

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

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: BLACKROCK HIGH YIELD BOND PORTFOLIO RET OPT; 1b Three-digit plan number (PN): 757; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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>BLACKROCK HIGH YIELD BOND PORTFOLIO RET OPT</u>	B Three-digit plan number (PN)	<u>757</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BADGER ALLOYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BADGER ALLOYS, INC.	c EIN-PN 39-1055261-001
a	Plan name ECOMARK ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor ECOMARK ENERGY, INC.	c EIN-PN 47-2681037-001
a	Plan name KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KAANAPALI OPERATIONS ASSOCIATION, INC.	c EIN-PN 99-0323901-001
a	Plan name POLYSHOT CORPORATION 401(K) PLAN	
b	Name of plan sponsor POLYSHOT CORPORATION	c EIN-PN 16-1384222-001
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 BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name THE BROWNING GROUP INTERNATIONAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor THE BROWNING GROUP INTERNATIONAL, INC.	c EIN-PN 99-9973995-001
a	Plan name PROGRESSIVE COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor PROGRESSIVE COMMUNICATIONS, INC.	c EIN-PN 58-2431088-001
a	Plan name THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name FAMMA GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor FAMMA GROUP, INC.	c EIN-PN 45-5002659-001
a	Plan name FARMERS BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FARMERS BANK	c EIN-PN 84-1599347-001
a	Plan name PS3 ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor PS3 ENTERPRISES, INC.	c EIN-PN 26-3852614-001

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 PULMONARY & CRITICAL CARE ASSOCIATES, S.C. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor PULMONARY & CRITICAL CARE ASSOCIATES, S.C.	c EIN-PN 39-1830838-002
a	Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-002
a	Plan name REDBARN PET PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REDBARN PET PRODUCTS, LLC	c EIN-PN 80-0554839-001
a	Plan name FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor FREER MECHANICAL CONTRACTOR'S INC.	c EIN-PN 75-1046142-002
a	Plan name LYONS GROUP 401(K) PLAN	
b	Name of plan sponsor LYONS GROUP	c EIN-PN 04-2707878-001
a	Plan name UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
b	Name of plan sponsor UNIVERSITY PAIN MEDICINE CENTER LLC	c EIN-PN 11-3822342-001
a	Plan name CAPITAL SALES CO. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CAPITAL SALES CO	c EIN-PN 34-1955230-001
a	Plan name GEO 401(K) PLAN	
b	Name of plan sponsor GLENWOOD ENERGY OF OXFORD INC.	c EIN-PN 26-0594712-001
a	Plan name MARION MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor MARION TOOL & DIE, INC. DBA MARION MANUFACTURING	c EIN-PN 35-2010769-001
a	Plan name MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARPLES GEARS, INC.	c EIN-PN 95-4226164-001
a	Plan name ROSHER ELECTRIC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor ROSHER ELECTRIC COMPANY, INC.	c EIN-PN 63-0626370-001
a	Plan name ROVI PRODUCTS 401(K) PLAN	
b	Name of plan sponsor ROVI PRODUCTS, INC.	c EIN-PN 93-0761964-001

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	CLEARWATER CONSULTING 401(K) PLAN	
b	Name of plan sponsor	CLEARWATER CONSULTING, LLC	c EIN-PN 20-8661154-001
a	Plan name	H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	H.V.A.C. MECHANICAL, INC.	c EIN-PN 33-0842894-001
a	Plan name	SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
a	Plan name	SAN JOSE SHARKS 401(K) PLAN	
b	Name of plan sponsor	SAN JOSE SHARKS, LLC	c EIN-PN 73-1638357-002
a	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
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	HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HECO, INC.	c EIN-PN 38-1817538-001
a	Plan name	HERITAGE ACADEMY 401(K) PLAN	
b	Name of plan sponsor	EDUCATION SERVICES DBA HERITAGE ACADEMY	c EIN-PN 57-1002951-001
a	Plan name	YC RUBBER CO. (NORTH AMERICA) LLC 401(K) PLAN	
b	Name of plan sponsor	YC RUBBER CO. (NORTH AMERICA) LLC	c EIN-PN 47-2227720-001
a	Plan name	SILVER CREEK MODULAR LLC 401(K) PLAN	
b	Name of plan sponsor	SILVER CREEK MODULAR LLC	c EIN-PN 92-3730178-001
a	Plan name	NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEXT DAY DELIVERY SERVICE, INC.	c EIN-PN 81-2485203-001
a	Plan name	DAWN INDUSTRIES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAWN INDUSTRIES, INC.	c EIN-PN 84-0798733-001

