

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>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>FRANKLIN SMALL CAP GROWTH RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>327</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>FRANKLIN SMALL CAP GROWTH RET OPT</u>		B Three-digit plan number (PN) ▶ <u>327</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:		
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c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor	CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
a	Plan name	CIVILWORX CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	CIVILWORX CONTRACTING LLC	c EIN-PN 87-4305816-001
a	Plan name	COLUMBIA MARKING TOOLS, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	COLUMBIA MARKING TOOLS, INC.	c EIN-PN 38-1659935-001
a	Plan name	H.F. EPSTEIN HEBREW ACADEMY 401(K) PLAN	
b	Name of plan sponsor	H.F. EPSTEIN HEBREW ACADEMY	c EIN-PN 43-6001158-001
a	Plan name	HABITAT FOR HUMANITY SA 401(K)	
b	Name of plan sponsor	HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER APOPKA, FLORIDA,	c EIN-PN 59-3034059-001
a	Plan name	HALLMARK MITIGATION AND CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor	HALLMARK MITIGATION & CONSTRUCTION LLC	c EIN-PN 81-1421014-001
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 STATES GLASS LLC 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a	Plan name	MSW CORP 401(K) PLAN	
b	Name of plan sponsor	MARINE STORES WHOLESAL CORP.	c EIN-PN 45-3934995-001
a	Plan name	SENTINEL CONTRACTORS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SENTINEL CONTRACTORS, LLC	c EIN-PN 88-1828953-001
a	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name	SHEN-PACO INDUSTRIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SHEN-PACO INDUSTRIES, INC.	c EIN-PN 54-0972487-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SHERWOOD TAX AND ACCOUNTING 401(K) PLAN	
b	Name of plan sponsor	KRISTEN KEATS CPA, PC DBA. SHERWOOD TAX & ACCOUNTING	c EIN-PN 85-2133474-001
a	Plan name	A CENTER FOR MENTAL WELLNESS, INC. 401(K) PLAN	
b	Name of plan sponsor	A CENTER FOR MENTAL WELLNESS, INC.	c EIN-PN 26-3087268-001
a	Plan name	A GREATER LOVE FOSTER FAMILY AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	A GREATER LOVEFOSTER FAMILY AGENCY, INC.	c EIN-PN 82-3295704-001
a	Plan name	A&B MARKET, LLC 401(K) PLAN	
b	Name of plan sponsor	A&B MARKET, LLC	c EIN-PN 47-2479032-001
a	Plan name	A. BRIGHT IDEA, LLC 401K P/S PLAN	
b	Name of plan sponsor	A. BRIGHT IDEA, LLC	c EIN-PN 52-2199010-001
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	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A.W. OAKES & SON, INC.	c EIN-PN 39-0967026-003
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	CONSERVATION AND LIQUIDATION OFFICE 401(K) PLAN	
b	Name of plan sponsor	CONSERVATION AND LIQUIDATION OFFICE	c EIN-PN 95-4332303-001
a	Plan name	CONSUMER ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor	CONSUMER ATTORNEYS PLC	c EIN-PN 86-3781893-001
a	Plan name	CORNERSTONE FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor	LEONARD FINANCIAL LLC	c EIN-PN 83-1863378-001
a	Plan name	HICKS DAVIS WYNN RETIREMENT PLAN	
b	Name of plan sponsor	HICKS DAVIS WYNN, P.C.	c EIN-PN 81-2528118-001

