

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

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

a single-employer plan a DFE (specify) P

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>HARTFORD DIVIDEND AND GROWTH FUND CLASS R6</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>109</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>82-5217478</u></p> <hr/> <p>2c Plan Sponsor's telephone number</p> <hr/> <p>2d Business code (see instructions)</p>

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>HARTFORD DIVIDEND AND GROWTH FUND CLASS R6</u>		B Three-digit plan number (PN) ▶ <u>109</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>82-5217478</u>

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

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	10K CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	10K LLC DBA 10K CONSTRUCTION	c EIN-PN 86-1833942-001
a	Plan name	CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor	CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
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	CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CITYWIDE HOME HEALTH SERVICES, INC.	c EIN-PN 26-1920951-001
a	Plan name	CLEARLY SPEAKING 401(K) PLAN	
b	Name of plan sponsor	CLEARLY SPEAKING, L.L.C.	c EIN-PN 45-2988436-001
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	H&A FINANCING & SERVICES 401(K) PLAN	
b	Name of plan sponsor	H&A FINANCING & SERVICES CORP	c EIN-PN 01-0961192-001
a	Plan name	HAMMOND-MITCHELL, INC. 401(K) PLAN	
b	Name of plan sponsor	HAMMOND-MITCHELL, INC.	c EIN-PN 54-0839749-001
a	Plan name	HANSEN CUSTOM CABINETS 401(K) PLAN	
b	Name of plan sponsor	HANSEN CUSTOM CABINETS, INC.	c EIN-PN 36-3657875-001
a	Plan name	MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MORELAND PLAZA PHARMACY, INC.	c EIN-PN 39-0968183-001
a	Plan name	MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN BORDERS ASSOCIATES INC	c EIN-PN 27-0189681-001
a	Plan name	MOUNTAIN HEART CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor	MOUNTAIN HEART CENTER PSC	c EIN-PN 31-1556537-001

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	N. ELAINE GODBEE, DMD 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	N. ELAINE GODBEE, DMD
c	EIN-PN	58-2576805-001
a	Plan name	SERENITY CARE RESOURCES LLC 401(K) PLAN
b	Name of plan sponsor	SERENITY CARE RESOURCES, LLC
c	EIN-PN	81-1594721-001
a	Plan name	SGI 401(K) PLAN
b	Name of plan sponsor	SGI
c	EIN-PN	93-4216744-001
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	911 CELLULAR 401(K) PLAN
b	Name of plan sponsor	911 CELLULAR LLC
c	EIN-PN	46-2956466-001
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	ABEL SCHILLINGER, LLP 401(K) PLAN
b	Name of plan sponsor	ABEL SCHILLINGER, LLP
c	EIN-PN	27-4813054-001
a	Plan name	ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ABERDEEN CAPTIONING, INC.
c	EIN-PN	33-0983867-001
a	Plan name	ABLEMKR 401(K) RETIREMENT PLAN
b	Name of plan sponsor	ABLEMKR, LLC
c	EIN-PN	85-0890736-001
a	Plan name	COMPLETE INTERACTIVE TECHNOLOGIES INC 401(K) PLAN
b	Name of plan sponsor	COMPLETE INTERACTIVE TECHNOLOGIES INC
c	EIN-PN	38-2942737-001