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 ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES RETIREMENT TRUST	
b	Name of plan sponsor ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES	c EIN-PN 45-1500375-001
a	Plan name SPOLIDORO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor SPOLIDORO & SONS, INC.	c EIN-PN 04-2642418-001
a	Plan name STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name OXFORD GARDEN 401(K) PLAN	
b	Name of plan sponsor OXFORD LTD DBA OXFORD GARDEN	c EIN-PN 31-1525511-777
a	Plan name P/A INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor P/A INDUSTRIES INC.	c EIN-PN 06-0862210-001
a	Plan name PCPS 401(K) PLAN	
b	Name of plan sponsor PREMIER CORPORATE PROFESSIONAL SERVICES	c EIN-PN 37-1704818-001
a	Plan name ASCENT CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor ASCENT CONSTRUCTION, INC.	c EIN-PN 87-0645924-002
a	Plan name DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRILLING & PRODUCTION CO.	c EIN-PN 95-0803480-001
a	Plan name JENNIFER M. SASADA, D.M.D., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENNIFER M. SASADA, D.M.D., LLC	c EIN-PN 90-0426102-001
a	Plan name REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001
a	Plan name TYNAN EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor YALE INDUSTRIAL TRUCKS - TYNAN, INC.	c EIN-PN 35-1147878-001
a	Plan name ULTRAGLOW 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TANGLEWOOD SOLAR & ELECTRIC LLC	c EIN-PN 47-1163713-001

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	FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name	RINDERKNECHT ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RINDERKNECHT ASSOCIATES, INC.	c EIN-PN 42-0959632-001
a	Plan name	RIOUX EYE CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RIOUX EYE CENTER, INC.	c EIN-PN 87-4253844-001
a	Plan name	GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001
a	Plan name	MARTHINSEN AND SALVITTI INSURANCE GROUP 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor	MARTHINSEN AND SALVITTI INSURANCE GROUP	c EIN-PN 25-1724440-001
a	Plan name	VAIL VACATION PROPERTIES LLC 401(K) PLAN	
b	Name of plan sponsor	VAIL VACATION PROPERTIES LLC	c EIN-PN 45-2923184-001
a	Plan name	VALLEY CENTRAL VETERINARY REFERRAL AND EMERGENCY CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. CARLOS HODGES DVM PC DBA VALLEY CENTRAL VETERINARY REFERRAL AND	c EIN-PN 23-2874136-001
a	Plan name	CHILDREN'S WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	CHILDREN'S WELLNESS CENTER, LLC	c EIN-PN 20-3469174-001
a	Plan name	CHOICE CONCRETE CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 38-3294810-001
a	Plan name	MEMORIAL CARDIOLOGY MEDICAL GROUP, INC. EMPLOYEES' PROFIT SHARING PLAN II	
b	Name of plan sponsor	MEMORIAL CARDIOLOGY MEDICAL GROUP	c EIN-PN 95-2884933-001
a	Plan name	WHITEFAB, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WHITEFAB, INC.	c EIN-PN 63-0856879-001
a	Plan name	WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITEHEAD & ASSOCIATES, INC.	c EIN-PN 58-1096001-001

