PLAN	
b	Name of plan sponsor GLOBAL TABLEWARE SOLUTIONS, CORP.	c EIN-PN 81-3230599-001
a	Plan name HUGO MANRIQUE, DMD, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUGO MANRIQUE, DMD, PLLC	c EIN-PN 92-3086974-001
a	Plan name HURTIS HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
b	Name of plan sponsor HURTIS HEATING & AIR CONDITIONING, INC.	c EIN-PN 45-3676136-001
a	Plan name KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001
a	Plan name MAXTACS, INC 401(K) PLAN	
b	Name of plan sponsor MAXTACS, INC	c EIN-PN 81-3518247-001
a	Plan name MAYSE PAINTING & CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor MAYSE PAINTING & CONTRACTING LLC	c EIN-PN 82-3832107-001
a	Plan name MORNSTAIR INC. 401(K) PLAN	
b	Name of plan sponsor MORNSTAIR INC.	c EIN-PN 35-2748426-001

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	MOUNTAIN KIDS LOUISVILLE, LLC 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN KIDS LOUISVILLE, LLC	c EIN-PN 47-2511686-001
a	Plan name	MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a	Plan name	MOUNTZ, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MOUNTZ, INC.	c EIN-PN 94-2625117-001
a	Plan name	NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a	Plan name	PARKS DRILLING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARKS DRILLING COMPANY	c EIN-PN 31-0796361-001
a	Plan name	QUINTESSA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	QUINTESSA	c EIN-PN 27-1561454-002
a	Plan name	RIZZI LAW GROUP RETIREMENT PLAN	
b	Name of plan sponsor	RIZZI LAW GROUP, P.A.	c EIN-PN 81-0946166-001
a	Plan name	RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001
a	Plan name	SMP 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR MACHINED PRODUCTS, INC.	c EIN-PN 47-4533352-001
a	Plan name	SNIDER INC 401(K) PLAN	
b	Name of plan sponsor	SNIDER INC	c EIN-PN 56-1649710-001
a	Plan name	SUSSEX EYE CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUSSEX EYE CENTER	c EIN-PN 51-0349408-001
a	Plan name	SUTHERLAND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUTHERLAND INSURANCE & REALTY CO., INC. DBA SUTHERLAND INSURANCE COM	c EIN-PN 56-0751537-001

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	THE LAW OFFICE OF HEATHER A. LONG, LLC 401(K) PLAN	
b	Name of plan sponsor	THE LAW OFFICE OF HEATHER A. LONG, LLC	c EIN-PN 33-3432013-001
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	TRAFFIC SCHOOL (401 K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAFFIC SAFETY CONSULTANTS, INC. DBA COMEDY SCHOOL ONLINE.COM	c EIN-PN 95-3312949-001
a	Plan name	TRAIN'S TOWERS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAIN'S TOWERS, INC.	c EIN-PN 22-3309976-001
a	Plan name	TRANS TEXAS TIRE 401(K) PLAN	
b	Name of plan sponsor	TRANS TEXAS TIRE, LLC	c EIN-PN 46-1688184-001
a	Plan name	HAWKEYE DENTAL PROSTHETIC STUDIO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAWKEYE DENTAL PROSTHETIC STUDIO	c EIN-PN 83-0958881-001
a	Plan name	ICE-AMERICA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SEASIDE ICE, LLC DBA ICE-AMERICA	c EIN-PN 26-3400891-001
a	Plan name	JAH ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JAH ENTERPRISES, INC.	c EIN-PN 72-1250656-001
a	Plan name	LIFESPAN FINANCIAL STRATEGIES, INC. 401(K) PS PLAN	
b	Name of plan sponsor	LIFESPAN FINANCIAL STRATEGIES, INC.	c EIN-PN 65-0741655-001
a	Plan name	MCGUFF ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	MCGUFF ROOFING, INC.	c EIN-PN 35-1693215-001
a	Plan name	MSW CORP 401(K) PLAN	
b	Name of plan sponsor	MARINE STORES WHOLESALE CORP.	c EIN-PN 45-3934995-001
a	Plan name	PATRICK MACDONALD DDS PC 401(K) PLAN	
b	Name of plan sponsor	PATRICK MACDONALD DDS PC	c EIN-PN 20-1206683-001