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 COMPUTER TIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPUTER TIES, LLC	c EIN-PN 26-0414943-001
a	Plan name CONNOLLY ELECTRIC & MECHANICAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHRIS CONNOLLY INC. DBA CONNOLLY ELECTRIC & MECHANICAL	c EIN-PN 86-0892259-001
a	Plan name HEIDI'S SWENSENS OF LONG BEACH LLC 401(K) PLAN	
b	Name of plan sponsor HEIDI'S SWENSENS OF LONG BEACH LLC	c EIN-PN 02-0576575-001
a	Plan name HERITAGE AUTO 401(K) PLAN	
b	Name of plan sponsor HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001
a	Plan name HERITAGE FORD OF VERNAL 401K PLAN	
b	Name of plan sponsor HERITAGE FORD OF VERNAL	c EIN-PN 83-3589085-001
a	Plan name NATURE'S DESIGN 401(K) PLAN	
b	Name of plan sponsor NATURE'S DESIGN OF STEAMBOAT SPRINGS, INC.	c EIN-PN 90-0054562-001
a	Plan name NEARLY NEW TOWN 401(K) PLAN	
b	Name of plan sponsor NEARLY NEW TOWN	c EIN-PN 82-5293249-001
a	Plan name NM STAFFING 401(K) PLAN	
b	Name of plan sponsor NM STAFFING	c EIN-PN 26-4200366-001
a	Plan name SOL DIGITAL 401(K) PLAN	
b	Name of plan sponsor SOL DIGITAL, LLC	c EIN-PN 84-3111821-001
a	Plan name ABSOLUTE QUALITY CARE FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor ABSOLUTE QUALITY CARE FAMILY DENTISTRY	c EIN-PN 72-1498951-001
a	Plan name ACADIA DERMATOLOGY 401(K) PLAN	
b	Name of plan sponsor ACADIA DERMATOLOGY	c EIN-PN 84-4302481-001
a	Plan name ACCU- LABS 401(K) PLAN	
b	Name of plan sponsor ACCU- LABS, INC.	c EIN-PN 36-4478006-001

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 ACCURATE REGRINDING 401(K) PLAN	
b	Name of plan sponsor VAN TUINEN COMPANY DBA ACCURATE REGRINDING SERVICE	c EIN-PN 38-2644484-001
a	Plan name ACCUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ACCUTURN CORPORATION	c EIN-PN 95-2901000-001
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 CORSO VENTURES 401(K) PLAN	
b	Name of plan sponsor CORSO VENTURES LLC	c EIN-PN 82-4268298-001
a	Plan name COTTAGE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE COTTAGE COMPANY OF HARBOR SPRINGS, LLC	c EIN-PN 38-3561129-001
a	Plan name CR SVS US LLC 401(K) PLAN	
b	Name of plan sponsor CR SVS US LLC	c EIN-PN 45-4051399-001
a	Plan name CROFT COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor CROFT POWER EQUIPMENT, LLC	c EIN-PN 87-0620719-001
a	Plan name CSKS BUDGET BLINDS 401(K) PLAN	
b	Name of plan sponsor CSKS CORPORATION DBA BUDGET BLINDS	c EIN-PN 20-4904777-001
a	Plan name HOLIDAY POOLS OF WEST FLORIDA 401(K) PLAN	
b	Name of plan sponsor HOLIDAY POOLS OF WEST FLORIDA, INC.	c EIN-PN 65-0546905-001
a	Plan name HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name HUDSON METALS CORPORATION 401(K) PLAN	
b	Name of plan sponsor HUDSON TOOL STEEL CORPORATION	c EIN-PN 46-0505721-001
a	Plan name HYPER HOME SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor HYPER HOME SOLUTIONS LLC	c EIN-PN 87-3928812-001

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 NODDLE SERVICES, LLC SALARY SAVINGS PLAN	
b	Name of plan sponsor NODDLE SERVICES, LLC	c EIN-PN 82-5468680-001
a	Plan name NORTHEAST INDIANA WORKS INC. 401(K) PLAN	
b	Name of plan sponsor NORTHEAST INDIANA WORKS INC.	c EIN-PN 27-4700166-001
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 NOVONIX ANODE MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor NOVONIX ANODE MATERIALS LLC	c EIN-PN 82-0771516-001
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 OGGVO 401(K) PLAN	
b	Name of plan sponsor OGGVOREP LIMITED LIABILITY COMPANY	c EIN-PN 82-5225259-001
a	Plan name SPARK INNOVATION RETIREMENT PLAN	
b	Name of plan sponsor SPARK INNOVATION, LLC	c EIN-PN 47-2039601-001
a	Plan name SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPRING GROVE CEMETERY	c EIN-PN 31-0235950-003
a	Plan name POLARIS WEALTH GROUP 401(K)	
b	Name of plan sponsor KEVIN LEE EHLERS DBA POLARIS WEALTH GROUP	c EIN-PN 45-0483308-001
a	Plan name POPE DISTRIBUTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor POPE DISTRIBUTING CO., INC.	c EIN-PN 73-0672369-001
a	Plan name POZITIVF FERTILITY 401(K) PLAN	
b	Name of plan sponsor POZITIVF FERTILITY MANAGEMENT, LLC	c EIN-PN 86-2291004-001
a	Plan name PRACTICE ALTERNATIVES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PRACTICE ALTERNATIVES, INC.	c EIN-PN 22-3575004-001