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	HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGH PLAINS ENGINEERING & CONSULTING, LLC	c EIN-PN 87-2706193-002
a	Plan name	HIGHLIGHT HEALTH 401(K) PLAN	
b	Name of plan sponsor	HLH HOLDINGS, LLC	c EIN-PN 85-0802402-001
a	Plan name	NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEPTUNE SHIPPING LIMITED	c EIN-PN 26-0630492-001
a	Plan name	NM STAFFING 401(K) PLAN	
b	Name of plan sponsor	NM STAFFING	c EIN-PN 26-4200366-001
a	Plan name	NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOBILITY HEALTH	c EIN-PN 81-0701839-001
a	Plan name	SIMMONS & GOTTFRIED, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMMONS & GOTTFRIED, PLLC	c EIN-PN 26-4138362-001
a	Plan name	SKY'S THE LIMIT CAR CARE 401(K) PLAN	
b	Name of plan sponsor	SKY'S THE LIMIT CAR CARE	c EIN-PN 45-3438558-001
a	Plan name	SMP 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR MACHINED PRODUCTS, INC.	c EIN-PN 47-4533352-001
a	Plan name	SNIDER INC 401(K) PLAN	
b	Name of plan sponsor	SNIDER INC	c EIN-PN 56-1649710-001
a	Plan name	ACES MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	ACES MECHANICAL,LLC	c EIN-PN 45-3008172-001
a	Plan name	ADA 401(K)	
b	Name of plan sponsor	AMELIA REID AVIATION, LLC DBA AERODYNAMIC AVIATION	c EIN-PN 20-2571173-001
a	Plan name	CRAVE INFOTECH 401(K) PLAN	
b	Name of plan sponsor	CRAVE INFOTECH	c EIN-PN 27-1280654-001

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 HS BAINS INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor HS BAINS INSURANCE SERVICES	c EIN-PN 81-0962836-001
a	Plan name NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN CROSSARM COMPANY, INC.	c EIN-PN 39-0987381-001
a	Plan name 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 OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA	c EIN-PN 83-3838404-001
a	Plan name OCEAN FOREST LLC 401(K) PLAN	
b	Name of plan sponsor OCEAN FOREST LLC	c EIN-PN 92-2466614-001
a	Plan name OLD TOWN FIBERGLASS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OLD TOWN FIBERGLASS	c EIN-PN 20-2006359-001
a	Plan name SOUTHERN MONTANA OPTOMETRIC CENTER 401(K) PLAN	
b	Name of plan sponsor SOUTHERN MONTANA OPTOMETRIC CENTER	c EIN-PN 81-0501277-001
a	Plan name STAAR CORP. 401(K) PLAN	
b	Name of plan sponsor STAAR CORP. DBA FUTURE-TECH COMMUNICATIONS	c EIN-PN 81-4529384-001
a	Plan name STEVEN M. SORENSON MD, INC. 401(K) PLAN	
b	Name of plan sponsor STEVEN M. SORENSON MD, INC.	c EIN-PN 88-3832023-001
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 PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON AEROSPACE, LLC	c EIN-PN 46-5032055-001
a	Plan name PREP BASEBALL REPORT PA AND NY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PBR PENNSYLVANIA LLC	c EIN-PN 46-4681143-001

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 RESURGENCE IT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RESURGENCE IT, INC.	c EIN-PN 81-3507059-001
a	Plan name AFFINITY IT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ISS OHIO, LLC DBA AFFINITY IT GROUP	c EIN-PN 46-1599792-001
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 STRATEGIC ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor STRATEGIC ENVIRONMENTAL SERVICES, INC.	c EIN-PN 04-3553212-002
a	Plan name SWAN DIVE DESIGN STUDIO 401(K)	
b	Name of plan sponsor SWAN DIVE DESIGN STUDIO, LLC	c EIN-PN 84-2744547-001
a	Plan name TACTICAL SPORTS DEPOT, INC. 401(K) PLAN	
b	Name of plan sponsor TACTICAL SPORTS DEPOT, INC.	c EIN-PN 83-2481967-001
a	Plan name ARM CORP CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor ARM CORP CONSTRUCTION, INC.	c EIN-PN 27-0308374-001
a	Plan name ASCEND REHAB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASCEND REHAB SERVICES, INC.	c EIN-PN 20-0927823-002
a	Plan name 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 THE VICTIM CENTER INC. 401(K) PLAN	
b	Name of plan sponsor THE VICTIM CENTER INC.	c EIN-PN 43-1149629-001
a	Plan name TIMMEL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor TIMMEL ASSOCIATES LLC	c EIN-PN 27-1928755-001
a	Plan name TMG PLUMBING & DISASTER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor TMG PLUMBING & DISASTER SOLUTIONS	c EIN-PN 81-2837231-001