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	RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
a	Plan name	ROBERTS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor	ROBERTS ENERGY, LLC	c EIN-PN 81-3450263-001
a	Plan name	ROCK & ROSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCK & ROSE, INC.	c EIN-PN 30-0117391-001
a	Plan name	ROCKLIN GAS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROCKLIN GAS, LLC	c EIN-PN 82-2033920-001
a	Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	VRK ENTERPRISES, LLC	c EIN-PN 81-3354376-001
a	Plan name	SENIOR MARKET TEAM LLC 401(K) PLAN	
b	Name of plan sponsor	SENIOR MARKET TEAM LLC	c EIN-PN 46-5533414-001
a	Plan name	SENTINEL CONTRACTORS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SENTINEL CONTRACTORS, LLC	c EIN-PN 88-1828953-001
a	Plan name	THE OSCHMANN ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THE OSCHMANN ORGANIZATION, INC. DBA AZC DRUG TESTING	c EIN-PN 86-0994137-001
a	Plan name	TRAYER SOLUTIONS, LLC 401(K)	
b	Name of plan sponsor	TRAYER SOLUTIONS, LLC	c EIN-PN 46-4500573-001
a	Plan name	VERIFY INVESTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	VERIFY INVESTOR, INC. A DE INC.	c EIN-PN 46-3398188-001
a	Plan name	WOODS AIR MOVEMENT LIMITED 401(K) PLAN	
b	Name of plan sponsor	WOODS AIR MOVEMENT LIMITED	c EIN-PN 36-4946974-001
a	Plan name	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A.W. OAKES & SON, INC.	c EIN-PN 39-0967026-003

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	BEEP 401(K) PLAN	
b	Name of plan sponsor	BEEP, INC.	c EIN-PN 61-1908700-334
a	Plan name	BRINKERHOFF EXCAVATING 401(K) PLAN	
b	Name of plan sponsor	BRINKERHOFF EXCAVATING AND CONSTRUCTION, LNC.	c EIN-PN 87-0560259-001
a	Plan name	CENTS II 401(K) PLAN	
b	Name of plan sponsor	CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	c EIN-PN 47-2003612-001
a	Plan name	CYPRESS POINTE SURGICAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	HAMMOND SURGICAL HOSPITAL, L.L.C. DBA CYPRESS POINT SURGICAL HOSPIT	c EIN-PN 27-2765802-777
a	Plan name	DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	DON E. KELLY CONTRACTOR, INC.	c EIN-PN 43-1479564-001
a	Plan name	DONOVAN HANSEN, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DONOVAN HANSEN, PLLC	c EIN-PN 46-2829443-001
a	Plan name	DORSETT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	DORSETT'S AUTO SALES, INC.	c EIN-PN 35-1269099-001
a	Plan name	DOUBLE L REINFORCING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOUBLE L REINFORCING, LLC	c EIN-PN 85-2401857-001
a	Plan name	EMERALD PROFESSIONAL STAFFING INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMERALD PROFESSIONAL STAFFING INC.	c EIN-PN 46-1362080-001
a	Plan name	EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	EMPIRE DIVERSIFIED ENERGY, INC.	c EIN-PN 30-0949242-001
a	Plan name	FIS GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	FIS GROUP, LLC	c EIN-PN 83-3475402-001
a	Plan name	GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	c EIN-PN 57-1093357-001