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 PRIME DOCK SUPPLIES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN EAGLE GOLF VENTURES INC. DBA PRIME DOCK SUPPLIES	c EIN-PN 74-2905200-001
a	Plan name REGULUS 401(K)	
b	Name of plan sponsor REGULUS GROUP, LLC	c EIN-PN 33-1009928-002
a	Plan name RESTLESS SOFTWARE 401(K) PLAN	
b	Name of plan sponsor RESTLESS SOFTWARE LLC	c EIN-PN 83-2568090-001
a	Plan name ADVANCED SHORING & UNDERPINNING 401(K)	
b	Name of plan sponsor ADVANCED SHORING & UNDERPINNING	c EIN-PN 68-0532733-001
a	Plan name ADVANCED WASTE & RECYCLING, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED WASTE & RECYCLING, INC.	c EIN-PN 20-0110311-001
a	Plan name AFFIRMEDRX PBC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AFFIRMEDRX PBC	c EIN-PN 86-2807587-001
a	Plan name AHB TOOLING & MACHINERY 401(K) PLAN & TRUST	
b	Name of plan sponsor AHB TOOLING & MACHINERY, LLC	c EIN-PN 83-3280314-001
a	Plan name AIR COMPRESSOR SOLUTIONS, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor AIR COMPRESSOR SOLUTIONS, INC.	c EIN-PN 27-0017675-001
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 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 SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUMMIT SITEWORKS LLC	c EIN-PN 47-0967899-001

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	SUPPLYDEN, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPPLYDEN, INC.	c EIN-PN 38-3603806-001
a	Plan name	SYNERGY AG 401(K) PLAN	
b	Name of plan sponsor	SYNERGY AG	c EIN-PN 83-2057742-001
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	ARTI, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	ARTI, INCORPORATED	c EIN-PN 20-4202706-001
a	Plan name	ASPEN TREE EXPERT CO INC 401(K) PLAN	
b	Name of plan sponsor	ASPEN TREE EXPERT CO INC	c EIN-PN 22-2817065-001
a	Plan name	ATLAS ESSENTIALS 401(K) PLAN	
b	Name of plan sponsor	ATLAS ESSENTIALS USA LLC	c EIN-PN 99-1874504-001
a	Plan name	AURORA SYSTEMS CONSULTING, INC. 401(K) PLAN	
b	Name of plan sponsor	AURORA SYSTEMS CONSULTING, INC.	c EIN-PN 95-4843264-001
a	Plan name	THE VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN	
b	Name of plan sponsor	THE VALLEY FERTILIZER CHEMICAL CO, INC.	c EIN-PN 54-0415185-002
a	Plan name	TK JAMS DRYWALL 401(K) PLAN	
b	Name of plan sponsor	TK JAMS DRYWALL COMPANY	c EIN-PN 26-4725394-001
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	WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
b	Name of plan sponsor	WARSHAUER WOODWARD ATKINS, LLC.	c EIN-PN 88-2972581-001
a	Plan name	WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WEAVER MEMORIALS, INC.	c EIN-PN 23-1714594-001

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	WELLRIGHT 401(K) PLAN	
b	Name of plan sponsor	WELLRIGHT, INC.	c EIN-PN 36-4763852-001
a	Plan name	WELSH FABRICATION & DESIGN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WELSH FABRICATION & DESIGN, INC.	c EIN-PN 26-3962562-001
a	Plan name	DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor	DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001
a	Plan name	DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DELTRAN OPERATIONS USA INC	c EIN-PN 46-3331632-001
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	EAST VALLEY UROLOGY CENTER 401(K) PLAN	
b	Name of plan sponsor	EAST VALLEY UROLOGY CENTER, PLC	c EIN-PN 81-3825715-001
a	Plan name	EDESIGNC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EDESIGNC, INC.	c EIN-PN 26-2921452-001
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	FISTER, INC. 401 (K) PLAN	
b	Name of plan sponsor	FISTER, INC.	c EIN-PN 61-1108504-002
a	Plan name	FLORIDA COASTAL DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LISA D. ZACK, MD, PA	c EIN-PN 65-0156881-004
a	Plan name	FOOTHILL ENTERPRISES LP 401(K) PLAN	
b	Name of plan sponsor	FOOTHILL ENTERPRISES LIMITED PARTNERSHIP	c EIN-PN 95-4836232-001
a	Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001