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	CLICK2BIND INSURANCE 401(K) PLAN	
b	Name of plan sponsor	CLICK2BIND INSURANCE SERVICES, INC.	c EIN-PN 81-3280949-001
a	Plan name	COACTIVE WEALTH STRATEGISTS, LLC 401(K) PLAN	
b	Name of plan sponsor	COACTIVE WEALTH STRATEGISTS, LLC	c EIN-PN 45-3909949-001
a	Plan name	MLP MFG., INC. 401(K) PLAN	
b	Name of plan sponsor	MLP MFG., INC.	c EIN-PN 38-2753483-001
a	Plan name	HHMT EMPLOYEE STOCK OWNERSHIP 401(K) PLAN	
b	Name of plan sponsor	HELPING HANDS MASSAGE THERAPY, INC.	c EIN-PN 92-3745310-001
a	Plan name	CONTAINER STORAGE 401(K) PLAN	
b	Name of plan sponsor	CONTAINER STORAGE COMPANY OF HAWAII, LTD	c EIN-PN 99-0223980-001
a	Plan name	ACW GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ACW GROUP LLC	c EIN-PN 26-3799681-001
a	Plan name	HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor	HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name	AERIES SOFTWARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AERIES SOFTWARE, INC.	c EIN-PN 33-0427993-001
a	Plan name	INTERFAITH HOUSING ASSISTANCE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INTERFAITH HOUSING ASSISTANCE CORPORATION	c EIN-PN 95-3771946-002
a	Plan name	DIABLO COUNTRY CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DIABLO COUNTRY CLUB	c EIN-PN 94-0699700-003
a	Plan name	IVANCICH & COSTIS, LLP 401(K) PLAN	
b	Name of plan sponsor	IVANCICH & COSTIS, LLP	c EIN-PN 26-2298861-001
a	Plan name	PEJU PROVINCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEJU PROVINCE CORPORATION	c EIN-PN 46-1570692-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name AURORA PROJECT, INC. 401(K) PLAN	
b	Name of plan sponsor AURORA PROJECT, INC.	c EIN-PN 34-1517827-001
a	Plan name DUCTCO, LLC 401(K) PLAN	
b	Name of plan sponsor DUCTCO, LLC	c EIN-PN 46-2763056-002
a	Plan name BASIC METALS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BASIC METALS, INC.	c EIN-PN 39-1515822-222
a	Plan name THE CELLAR LUMBER COMPANY 401(K) / PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE CELLAR LUMBER COMPANY	c EIN-PN 31-4144745-001
a	Plan name PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN	
b	Name of plan sponsor PROPERTY MANAGEMENT OF ANDOVER, INC.	c EIN-PN 04-2978110-001
a	Plan name BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
a	Plan name EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
b	Name of plan sponsor EVERGREEN AVIATION & SPACE MUSEUM	c EIN-PN 93-1069203-001
a	Plan name LAWYERS FOR JUSTICE PC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LAWYERS FOR JUSTICE PC	c EIN-PN 27-4652068-001
a	Plan name MANNING LUMBER & MARINE, LLC 401(K) PLAN	
b	Name of plan sponsor MANNING LUMBER & MARINE, LLC	c EIN-PN 46-2084718-001
a	Plan name MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
a	Plan name MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MATTHEW L. BRIDGES DDS PLLC	c EIN-PN 82-1972625-001
a	Plan name METAL CONSTRUCTION MATERIALS, LLC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor METAL CONSTRUCTION MATERIALS, LLC.	c EIN-PN 74-2064793-001

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 NORTHEAST FLORIDA AIDS NETWORK 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NORTHEAST FLORIDA AIDS NETWORK	c EIN-PN 59-2974694-001
a	Plan name NORTHERN BUSINESS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN BUSINESS PRODUCTS, INC.	c EIN-PN 41-1423060-001
a	Plan name NORTHERN NEVADA 401(K) PLAN	
b	Name of plan sponsor FERNLEY NUGGET CORPORATION	c EIN-PN 26-1620600-002
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 PETROLEUM EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor PETROLEUM EQUIPMENT COMPANY	c EIN-PN 62-1366038-001
a	Plan name PETROLEUM INSTALLATION SPECIALISTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PETROLEUM INSTALLATION SPECIALISTS, LLC	c EIN-PN 87-0647114-001
a	Plan name PGI PROFIT SHARING PLAN	
b	Name of plan sponsor THE PERSIMMON GROUP, INC.	c EIN-PN 75-2515316-001
a	Plan name POWER DELIVERY CONSULTANTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor POWER DELIVERY CONSULTANTS, INC.	c EIN-PN 14-1749813-001
a	Plan name SCHULTZ PROCESS SERVICES 401(K) PLAN	
b	Name of plan sponsor SCHULTZ PROCESS SERVICES, INC.	c EIN-PN 45-4118372-001
a	Plan name SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SLIM CHICKENS	c EIN-PN 45-3985800-001
a	Plan name TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name TECHNOALPIN 401(K) PLAN	
b	Name of plan sponsor TECHNOALPIN USA, INC.	c EIN-PN 22-3857446-001