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 C & L PLUMBING COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor C & L PLUMBING COMPANY	c EIN-PN 54-1190441-001
a	Plan name C.A. TAYLOR, LLC 401(K) PLAN	
b	Name of plan sponsor C.A. TAYLOR, LLC	c EIN-PN 82-0677411-001
a	Plan name C3 SYSTEMS & SECURITY RETIREMENT PLAN	
b	Name of plan sponsor C3 SYSTEMS & SECURITY	c EIN-PN 72-1581602-001
a	Plan name VIVINO SELECTIONS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor VIVINO SELECTIONS, INC.	c EIN-PN 46-0995789-001
a	Plan name WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WALKER OFFICE SUPPLIES	c EIN-PN 94-2658013-001
a	Plan name WEGYM, INC. 401(K) PLAN	
b	Name of plan sponsor WEGYM, INC.	c EIN-PN 88-1103463-001
a	Plan name WEISS LOPRESTI CAPITAL MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEISS LOPRESTI CAPITAL MANAGEMENT, LLC	c EIN-PN 47-2703972-001
a	Plan name DATO AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DATO AUTOMOTIVE GROUP, INC. DBA NOVATO CHEVROLET	c EIN-PN 93-2016697-001
a	Plan name DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	c EIN-PN 22-3501151-001
a	Plan name DUOTECH SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor DUOTECH SERVICES LLC	c EIN-PN 59-2658665-001
a	Plan name EASTERN CONNECTOR SPECIALTY CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EASTERN CONNECTOR SPECIALTY CORPORATION	c EIN-PN 06-1384769-001
a	Plan name ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ECHOMARK, INC.	c EIN-PN 88-3138477-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name	ECOPOL AMERICA 401(K) PLAN	
b	Name of plan sponsor	ECOPOL AMERICA, INC.	c EIN-PN 88-0673772-001
a	Plan name	FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
b	Name of plan sponsor	FRANK J. GRADY M.D. ASSOC	c EIN-PN 74-1779810-001
a	Plan name	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	KALEIDOSCOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ORCAS DAYCARE ASSOCIATION	c EIN-PN 91-1510335-001
a	Plan name	KEKO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEKO, LLC DBA MOSQUITO JOE OF SOUTHERN MD	c EIN-PN 47-4732055-001
a	Plan name	LOUISVILLE LAW, PLLC	
b	Name of plan sponsor	LOUISVILLE LAW, PLLC	c EIN-PN 84-4442393-001
a	Plan name	MANHART INSURANCE GROUP 401(K) PLAN	
b	Name of plan sponsor	MANHART INSURANCE GROUP, INC.	c EIN-PN 46-4812835-001
a	Plan name	MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MARC DUTTON IRRIGATION, INC.	c EIN-PN 38-2152186-001
a	Plan name	OLIVIA INC. 401(K) PLAN	
b	Name of plan sponsor	OLIVIA INC.	c EIN-PN 82-1927188-001
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	P.J. ZUCCARO, D.D.S., P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	P.J. ZUCCARO, D.D.S., P.C.	c EIN-PN 42-1113336-001