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 NADIA YAKOOB & ASSOCIATES 401(K) PLAN & TRUST	
b	Name of plan sponsor NADIA YAKOOB & ASSOCIATES	c EIN-PN 47-3377120-001
a	Plan name NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NUHORIZON PROPERTIES, LLC	c EIN-PN 38-3521185-001
a	Plan name OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA	c EIN-PN 83-3838404-001
a	Plan name RAREMOON CONSULTING 401(K) PLAN	
b	Name of plan sponsor SR CONSULTING DBA RAREMOON CONSULTING, INC.	c EIN-PN 81-1906652-001
a	Plan name RODELA PRODUCE & FLOWERS, INC. 401(K) PLAN	
b	Name of plan sponsor RODELA PRODUCE & FLOWERS, INC.	c EIN-PN 81-4700937-001
a	Plan name ROELENS VACATIONS 401(K)	
b	Name of plan sponsor GO FLORIDA, INC, DBA ROELENS VACATIONS	c EIN-PN 26-1761622-001
a	Plan name SESR 401(K) PLAN	
b	Name of plan sponsor SOUTHEAST SHELBY COUNTY EMERGENCY MEDICAL RESCUE INC.	c EIN-PN 31-1583285-001
a	Plan name SHADOWOBJECTS LLC 401(K) PLAN	
b	Name of plan sponsor SHADOWOBJECTS LLC	c EIN-PN 27-0137849-001
a	Plan name SOUTH POINT COUNSELING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor SOUTH POINT COUNSELING SERVICES, LLC	c EIN-PN 45-3866896-001
a	Plan name T. AARON BUICE, M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor T. AARON BUICE, M.D., P.C.	c EIN-PN 20-0717378-001
a	Plan name THE RUCKLE TEAM, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor TMR TEAM, INC.	c EIN-PN 84-4927543-001
a	Plan name TRENCHLESS CONSTRUCTION SERVICES, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor TRENCHLESS CONSTRUCTION SERVICES, L.L.C.	c EIN-PN 91-1981784-001

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	TRI CONSTRUCTION CO., INC. 401(K) PLAN	
b Name of plan sponsor	TRI CONSTRUCTION CO., INC.	c EIN-PN 04-2786413-001
a Plan name	VISKOTEETPAK 401(K) PLAN	
b Name of plan sponsor	VISKOTEETPAK, LLC	c EIN-PN 20-1267287-001
a Plan name	VITAL INTERNATIONAL SOLUTIONS INCORPORATED 401(K) PLAN	
b Name of plan sponsor	VITAL INTERNATIONAL SOLUTION INCORPORATED	c EIN-PN 45-4861293-001
a Plan name	WUNDER WERKZ 401(K) PLAN	
b Name of plan sponsor	WUNDER WERKZ LLC	c EIN-PN 45-3024445-001
a Plan name	ABOVE ALL CAULKING 401(K) PLAN	
b Name of plan sponsor	ABOVE ALL CAULKING & WATERPROOFING, INC.	c EIN-PN 59-3790848-001
a Plan name	ABRAMS PLUMBING AND HEATING LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ABRAMS PLUMBING AND HEATING LLC	c EIN-PN 87-3493856-001
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	ASANA RECOVERY, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ASANA RECOVERY, INC.	c EIN-PN 30-1000319-001
a Plan name	ASCEND REHAB 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ASCEND REHAB SERVICES, INC.	c EIN-PN 20-0927823-002
a Plan name	BERKELEY HALL CLUB RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	BERKELEY HALL CLUB	c EIN-PN 57-1105488-001
a Plan name	D. LINK GRIMES PLLC 401(K) PLAN	
b Name of plan sponsor	D. LINK GRIMES, PLLC	c EIN-PN 99-0423657-001
a Plan name	FIVE RIVERS BANK 401(K) PLAN	
b Name of plan sponsor	FIVE RIVERS BANK (IN ORG.) FIVE RIVERS INVESTMENT GROUP LLC	c EIN-PN 87-4571225-001