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 IMPERIAL ELECTRIC 401(K) PLAN & TRUST	
b	Name of plan sponsor IMPERIAL ELECTRIC CO, LLC	c EIN-PN 84-1793288-001
a	Plan name INDUSTRIAL POLYMER SYSTEMS 401(K) PLAN	
b	Name of plan sponsor INDUSTRIAL POLYMER SYSTEMS, LLC	c EIN-PN 81-0967782-001
a	Plan name INFINITI CREATIONS RETIREMENT PLAN	
b	Name of plan sponsor INFINITI CREATIONS, LLC	c EIN-PN 27-2501647-001
a	Plan name INNER CITY MISSION 401(K) PLAN	
b	Name of plan sponsor INNER CITY MISSION OF SPRINGFIELD, INC.	c EIN-PN 37-1156121-001
a	Plan name INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INSTRUMEDICAL TECHNOLOGIES, INC.	c EIN-PN 35-1515768-001
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 TAX ACCOUNTING INC. 401(K) PLAN	
b	Name of plan sponsor INTEGRATED TAX ACCOUNTING INC.	c EIN-PN 81-0699291-001
a	Plan name INTEGRIS SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor INTEGRIS SOLUTIONS LLC	c EIN-PN 47-1620164-001
a	Plan name INTERMODAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTERMODAL SERVICES, INC.	c EIN-PN 82-2126201-001
a	Plan name JONESVILLE TOOL AND MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JONESVILLE TOOL AND MANUFACTURING, INC.	c EIN-PN 84-2214379-001
a	Plan name JOSEPH CHAPDELAIN & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor JOSEPH CHAPDELAIN & SONS, INC.	c EIN-PN 04-2257082-001
a	Plan name KDJ SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor KDJ SALES & SERVICE, INC.	c EIN-PN 37-1131827-001

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 RICKS DDS INC. 401(K) PLAN	
b Name of plan sponsor	KENNETH RICKS DDS INC.	c EIN-PN 47-4884440-001
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
a Plan name	MARENGO THERAPEUTICS, INC. 401(K) PLAN	
b Name of plan sponsor	MARENGO THERAPEUTICS, INC.	c EIN-PN 47-5622851-001
a Plan name	ORIGIN HEALTH 401(K) PLAN	
b Name of plan sponsor	ORIGIN HEALTH	c EIN-PN 84-3463861-001
a Plan name	OUTSOURCE UTILITY CONTRACTOR CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	OUTSOURCE UTILITY CONTRACTOR, LLC	c EIN-PN 01-0963229-001
a Plan name	OWEN LAW FIRM PLLC 401(K)PLAN	
b Name of plan sponsor	OWEN LAW FIRM, PLLC	c EIN-PN 46-5354732-001
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	KINA'OLE FAMILY OF COMPANIES 401(K) PLAN	
b Name of plan sponsor	KINA'OLE FAMILY OF COMPANIES	c EIN-PN 27-0287605-001
a Plan name	KINETIC DESIGN, INC. 401(K) PLAN	
b Name of plan sponsor	KINETIC DESIGN, INC.	c EIN-PN 82-2375904-001
a Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a Plan name	KLEAN WASH 401(K) PLAN	
b Name of plan sponsor	KLEAN WASH	c EIN-PN 81-2505654-001
a Plan name	KLJ-FB 401(K) PLAN	
b Name of plan sponsor	FOUR BOARD WOODWORKS LLC	c EIN-PN 81-2214411-001