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	PACIFIC POWER ELECTRICAL CONTRACTING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-001
a	Plan name	KEY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	KEY ENGINEERING, INC.	c EIN-PN 75-3112205-001
a	Plan name	KIMBALL CREEK PARTNERS 401(K) PLAN	
b	Name of plan sponsor	SEVEN EIGHTY FOUR, LLC	c EIN-PN 46-3365198-001
a	Plan name	KNAPP & NOVOTNY, INC. 401(K) PLAN	
b	Name of plan sponsor	KNAPP-NOVOTNY INDEPENDENT CONSULTANTS, LLC	c EIN-PN 92-0678712-001
a	Plan name	LA PROVENCE BAKERY 401(K) PLAN	
b	Name of plan sponsor	LA PROVENCE BAKERY	c EIN-PN 20-2583441-001
a	Plan name	MARK BROWER PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	MARK BROWER PROPERTIES, LLC	c EIN-PN 27-4577200-001
a	Plan name	MARLEYS MONSTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARLEYS MONSTERS, LLC	c EIN-PN 47-4495374-001
a	Plan name	MAXTACS, INC 401(K) PLAN	
b	Name of plan sponsor	MAXTACS, INC	c EIN-PN 81-3518247-001
a	Plan name	PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PARAGON PRINT SYSTEMS, INC.	c EIN-PN 23-2984595-001
a	Plan name	PARKS DRILLING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARKS DRILLING COMPANY	c EIN-PN 31-0796361-001
a	Plan name	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	PROTERIS 401(K) PLAN	
b	Name of plan sponsor	PROTERIS COMPLIANCE SOLUTIONS, INC.	c EIN-PN 92-1583768-001

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 PROTREE 401(K) PLAN	
b	Name of plan sponsor HDQ ENTERPRISES, LLC DBA PROFESSIONAL TREE & TURF EQUIPMENT	c EIN-PN 87-4654888-001
a	Plan name PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE PREPARATORY CHARTER SCHOOL	c EIN-PN 85-2193353-001
a	Plan name REV DRILL 401(K) PLAN	
b	Name of plan sponsor REV DRILL SALES & RENTALS, INC.	c EIN-PN 52-2309414-001
a	Plan name ROCKLIN GAS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ROCKLIN GAS, LLC	c EIN-PN 82-2033920-001
a	Plan name ROELENS VACATIONS 401(K)	
b	Name of plan sponsor GO FLORIDA, INC, DBA ROELENS VACATIONS	c EIN-PN 26-1761622-001
a	Plan name ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALABAMA COLON & RECTAL INSTITUTE, PC	c EIN-PN 63-0795136-001
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 TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
b	Name of plan sponsor TAYLOR GRUBAUGH CHEVROLET LLC	c EIN-PN 93-4900507-001
a	Plan name TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
b	Name of plan sponsor TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	c EIN-PN 84-3391707-001
a	Plan name TD SUPPLY SPECIALISTS LLC RETIREMENT PLAN	
b	Name of plan sponsor TD SUPPLY SPECIALISTS LLC	c EIN-PN 46-0747817-001
a	Plan name THE ALAGIRI IMMIGRATION LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ALAGIRI IMMIGRATION LAW FIRM, INC.	c EIN-PN 47-3003463-001
a	Plan name THE ATTAINMENT NETWORK 401(K) PLAN	
b	Name of plan sponsor THE ATTAINMENT NETWORK	c EIN-PN 88-2778206-001