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 FIVE STAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIVE STAR REAL ESTATE & PROPERTY MANAGEMENT, LLC	c EIN-PN 46-3215891-001
a	Plan name HEAD TYLER LLP OWNER K 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HEAD TYLER LLP	c EIN-PN 85-1138619-001
a	Plan name JE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JE ENGINEERING, INC.	c EIN-PN 20-0849858-001
a	Plan name KRASHIDBUILT 401(K) + PROFIT SHARING PLAN	
b	Name of plan sponsor KRASHIDBUILT LLC	c EIN-PN 81-5001167-001
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 ALL STAR PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor VERL D. WARNIMONT DBA ALL STAR PLUMBING & HEATING	c EIN-PN 34-1972332-001
a	Plan name AXIOM INNOVATIONS LLC 401(K) PLAN	
b	Name of plan sponsor AXIOM INNOVATIONS, LLC	c EIN-PN 82-5288488-001
a	Plan name BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BRUCE C. WINTERSTEEN, D.D.S.	c EIN-PN 37-1209635-002
a	Plan name BRYNER CHEVROLET INC. SALARY DEFERRAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRYNER CHEVROLET INC.	c EIN-PN 23-1912111-001
a	Plan name DAKINE SERVICES 401(K) PLAN	
b	Name of plan sponsor DAKINE SERVICES, INC.	c EIN-PN 81-1390019-001
a	Plan name EAGLE ELECTRIC SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor EAGLE ELECTRIC SERVICES, LLC	c EIN-PN 06-1537747-001
a	Plan name GREENVANS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREENVANS, LLC	c EIN-PN 26-2343063-001

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 IN FOCUS PSYCHIATRY 401K PLAN	
b	Name of plan sponsor IN FOCUS PSYCHIATRY	c EIN-PN 81-2638084-001
a	Plan name INDEAVOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor INDEAVOR CORPORATION	c EIN-PN 39-1870041-001
a	Plan name JOHNSON IRON INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON IRON, INC.	c EIN-PN 20-1832486-001
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 LOUKUS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor LOUKUS TECHNOLOGIES, INC.	c EIN-PN 82-4773107-001
a	Plan name OBRA RAMOS 401(K) PLAN	
b	Name of plan sponsor OBRA RAMOS CONSTRUCTION, LLC	c EIN-PN 46-2310284-001
a	Plan name OCEAN FOREST LLC 401(K) PLAN	
b	Name of plan sponsor OCEAN FOREST LLC	c EIN-PN 92-2466614-001
a	Plan name PHOENIX 401K PLAN	
b	Name of plan sponsor PHOENIX PARAMEDICS SOLUTIONS	c EIN-PN 82-3276454-001
a	Plan name RCD DEMOLITION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RCD DEMOLITION	c EIN-PN 46-3209242-001
a	Plan name SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
b	Name of plan sponsor THE GUIDANCE CENTER, INC.	c EIN-PN 86-0223720-001
a	Plan name SOUTHERN LINE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor SOUTHERN LINE SOLUTIONS, LLC	c EIN-PN 83-1890551-001
a	Plan name SPARK INNOVATION RETIREMENT PLAN	
b	Name of plan sponsor SPARK INNOVATION, LLC	c EIN-PN 47-2039601-001