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 DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DYNAMIC CONSTRUCTION, INC.	c EIN-PN 31-1526251-001
a	Plan name THREE RIVERS CHRYSLER JEEP DODGE, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THREE RIVERS CHRYSLER JEEP DODGE	c EIN-PN 84-1670451-001
a	Plan name UNITED ENERGY WORKERS HEALTHCARE 401(K) SAVINGS PLAN	
b	Name of plan sponsor UNITED ENERGY WORKERS HEALTHCARE	c EIN-PN 88-2242746-001
a	Plan name 5TZ SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor 5TZ SERVICES, LLC	c EIN-PN 46-1326300-001
a	Plan name A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A BETTER CONTRACTOR, LLC	c EIN-PN 46-4885039-002
a	Plan name AGGRESSIVE CONCEPTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AGGRESSIVE CONCEPTS	c EIN-PN 30-0801925-001
a	Plan name AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC.	c EIN-PN 47-4037872-001
a	Plan name APPAREL MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor APPAREL MANUFACTURING CO., INC.	c EIN-PN 58-1847018-001
a	Plan name BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CAMRETT LOGISTICS, INC.	c EIN-PN 54-1747281-001
a	Plan name COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor COCHRANE SUPPLY ENGINEERING, INC.	c EIN-PN 38-1854848-001
a	Plan name COLONIAL TIRE AND BRAKE CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor COLONIAL TIRE AND BRAKE CENTER, INC.	c EIN-PN 06-1204758-001

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 COLT RECYCLING SOLUTIONS, LLC. PROFIT SHARING PLAN	
b	Name of plan sponsor COLT RECYCLING SOLUTIONS, LLC	c EIN-PN 26-3901372-002
a	Plan name CORETRUST MANAGEMENT, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CORETRUST MANAGEMENT, LP	c EIN-PN 32-0475371-001
a	Plan name DIRIGO SLIPFORM 401(K) PLAN	
b	Name of plan sponsor DIRIGO SLIPFORM	c EIN-PN 04-3366760-001
a	Plan name DUPUY'S ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor DUPUY'S ANIMAL HOSPITAL, APVMC	c EIN-PN 20-0356241-001
a	Plan name DYNAMIC PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor DYNAMIC PLASTICS, INC.	c EIN-PN 38-3094135-001
a	Plan name ELECTRO-TECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELECTRO-TECH, INC.	c EIN-PN 06-1107977-001
a	Plan name FFTT, LLC 401 (K) PLAN	
b	Name of plan sponsor FFTT, LLC	c EIN-PN 81-0860100-001
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
a	Plan name HIGROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE HAWAII GROUP, INC.	c EIN-PN 27-3129236-001
a	Plan name INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor INTERPRINT, INC.	c EIN-PN 59-0871253-001
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 J2H PARTNERS 401(K) PLAN	
b	Name of plan sponsor J2H PARTNERS, LLC	c EIN-PN 47-4314260-001

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	KENNETH O. KARP, MD, PA 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KENNETH O. KARP, MD, PA	c EIN-PN 20-0112151-001
a Plan name	LASER TECH USA, INC 401(K) PLAN	
b Name of plan sponsor	LASER TECH USA, INC	c EIN-PN 42-1459197-001
a Plan name	A&G PIPING 401(K) PLAN	
b Name of plan sponsor	A&G PIPING, INC.	c EIN-PN 75-1972619-001
a Plan name	A-1 SIGNS, INC. 401(K) PLAN	
b Name of plan sponsor	A-1 SIGNS, INC.	c EIN-PN 72-0647398-001
a Plan name	ARBOR AND PIA EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	ARBOR INSURANCE GROUP	c EIN-PN 23-2669484-001
a Plan name	BRETON VILLAGE TRAVEL SERVICES INC. 401(K) PLAN	
b Name of plan sponsor	BRETON VILLAGE TRAVEL SERVICES INC.	c EIN-PN 38-2017934-001
a Plan name	CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
b Name of plan sponsor	CROSSING BORDERS LANGUAGE CENTER, LLC.	c EIN-PN 45-5111582-001
a Plan name	CROWN HILL DENTISTRY RETIREMENT READINESS 401(K) PLAN	
b Name of plan sponsor	BRITTANY D. GOODING, D.D.S., P.C.	c EIN-PN 45-4069228-001
a Plan name	GLEN CARBIDE, INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	GLEN CARBIDE, INC.	c EIN-PN 25-1065069-004
a Plan name	KING AND MACGREGOR ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KING AND MACGREGOR ENVIRONMENTAL, INC.	c EIN-PN 38-3156488-001
a Plan name	LEVIN LEGAL GROUP, P.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	LEVIN LEGAL GROUP, P.C.	c EIN-PN 23-2830283-001
a Plan name	LIBERTY BUSINESS ASSOCIATES, LLC 401(K) PLAN	
b Name of plan sponsor	LIBERTY BUSINESS ASSOCIATES, LLC	c EIN-PN 30-0079001-001