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	AUSTIN ENGINEERING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	AUSTIN ENGINEERING CO., INC.	c EIN-PN 74-2057958-001
a	Plan name	AXIOM INNOVATIONS LLC 401(K) PLAN	
b	Name of plan sponsor	AXIOM INNOVATIONS, LLC	c EIN-PN 82-5288488-001
a	Plan name	BAY AREA PROPANE RETIREMENT PLAN	
b	Name of plan sponsor	BAY AREA PROPANE	c EIN-PN 84-3871195-001
a	Plan name	TORELCO LLC 401(K) PLAN	
b	Name of plan sponsor	TORELCO LLC	c EIN-PN 88-0965718-001
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	TRAYER SOLUTIONS, LLC 401(K)	
b	Name of plan sponsor	TRAYER SOLUTIONS, LLC	c EIN-PN 46-4500573-001
a	Plan name	TRENCHLESS CONSTRUCTION SERVICES, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	TRENCHLESS CONSTRUCTION SERVICES, L.L.C.	c EIN-PN 91-1981784-001
a	Plan name	TRIANGLE WELLNESS & RECOVERY PLLC 401(K) PLAN	
b	Name of plan sponsor	TRIANGLE WELLNESS & RECOVERY PLLC	c EIN-PN 83-3003224-001
a	Plan name	CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA CARDIOVASCULAR INSTITUTE	c EIN-PN 88-4143827-001
a	Plan name	CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CARE ANGEL, INC.	c EIN-PN 46-5083636-001
a	Plan name	CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN	
b	Name of plan sponsor	CARNIVAL EMPLOYMENT SERVICES, LLC	c EIN-PN 26-4824293-001
a	Plan name	CARROLL DENTAL CLINIC P.L.C. RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	CARROLL DENTAL CLINIC P.L.C	c EIN-PN 20-5699792-001

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	WH 401(K) PLAN
b	Name of plan sponsor	WOODHOUSE CABINETRY LLC
c	EIN-PN	47-2422903-001
a	Plan name	WHITE PROPERTIES OF WINCHESTER, INC 401K PLAN
b	Name of plan sponsor	WHITE PROPERTIES OF WINCHESTER, INC
c	EIN-PN	54-1370300-001
a	Plan name	WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WILLIAMS CONCRETE CONTRACTING LLC
c	EIN-PN	26-0888255-001
a	Plan name	DEMOSS ELECTRIC, INC. 401(K) PLAN
b	Name of plan sponsor	DEMOSS ELECTRIC, INC.
c	EIN-PN	02-0677709-001
a	Plan name	DENNY'S BODY SHOP 401(K) PLAN
b	Name of plan sponsor	DENNY'S BODY SHOP
c	EIN-PN	82-3818063-001
a	Plan name	DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	DENTAL PROFESSIONALS OF FAIR LAWN, P.A.
c	EIN-PN	22-2028230-001
a	Plan name	DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN
b	Name of plan sponsor	DOMESTIC DIESEL AND AUTO SERVICE
c	EIN-PN	27-4834463-001
a	Plan name	DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN
b	Name of plan sponsor	DON E. KELLY CONTRACTOR, INC.
c	EIN-PN	43-1479564-001
a	Plan name	ELECTRONIC DESIGN TO MARKET, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ELECTRONIC DESIGN TO MARKET, INC.
c	EIN-PN	34-1752024-001
a	Plan name	EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN
b	Name of plan sponsor	EMPIRE DIVERSIFIED ENERGY, INC.
c	EIN-PN	30-0949242-001
a	Plan name	ENGOODEN HEALTH, INC. 401(K) PLAN
b	Name of plan sponsor	ENGOODEN HEALTH, INC.
c	EIN-PN	81-4271866-001
a	Plan name	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN
b	Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC
c	EIN-PN	83-3379247-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GENESIS GOLD GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor GENESIS GOLD GROUP, INC.	c EIN-PN 88-4026083-001
a	Plan name GIBSON CUSTOM CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CAROLINAS REAL ESTATE OPTIONS & CONSTRUCTION, LLC DBA GIBSON CUSTOM	c EIN-PN 84-1663736-001
a	Plan name GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
b	Name of plan sponsor BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	c EIN-PN 95-2428410-001
a	Plan name JACOBS & WALLACE, PLLC 401(K) PLAN	
b	Name of plan sponsor JACOBS & WALLACE, PLLC	c EIN-PN 82-2495338-001
a	Plan name AMERICAN HYDROVAC LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN HYDROVAC LLC	c EIN-PN 32-0657536-001
a	Plan name APLIN MASONRY 401(K) PLAN	
b	Name of plan sponsor APLIN MASONRY OF TELLURIDE, INC.	c EIN-PN 84-1586727-001
a	Plan name BDG 401(K) PLAN	
b	Name of plan sponsor BARBARO DENTAL GROUP, LLC	c EIN-PN 38-4060034-001
a	Plan name BESPOKE HOMES LLC 401(K) PLAN	
b	Name of plan sponsor BESPOKE HOMES LLC	c EIN-PN 47-4157488-001
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 BLUE BLAZER VENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor BLUE BLAZER VENTURES, INC.	c EIN-PN 85-1002874-001
a	Plan name CASS CONCRETE 401(K) PLAN	
b	Name of plan sponsor CASS CONCRETE SERVICES LLC	c EIN-PN 86-3815732-001
a	Plan name CAUDILL, KADO & CO - DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENNIFER CAUDILL, MD, PLLC	c EIN-PN 45-2672063-001