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	KMW 401(K) PLAN	
b	Name of plan sponsor	KELLER, MELCHIORRE AND WALSH, PLLC	c EIN-PN 83-2864534-001
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	MARTIN'S METAL FABRICATION & WELDING, INC.	
b	Name of plan sponsor	MARTIN'S METAL FABRICATION & WELDING, INC.	c EIN-PN 68-0157908-001
a	Plan name	PCG CAPITAL 401(K) PLAN	
b	Name of plan sponsor	PCG CAPITAL	c EIN-PN 38-3885127-001
a	Plan name	PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL AUTOMOTIVE SERVICE LLC	c EIN-PN 85-3817843-001
a	Plan name	PROPERTIES TITLE, LLC 401K PLAN	
b	Name of plan sponsor	PROPERTIES TITLE, LLC	c EIN-PN 82-2623090-001
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	ROADMAP RESEARCH GLOBAL 401(K) PLAN	
b	Name of plan sponsor	LEXICON AND LINE DBA ROADMAP RESEARCH GLOBAL	c EIN-PN 47-2210159-001
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	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	TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TARGET ENTERPRISES, INC.	c EIN-PN 06-1158272-001
a	Plan name	AUSTERE 401(K) PLAN	
b	Name of plan sponsor	CARE ADVOCATE INC.	c EIN-PN 36-4567027-001

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	B2B RETIREMENT 401(K) PLAN & TRUST
b	Name of plan sponsor	B2B STAFFING SERVICES, INC.
c	EIN-PN	20-4404038-001
a	Plan name	TOWN & COUNTRY 401(K) SAVINGS PLAN
b	Name of plan sponsor	TOWN & COUNTRY UNDERGROUND UTILITY CONSTRUCTION, INC.
c	EIN-PN	39-1198448-001
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	TREASURE IN THE DETAIL 401(K) PLAN
b	Name of plan sponsor	TREASURE IN THE DETAIL, LLC
c	EIN-PN	46-3857379-001
a	Plan name	CAPE COD OYSTER COMPANY INC. EMPLOYEES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CAPE COD OYSTER COMPANY INC
c	EIN-PN	04-2788929-001
a	Plan name	WILKERSON ENTERPRISES 401(K) PLAN
b	Name of plan sponsor	WILKERSON ENTERPRISES
c	EIN-PN	32-0046340-001
a	Plan name	WILL CLARK ELECTRIC 401(K) PLAN
b	Name of plan sponsor	WILL CLARK ELECTRIC INC.
c	EIN-PN	46-0382827-001
a	Plan name	WINDOW TO RECOVERY 401(K) PLAN
b	Name of plan sponsor	WINDOW TO RECOVERY
c	EIN-PN	82-3124954-001
a	Plan name	DERMATOLOGY ASSOCIATES OF SOUTH JERSEY 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	DERMATOLOGY ASSOCIATES OF SOUTH JERSEY
c	EIN-PN	20-5595344-001
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	DEVOL ENGINEERING 401(K) PLAN
b	Name of plan sponsor	DEVOL ENGINEERING, INC.
c	EIN-PN	52-7255997-001
a	Plan name	DIEFFENBACH'S POTATO CHIPS 401(K) PLAN
b	Name of plan sponsor	DIEFFENBACH'S POTATO CHIPS, INC.
c	EIN-PN	23-3044270-001

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	DIVISION 7, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIVISION 7, INC.	c EIN-PN 84-1573704-001
a	Plan name	EDMOND MUSIC, INC. 401(K) PLAN	
b	Name of plan sponsor	EDMOND MUSIC, INC.	c EIN-PN 73-1499074-001
a	Plan name	EDWARD LESKE CASH BALANCE TRUST	
b	Name of plan sponsor	EDWARD LESKE COMPANY	c EIN-PN 22-1506426-002
a	Plan name	EGER EYE GROUP, PC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	EGER EYE GROUP, PC	c EIN-PN 25-1634387-001
a	Plan name	ELMBROOK FAMILY DENTAL PARTNERS, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELMBROOK FAMILY DENTAL PARTNERS, S.C.	c EIN-PN 27-0556470-001
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	G&Z MEEKER, INC. 401 (K) PLAN	
b	Name of plan sponsor	G&Z MEEKER, INC.	c EIN-PN 45-2096735-001
a	Plan name	GILSTER-MARY LEE CORPORATION EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	GILSTER-MARY LEE	c EIN-PN 37-0951425-002
a	Plan name	J AND J INDUSTRIAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	J AND J INDUSTRIAL CONTRACTING	c EIN-PN 30-0867952-001
a	Plan name	JACKSON TIRE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACKSON TIRE SERVICE, INC.	c EIN-PN 94-2295698-001
a	Plan name	JACOBY MARKETING 401(K) PLAN	
b	Name of plan sponsor	JACOBY MARKETING, INC. DBA JACO SUPERIOR PRODUCTS	c EIN-PN 47-2028024-001
a	Plan name	API RETIREMENT PLAN	
b	Name of plan sponsor	ARCHITECTURAL PRECAST INNOVATIONS, INC.	c EIN-PN 47-3898467-001