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	MAUNALANI NURSING AND REHABILITATION CENTER 401(K) RETIREMENT PLAN
b	Name of plan sponsor	MAUNALANI NURSING AND REHABILITATION CENTER
c	EIN-PN	99-0249327-222
a	Plan name	MAYFAIR PLASTICS, INC. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	MAYFAIR PLASTICS, INC.
c	EIN-PN	38-2704694-001
a	Plan name	PRECISION ELECTRIC, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PRECISION ELECTRIC, INC.
c	EIN-PN	88-0203624-001
a	Plan name	PRECISION OF NEW HAMPTON, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PRECISION OF NEW HAMPTON, INC.
c	EIN-PN	42-1294107-222
a	Plan name	R.C. FINE FOODS, INC. 401(K) SAVINGS PLAN
b	Name of plan sponsor	R.C. FINE FOODS, INC.
c	EIN-PN	22-2136686-002
a	Plan name	ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	ROADRUNNER GLASS COMPANY, INC.
c	EIN-PN	86-0713467-001
a	Plan name	SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST
b	Name of plan sponsor	SURGEONS CHOICE MEDICAL CENTER
c	EIN-PN	38-3162435-001
a	Plan name	TOYOTA OF RIDGECREST 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TOYOTA OF RIDGECREST
c	EIN-PN	95-1774180-001
a	Plan name	WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN
b	Name of plan sponsor	WISCONSIN WOMEN'S HEALTH FOUNDATION
c	EIN-PN	39-1900678-001
a	Plan name	HAVIN RED E MIX, LLC 401(K) PLAN
b	Name of plan sponsor	HAVIN RED E MIX, LLC
c	EIN-PN	87-3702291-001
a	Plan name	I WOOD DESIGN 401K PLAN
b	Name of plan sponsor	I WOOD DESIGN, INC.
c	EIN-PN	95-4805073-001
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

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	NRG MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor	NRG MEDIA, LLC	c EIN-PN 56-2501807-001
a	Plan name	PATTIS PRESCHOOL, INC. 401(K) PLAN	
b	Name of plan sponsor	PATTIS PRESCHOOL, INC.	c EIN-PN 30-0143660-001
a	Plan name	RADIO SOUND, INC. 401(K) PLAN	
b	Name of plan sponsor	RADIO SOUND, INC.	c EIN-PN 61-1083666-001
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	SENTINEL 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SENTINEL OFFENDER SERVICES, LLC	c EIN-PN 33-0929945-001
a	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-004
a	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-005
a	Plan name	WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name	A1 POLISHING & FINISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	A1 POLISHING & FINISHING, LLC	c EIN-PN 39-1920526-001
a	Plan name	ALBERT LEUNG, M.D., LLC 401(K) PLAN	
b	Name of plan sponsor	ALBERT LEUNG, M.D., LLC	c EIN-PN 27-2134744-001
a	Plan name	ARELLANO ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	ARELLANO ASSOCIATES, LLC	c EIN-PN 45-4181058-001
a	Plan name	BRISTOL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE BRISTOL GROUP, INC.	c EIN-PN 31-1491447-001