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 CC POOL BUILDERS & SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CC POOL BUILDERS & SERVICE	c EIN-PN 27-4975870-001
a	Plan name CENTS II 401(K) PLAN	
b	Name of plan sponsor CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	c EIN-PN 47-2003612-001
a	Plan name DOUBLE L REINFORCING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOUBLE L REINFORCING, LLC	c EIN-PN 85-2401857-001
a	Plan name DRUM CORPS INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor DRUM CORPS INTERNATIONAL, INC.	c EIN-PN 36-2754480-001
a	Plan name EXCEED PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor EXCEED PHYSICAL THERAPY, LLC	c EIN-PN 82-5523767-001
a	Plan name EZGO GROUP 401(K) PLAN	
b	Name of plan sponsor EZGO GROUP, INC.	c EIN-PN 36-4850864-001
a	Plan name GLOBAL K9 PROTECTION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GLOBAL K9 PROTECTION GROUP LLC	c EIN-PN 82-4550904-001
a	Plan name GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMS MINE REPAIR & MAINTENANCE, INC.	c EIN-PN 52-1908118-001
a	Plan name JENNIFER WEAVER AND ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JENNIFER WEAVER AND ASSOCIATES, PLLC	c EIN-PN 26-3123439-001
a	Plan name JET HELSETH MFG, INC. 401(K) PLAN	
b	Name of plan sponsor JET HELSETH MANUFACTURING, INC.	c EIN-PN 59-3402920-001
a	Plan name JOBCONNECTION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor JOBCONNECTION SERVICES, INC.	c EIN-PN 23-2913722-001
a	Plan name LAMMEY & GIORGIO 401(K) PLAN	
b	Name of plan sponsor LAMMEY & GIORGIO, P.A.	c EIN-PN 22-2433653-001

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 LAUZEN ACCOUNTING 401(K) SAVINGS PLAN	
b	Name of plan sponsor JOSEPH D. LAUZEN, INC. DBA LAUZEN ACCOUNTING	c EIN-PN 26-1157436-001
a	Plan name LAVENDER HOME, INC. 401(K) PLAN	
b	Name of plan sponsor LAVENDER HOME, INC.	c EIN-PN 82-3371982-001
a	Plan name MERIT TITLE, LLC 401(K) PLAN	
b	Name of plan sponsor MERIT TITLE, LLC	c EIN-PN 20-0467684-001
a	Plan name 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 PENNSYLVANIA MEDICAL TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor PENNSYLVANIA MEDICAL TRANSPORT, INC.	c EIN-PN 25-1643041-001
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 PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor PROVISTA SOFTWARE CORPORATION	c EIN-PN 38-4102924-001
a	Plan name PSF 401(K) PLAN	
b	Name of plan sponsor PSF ACQUISITION COMPANY LLC	c EIN-PN 45-2976645-001
a	Plan name PSGM LAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACE SELDEN GILMAN MARKS, PLLC DBA PSGM LAW	c EIN-PN 93-2786572-001
a	Plan name QUAL TECH AIR, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor QUAL TECH AIR LLC	c EIN-PN 81-4869829-001
a	Plan name QUINTESSA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor QUINTESSA	c EIN-PN 27-1561454-002
a	Plan name RYAN'S HIGHWAY AUTO PARTS, INC. EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor RYAN'S HIGHWAY AUTO PARTS, INC.	c EIN-PN 45-4830452-001