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	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	BELMONT HARDWARE 401(K) PLAN	
b	Name of plan sponsor	COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	c EIN-PN 94-2724600-001
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	BLACKSBURG LAW, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLACKSBURG LAW, PC	c EIN-PN 26-4464445-001
a	Plan name	CENTERA BIOSCIENCE 401(K) PLAN	
b	Name of plan sponsor	CENTERA BIOSCIENCE INC.	c EIN-PN 46-3097866-001
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	ESS UNIVERSAL USA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ESS UNIVERSAL USA, LLC	c EIN-PN 47-1521024-001
a	Plan name	EYNCON 401(K) PLAN	
b	Name of plan sponsor	EYNCON, LLC	c EIN-PN 47-2720798-001
a	Plan name	GKBK 401(K) PLAN	
b	Name of plan sponsor	GAUNTT KOEN BINNEY & KIDD, LLP	c EIN-PN 76-0574603-001
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
a	Plan name	GRADIENT CYBER, INC. 401(K) PLAN	
b	Name of plan sponsor	GRADIENT CYBER, INC.	c EIN-PN 37-1833819-002
a	Plan name	JIMSTONE 401(K) PLAN	
b	Name of plan sponsor	JIMSTONE, LLC	c EIN-PN 47-2577420-001

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	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	MCLEOD LAND SERVICES 401(K) PLAN 2	
b	Name of plan sponsor	MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-002
a	Plan name	MIDDLETOWN KITCHEN AND BATH LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDDLETOWN KITCHEN AND BATH LLC	c EIN-PN 47-2871462-001
a	Plan name	PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001
a	Plan name	PGS 401(K) PLAN	
b	Name of plan sponsor	PRECISION GLOBAL SYSTEMS, INC.	c EIN-PN 38-2504223-001
a	Plan name	PHILADELPHIA MORTGAGE COMPANY 401(K) PLAN	
b	Name of plan sponsor	PHILADELPHIA MORTGAGE COMPANY, INC.	c EIN-PN 83-1432675-001
a	Plan name	QUALITY FABRICATION & DESIGN 401(K) PLAN	
b	Name of plan sponsor	QUALITY FABRICATION & DESIGN	c EIN-PN 75-2191833-001
a	Plan name	QUERREY & HARROW LTD. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	QUERREY & HARROW, LTD.	c EIN-PN 36-2777440-001
a	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	c EIN-PN 76-0117689-001
a	Plan name	ROME ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	ROME ENTERPRISES, INC. D/B/A/ ROME BATH REMODELING	c EIN-PN 23-2651135-001
a	Plan name	RYLIND CONSTRUCTION COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RYLIND CONSTRUCTION COMPANY, INC.	c EIN-PN 46-3278537-001
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

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 GREATER HOUSTON NEUROSURGERY CENTER, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE GREATER HOUSTON NEUROSURGERY CENTER, P.A.	c EIN-PN 76-0523049-001
a	Plan name	THE ORIANA SHEA GROUP 401(K) PLAN	
b	Name of plan sponsor	THE ORIANA SHEA GROUP	c EIN-PN 26-2733920-001
a	Plan name	THE SPARROW GROUP 401(K) PLAN	
b	Name of plan sponsor	THE SPARROW GROUP, INC.	c EIN-PN 46-5643850-001
a	Plan name	THE SPEECH CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor	THE SPEECH CLINIC, INC.	c EIN-PN 51-0352115-001
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	TWIN BUILDERS INC 401(K) PLAN	
b	Name of plan sponsor	TWIN BUILDERS INC	c EIN-PN 54-2072727-001
a	Plan name	UNIQUE FABRICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIQUE FABRICATIONS	c EIN-PN 26-1649705-001
a	Plan name	WOMEN'S WELLNESS INSTITUTE OF DALLAS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WOMEN'S WELLNESS INSTITUTE	c EIN-PN 20-5451389-001
a	Plan name	BONNET SPRINGS PARK, INC. 401(K) PLAN	
b	Name of plan sponsor	BONNET SPRINGS PARK, INC.	c EIN-PN 81-1106879-001
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	BRIGHTCOVERS 401(K) PLAN	
b	Name of plan sponsor	TRANSLUCENT LLC DBA BRIGHTCOVERS	c EIN-PN 84-1999442-001
a	Plan name	FAMILY CARE HOME HEALTH & HOSPICE LLC 401(K) PLAN	
b	Name of plan sponsor	FAMILY CARE HOME HEALTH & HOSPICE LLC	c EIN-PN 81-2802771-001