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 CENTERPOINTE DENTAL GROUP, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTERPOINTE DENTAL GROUP, P.A.	c EIN-PN 41-1821880-001
a	Plan name COMPASS HEALTH ADMINISTRATORS 401K PLAN	
b	Name of plan sponsor COMPASS HEALTH ADMINISTRATORS	c EIN-PN 82-2891309-001
a	Plan name DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DORIC PRODUCTS, INC.	c EIN-PN 35-1391396-003
a	Plan name EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	
b	Name of plan sponsor ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	c EIN-PN 95-3084651-015
a	Plan name FIRST SECURITY MORTGAGE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST SECURITY MORTGAGE SERVICES, INC.	c EIN-PN 59-3153355-001
a	Plan name GLOBAL WIDGET, LLC 401(K) PLAN	
b	Name of plan sponsor GLOBAL WIDGET, LLC	c EIN-PN 81-2430361-001
a	Plan name GLOBALTEK COMPONENTS, LLC 401(K) PLAN	
b	Name of plan sponsor GLOBALTEK COMPONENTS, LLC	c EIN-PN 11-3777016-001
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 O'BRIEN BROS. BUSINESS FORMS, INC. 401(K) PLAN	
b	Name of plan sponsor O'BRIEN BROS. BUSINESS FORMS, INC.	c EIN-PN 36-2796459-001
a	Plan name O'CONNELL LANDSCAPE MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor O'CONNELL LANDSCAPE MAINTENANCE INC.	c EIN-PN 95-3141443-002
a	Plan name OAHU METAL & GLAZING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OAHU METAL & GLAZING, LLC	c EIN-PN 84-3089701-001
a	Plan name PAWSTRUCK LLC 401(K) PLAN	
b	Name of plan sponsor PAWSTRUCK LLC	c EIN-PN 46-4571916-001

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 PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	c EIN-PN 74-2459387-001
a	Plan name RAPT 401(K) PLAN	
b	Name of plan sponsor RICHMOND AUTO PARTS TECHNOLOGY, INC.	c EIN-PN 61-1321586-001
a	Plan name ROGERS WINDOWS 401(K) PLAN	
b	Name of plan sponsor ROGERS WINDOWS, INC.	c EIN-PN 61-0565897-001
a	Plan name SOUND HEALTH IMAGING, INC. RETIREMENT PLAN	
b	Name of plan sponsor SOUND HEALTH IMAGING, INC.	c EIN-PN 81-0489518-002
a	Plan name ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name CERIC FABRICATION COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CERIC FABRICATION COMPANY, INC.	c EIN-PN 04-2838553-001
a	Plan name CERTIFIED WELDING, LLC 401(K) PLAN	
b	Name of plan sponsor CERTIFIED WELDING, LLC	c EIN-PN 82-2109373-001
a	Plan name CONCEPT 2001, INC. 401(K) PLAN	
b	Name of plan sponsor CONCEPT 2001, INC. DBA CONCEPT HR	c EIN-PN 58-2453817-001
a	Plan name D & S MACHINE REPAIR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor D & S MACHINE REPAIR, INC.	c EIN-PN 38-2339143-001
a	Plan name D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
a	Plan name FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FLOORGUARD, INC.	c EIN-PN 36-4027503-001
a	Plan name JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001

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	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	MCM 401(K) PLAN	
b	Name of plan sponsor	MCM CONSTRUCTION, INC.	c EIN-PN 31-1223854-001
a	Plan name	MDSAVE, INC. 401(K) PLAN	
b	Name of plan sponsor	MDSAVE, INC.	c EIN-PN 45-4596654-001
a	Plan name	MEASUREMENT LIMITED, INC. 401(K) PLAN	
b	Name of plan sponsor	MEASUREMENT LIMITED, INC.	c EIN-PN 20-4119092-001
a	Plan name	ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name	ALLIANCE CASTINGS COMPANY, LLC 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ALLIANCE CASTINGS COMPANY, LLC	c EIN-PN 20-0254788-001
a	Plan name	AXAR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AXAR PHARMACEUTICALS, INC.	c EIN-PN 68-0665617-001
a	Plan name	B & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	B & B TRADING CORPORATION	c EIN-PN 04-3055768-001
a	Plan name	JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001
a	Plan name	JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON-FRANK & ASSOCIATES, INC.	c EIN-PN 95-3086260-001
a	Plan name	OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor	PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name	PIEDMONT CLASSICAL HIGH SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PIEDMONT CLASSICAL HIGH SCHOOL	c EIN-PN 46-4228515-001