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 ELENCO 401(K) PLAN	
b	Name of plan sponsor	ELENCO CARBIDE TOOL CORPORATION	c EIN-PN 39-1125498-001
a	Plan name	TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	TRINITY CONSTRUCTION GROUP, LLC	c EIN-PN 35-2688581-001
a	Plan name	TRISON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	TRISON ENTERPRISES INC.	c EIN-PN 91-1177364-001
a	Plan name	TX TEAM REHAB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TX TEAM REHAB, INC.	c EIN-PN 35-1565294-002
a	Plan name	TYPECASE MARKETING RESOURCE, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	TYPECASE MARKETING RESOURCE, INC.	c EIN-PN 45-3649609-333
a	Plan name	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	WUNDER WERKZ 401(K) PLAN	
b	Name of plan sponsor	WUNDER WERKZ LLC	c EIN-PN 45-3024445-001
a	Plan name	BRIDGEVIEW 401(K) PLAN	
b	Name of plan sponsor	BRIDGEVIEW MULTIFAMILY LLC	c EIN-PN 46-5043301-001
a	Plan name	FERRETTI SEARCH 401(K) PLAN	
b	Name of plan sponsor	PURSUIT SEARCH GROUP, LLC	c EIN-PN 83-1896110-001
a	Plan name	FFC CPAS 401(K) PLAN	
b	Name of plan sponsor	FFC CPAS, LLC	c EIN-PN 84-2245616-001
a	Plan name	FIDE 401(K) PLAN	
b	Name of plan sponsor	EMINENT CONSULTING, LLC DBA FIDE LLC	c EIN-PN 82-0818461-001
a	Plan name	FIMG 401(K) PLAN	
b	Name of plan sponsor	FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	c EIN-PN 27-3693949-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
a	Plan name	UNZICKER DENTAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	UNZICKER DENTAL CORPORATION	c EIN-PN 82-3591748-001
a	Plan name	VERIFY INVESTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	VERIFY INVESTOR, INC. A DE INC.	c EIN-PN 46-3398188-001
a	Plan name	VG PARTNERS LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	VG PARTNERS, LLC	c EIN-PN 26-0710271-001
a	Plan name	CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
b	Name of plan sponsor	CHATHAM HABITAT FOR HUMANITY	c EIN-PN 56-1689599-001
a	Plan name	GULFSTREAM DEVELOPMENT LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GULFSTREAM DEVELOPMENT LTD	c EIN-PN 27-2563789-001
a	Plan name	MITCHELL GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	MITCHELL GRAPHICS, INC.	c EIN-PN 38-2084428-001
a	Plan name	SECURE FUTURE SAVINGS AND INVESTING PLAN	
b	Name of plan sponsor	RIVER CITY EQUIPMENT RENTAL & SALES	c EIN-PN 20-8799242-222
a	Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	VRK ENTERPRISES, LLC	c EIN-PN 81-3354376-001
a	Plan name	SENIOR MARKET TEAM LLC 401(K) PLAN	
b	Name of plan sponsor	SENIOR MARKET TEAM LLC	c EIN-PN 46-5533414-001
a	Plan name	ZENISCO, INC. 401(K) PLAN	
b	Name of plan sponsor	ZENISCO, INC.	c EIN-PN 47-3232410-001
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 FRANKLIN SMALL CAP GROWTH RET OPT	B Three-digit plan number (PN) ▶ 327
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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1119545
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	2445167
(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	1119545	2445167
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	1119545	2445167

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)		
(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)	228184	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		228184

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		228184
l Transfers of assets:			
(1) To this plan.....	2l(1)		1501760
(2) From this plan	2l(2)		404322

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 _____.