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 FARMERS BUILDING AND SAVINGS BANK 401(K) PLAN	
b	Name of plan sponsor FARMERS BUILDING AND SAVINGS BANK	c EIN-PN 25-0471835-001
a	Plan name FAY FAMILY DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FAY FAMILY DENTAL CARE	c EIN-PN 84-3543483-001
a	Plan name FIFTH WHEEL FREIGHT 401(K) PLAN	
b	Name of plan sponsor B&L SYSTEMS LLC DBA FIFTH WHEEL FREIGHT	c EIN-PN 46-1122501-001
a	Plan name FIMG 401(K) PLAN	
b	Name of plan sponsor FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	c EIN-PN 27-3693949-001
a	Plan name LAW OFFICES OF VANCE A. FUNK PA 401(K) PLAN	
b	Name of plan sponsor LAW OFFICES OF VANCE A. FUNK PA	c EIN-PN 03-0380002-001
a	Plan name LC PROPERTY L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LC PROPERTY L.L.C.	c EIN-PN 80-0635906-001
a	Plan name LG AUDIOLOGICAL ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor LG AUDIOLOGICAL ENTERPRISES LLC	c EIN-PN 26-3982693-001
a	Plan name LIBBOS LAW, P.C. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LIBBOS LAW, P.C.	c EIN-PN 04-3111949-001
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 RCD DEMOLITION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RCD DEMOLITION	c EIN-PN 46-3209242-001
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 UPPER CERVICAL CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor UPPER CERVICAL CHIROPRACTIC OF MONMOUTH, LLC	c EIN-PN 25-1910563-001

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 VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VANS DELIVERY SERVICE, INC.	c EIN-PN 38-2487912-001
a	Plan name VAUGHAN & ASSOCIATES LAW OFFICE, APC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VAUGHAN & ASSOCIATES LAW OFFICE, APC	c EIN-PN 86-1656482-001
a	Plan name VERDE PACK SOLUTION INC. 401(K) PLAN	
b	Name of plan sponsor VERDE PACK SOLUTION INC.	c EIN-PN 87-1716985-001
a	Plan name VHF SALES, INC. 401(K) PLAN	
b	Name of plan sponsor VHF SALES, INC.	c EIN-PN 42-1427958-001
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 GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
b	Name of plan sponsor GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	c EIN-PN 73-1278416-001
a	Plan name MIKE-TELL-CHAR, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MIKE-TELL-CHAR, INC. DBA BASSETTS MARKET	c EIN-PN 34-1489585-001
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
a	Plan name MMB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MANAGEMENT SERVICES, INC.	c EIN-PN 73-1443852-001
a	Plan name MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOOSE INTERNATIONAL, INC.	c EIN-PN 36-1408120-005
a	Plan name SANARA MEDTECH INC. 401(K) PLAN	
b	Name of plan sponsor SANARA MEDTECH INC.	c EIN-PN 59-2219994-001
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 HARTFORD DIVIDEND AND GROWTH FUND CLASS R6	B Three-digit plan number (PN) ▶ 109
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 82-5217478

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
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)	18282087	24225944
(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	18282087	24225944
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	18282087	24225944

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)	408211	
(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)	348158	
(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)		1761897
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2518266

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2518266
l Transfers of assets:			
(1) To this plan.....	2l(1)		7397909
(2) From this plan	2l(2)		3972318

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 _____.