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 RCB AND SONS, INC. 401(K) PLAN	
b	Name of plan sponsor RCB AND SONS, INC.	c EIN-PN 95-3175574-001
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
a	Plan name TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRIBLER ORPETT & MEYER, P.C.	c EIN-PN 36-3317353-001
a	Plan name TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRIPLE H FOOD PROCESSORS, LLC.	c EIN-PN 47-4431714-001
a	Plan name TRIS PHARMA 401(K) PLAN	
b	Name of plan sponsor TRIS PHARMA, INC.	c EIN-PN 22-3747409-001
a	Plan name B & B TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
a	Plan name CITIZENS INN, INC. 401(K) PLAN	
b	Name of plan sponsor CITIZENS INN, INC.	c EIN-PN 22-2540856-001
a	Plan name CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CITRON CLOTHING, INC.	c EIN-PN 95-4145110-001
a	Plan name CITY OF METTER RETIREMENT PLAN	
b	Name of plan sponsor CITY OF METTER	c EIN-PN 58-6000621-001
a	Plan name CJ15 LLC 401(K) PLAN	
b	Name of plan sponsor CJ15 LLC	c EIN-PN 47-4824628-001
a	Plan name DAVE SCHMITT CONSTRUCTION COMPANY, INC PROFIT SHARING PLAN	
b	Name of plan sponsor DAVE SCHMITT CONSTRUCTION COMPANY, INC	c EIN-PN 42-0889038-001
a	Plan name DAVID A. PARIS, D.D.S., S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID A. PARIS, D.D.S., S.C.	c EIN-PN 39-1696459-001

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	EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN
b	Name of plan sponsor	EASLEY HEAD & NECK SURGERY, P.A.
c	EIN-PN	57-0752346-002
a	Plan name	JP RUEL ELECTRIC 401(K) PLAN
b	Name of plan sponsor	JP ELECTRIC AND SON, INC.
c	EIN-PN	46-2288362-001
a	Plan name	LPT CPA'S + ADVISORS PLLC 401(K) PLAN
b	Name of plan sponsor	LPT CPA'S + ADVISORS PLLC
c	EIN-PN	75-2618166-001
a	Plan name	OLYMPIATECH 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	OLYMPIATECH ELECTRICAL CONTRACTOR, INC.
c	EIN-PN	41-0919848-001
a	Plan name	SALESMaster 401(K) RETIREMENT PLAN
b	Name of plan sponsor	PACKAGING SPECIALTY INC. DBA SALESMaster CORP.
c	EIN-PN	23-2547189-001
a	Plan name	SALIL TREHAN MD PA 401(K) PLAN
b	Name of plan sponsor	SALIL TREHAN MD PA
c	EIN-PN	75-2894667-001
a	Plan name	SPAULDING CLINICAL RESEARCH 401(K) PLAN
b	Name of plan sponsor	SPAULDING CLINICAL RESEARCH
c	EIN-PN	26-0647166-222
a	Plan name	THE AEROLITE GROUP 401(K) PLAN
b	Name of plan sponsor	AEROLITE EXTRUSION COMPANY
c	EIN-PN	82-3731073-001
a	Plan name	TUCKER, ALBIN & ASSOCIATES 401(K) PLAN
b	Name of plan sponsor	TUCKER, ALBIN & ASSOCIATES
c	EIN-PN	32-0386771-001
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

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 BLACKROCK HIGH YIELD BOND PORTFOLIO RET OPT	B Three-digit plan number (PN) ▶ 757
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)	2 1
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)	13296180 16708858
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(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	13296182	16708859
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	13296182	16708859

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)	1026878	
(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)		1026878
(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)	110003	
(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)		65985
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1202866

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)	91487	
(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)		91487
j Total expenses. Add all expense amounts in column (b) and enter total	2j		91487

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1111379
l Transfers of assets:			
(1) To this plan	2l(1)		5509040
(2) From this plan	2l(2)		3207742

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 _____.