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 TELEPATHY NETWORKS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor TELEPATHY NETWORKS LLC	c EIN-PN 27-0056105-001
a	Plan name TRIFECTA ACCESS CONTROLS, LLC 401(K) PLAN	
b	Name of plan sponsor TRIFECTA ACCESS CONTROLS, LLC	c EIN-PN 57-1212218-001
a	Plan name TRIFECTA NETWORKS, LLC 401(K) PLAN	
b	Name of plan sponsor TRIFECTA NETWORKS, LLC	c EIN-PN 82-3534139-001
a	Plan name TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor TRINITY CONSTRUCTION GROUP, LLC	c EIN-PN 35-2688581-001
a	Plan name TRISON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor TRISON ENTERPRISES INC.	c EIN-PN 91-1177364-001
a	Plan name WCR 401(K) PLAN	
b	Name of plan sponsor WEST COAST RESURFACING LLC	c EIN-PN 26-1605380-001
a	Plan name WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WEAVER MEMORIALS, INC.	c EIN-PN 23-1714594-001
a	Plan name WELLRIGHT 401(K) PLAN	
b	Name of plan sponsor WELLRIGHT, INC.	c EIN-PN 36-4763852-001
a	Plan name ALPHAONE AMBULANCE 401(K) PLAN	
b	Name of plan sponsor ALPHAONE AMBULANCE MEDICAL SERVICES, INC.	c EIN-PN 27-3266402-001
a	Plan name CITY OFFICE REIT 401(K) PLAN	
b	Name of plan sponsor CITY OFFICE REIT OPERATING PARTNERSHIP LP	c EIN-PN 46-4654279-001
a	Plan name CIVILWORKS NEW ENGLAND 401K PLAN	
b	Name of plan sponsor HAIGHT ENGINEERING, LLC D/B/A CIVILWORKS NEW ENGLAND	c EIN-PN 20-4103848-001
a	Plan name DAVID CUSTOM ROOFING & PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAVIDS CUSTOM ROOFING & PAINTING, INC.	c EIN-PN 99-0314996-001

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	EAP RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ELEGANT ALUMINUM PRODUCTS USA LLC
c	EIN-PN	46-3034570-001
a	Plan name	FRANK J. GRADY, M.D. ASSOC 401(K) PLAN
b	Name of plan sponsor	FRANK J. GRADY M.D. ASSOC
c	EIN-PN	74-1779810-001
a	Plan name	GUARDIAN, INC. 401(K) PLAN
b	Name of plan sponsor	GUARDIAN PROFESSIONAL CONTRACTING SERVICES, INC.
c	EIN-PN	45-2501714-001
a	Plan name	GUINCO SERVICE 401(K) PLAN
b	Name of plan sponsor	GUINCO ENTERPRISES CORPORATION
c	EIN-PN	46-5256563-001
a	Plan name	INDIANA HEALTH GROUP 401(K) PLAN
b	Name of plan sponsor	INDIANA HEALTH GROUP
c	EIN-PN	35-1706785-001
a	Plan name	OLD TOWN FIBERGLASS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	OLD TOWN FIBERGLASS
c	EIN-PN	20-2006359-001
a	Plan name	OLIVIA INC. 401(K) PLAN
b	Name of plan sponsor	OLIVIA INC.
c	EIN-PN	82-1927188-001
a	Plan name	REASON CONSULTING CORPORATION 401(K) PLAN
b	Name of plan sponsor	REASON CONSULTING CORPORATION
c	EIN-PN	87-3746346-001
a	Plan name	RED FERN PET LODGE, LLC 401(K) PLAN
b	Name of plan sponsor	RED FERN PET LODGE, LLC
c	EIN-PN	47-3467265-001
a	Plan name	THE ALAGIRI IMMIGRATION LAW FIRM 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THE ALAGIRI IMMIGRATION LAW FIRM, INC.
c	EIN-PN	47-3003463-001
a	Plan name	TUMBLEWEED MIDSTREAM 401(K) PLAN
b	Name of plan sponsor	TUMBLEWEED MIDSTREAM, LLC
c	EIN-PN	84-3879436-001
a	Plan name	WEST WEALTH MANAGEMENT 401(K) PLAN
b	Name of plan sponsor	WEST WEALTH MANAGEMENT INC.
c	EIN-PN	85-2279060-001

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 AMERICAN CENTURY REAL ESTATE RET OPT	B Three-digit plan number (PN) ▶ 753
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)	2258429
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2929071
(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	2258429	2929071
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	2258429	2929071

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)	61840	
(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)		
(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)		166189
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		228029

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)	3324	
(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)		3324
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3324

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		224705
l Transfers of assets:			
(1) To this plan	2l(1)		793418
(2) From this plan	2l(2)		347481

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 _____.