

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK ADVANTAGE SMALL CAP CORE RET OPT; 1b Three-digit plan number (PN): 196; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 82-5217478; 2c Plan Sponsor's telephone number; 2d Business code

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

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

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

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

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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**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

<b>A</b> Name of plan <u>BLACKROCK ADVANTAGE SMALL CAP CORE RET OPT</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>196</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> 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)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLINKSCALES PORTABLE TOILETS LLC	<b>c</b> EIN-PN 93-1086752-001
<b>a</b>	Plan name	HABITAT FOR HUMANITY SA 401(K)	
<b>b</b>	Name of plan sponsor	HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER APOPKA, FLORIDA,	<b>c</b> EIN-PN 59-3034059-001
<b>a</b>	Plan name	HARMONY HEALTHCARE IT 401K PLAN	
<b>b</b>	Name of plan sponsor	BUSINESS INTERACTIONS LLC DBA HARMONY HEALTHCARE IT	<b>c</b> EIN-PN 32-0157950-002
<b>a</b>	Plan name	MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MORELAND PLAZA PHARMACY, INC.	<b>c</b> EIN-PN 39-0968183-001
<b>a</b>	Plan name	MORNSTAIR INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MORNSTAIR INC.	<b>c</b> EIN-PN 35-2748426-001
<b>a</b>	Plan name	MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN BORDERS ASSOCIATES INC	<b>c</b> EIN-PN 27-0189681-001
<b>a</b>	Plan name	MOUNTAIN KIDS LOUISVILLE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN KIDS LOUISVILLE, LLC	<b>c</b> EIN-PN 47-2511686-001
<b>a</b>	Plan name	MOUNTAIN STATES GLASS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN STATES GLASS LLC	<b>c</b> EIN-PN 82-2785228-001
<b>a</b>	Plan name	MYOKINETIX PHYSICAL THERAPY AND PERFORMANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MYOKINETIX PHYSICAL THERAPY AND PERFORMANCE	<b>c</b> EIN-PN 82-3546619-001
<b>a</b>	Plan name	SESR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHEAST SHELBY COUNTY EMERGENCY MEDICAL RESCUE INC.	<b>c</b> EIN-PN 31-1583285-001
<b>a</b>	Plan name	2XE 401(K)	
<b>b</b>	Name of plan sponsor	2XE, LLC	<b>c</b> EIN-PN 85-0511624-001
<b>a</b>	Plan name	A GREATER LOVE FOSTER FAMILY AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A GREATER LOVEFOSTER FAMILY AGENCY, INC.	<b>c</b> EIN-PN 82-3295704-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	A&B MARKET, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	A&B MARKET, LLC	<b>c</b> EIN-PN 47-2479032-001
<b>a</b> Plan name	A&N ASPHALT 401(K) PROFIT SHARING PLAN + TRUST	
<b>b</b> Name of plan sponsor	A&N ASPHALT INC.	<b>c</b> EIN-PN 38-3217709-001
<b>a</b> Plan name	A.D. PERKINS 401(K) PLAN	
<b>b</b> Name of plan sponsor	A.D. PERKINS CORP.	<b>c</b> EIN-PN 26-0350579-001
<b>a</b> Plan name	A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	A.W. OAKES & SON, INC.	<b>c</b> EIN-PN 39-0967026-003
<b>a</b> Plan name	ABLEMKR 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	ABLEMKR, LLC	<b>c</b> EIN-PN 85-0890736-001
<b>a</b> Plan name	COMMUNITY STAR CREDIT UNION 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMMUNITY STAR CREDIT UNION	<b>c</b> EIN-PN 34-0728231-002
<b>a</b> Plan name	COMPLETE INTERACTIVE TECHNOLOGIES INC 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMPLETE INTERACTIVE TECHNOLOGIES INC	<b>c</b> EIN-PN 38-2942737-001
<b>a</b> Plan name	CONSCIOUS MINDS 401(K) PLAN	
<b>b</b> Name of plan sponsor	CONSCIOUS MINDS PRODUCTION LLC	<b>c</b> EIN-PN 80-0255443-001
<b>a</b> Plan name	CONSERVATION AND LIQUIDATION OFFICE 401(K) PLAN	
<b>b</b> Name of plan sponsor	CONSERVATION AND LIQUIDATION OFFICE	<b>c</b> EIN-PN 95-4332303-001
<b>a</b> Plan name	COR 401(K) PLAN	
<b>b</b> Name of plan sponsor	COR CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 11-3742607-001
<b>a</b> Plan name	CORNEILLE LAW GROUP, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CORNEILLE LAW GROUP, LLC	<b>c</b> EIN-PN 39-1927889-001
<b>a</b> Plan name	HEARTLAND FINANCIAL RESOURCE GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	RYAN SWALWELL DBA HEARTLAND FINANCIAL RESOURCE GROUP	<b>c</b> EIN-PN 47-4519658-001

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.)		
<b>a</b>	Plan name HEARTLAND FOOT & ANKLE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEARTLAND FOOT & ANKLE ASSOCIATES, P.C.	<b>c</b> EIN-PN 26-2781451-001
<b>a</b>	Plan name HERITAGE AUTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	<b>c</b> EIN-PN 87-0306275-001
<b>a</b>	Plan name HERITAGE FORD OF VERNAL 401K PLAN	
<b>b</b>	Name of plan sponsor HERITAGE FORD OF VERNAL	<b>c</b> EIN-PN 83-3589085-001
<b>a</b>	Plan name HERSHMAN & FORMAN, P.C. 401(K)	
<b>b</b>	Name of plan sponsor HERSHMAN & FORMAN, P.C.	<b>c</b> EIN-PN 86-1822868-001
<b>a</b>	Plan name HI MARLEY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HI MARLEY, INC.	<b>c</b> EIN-PN 82-1259445-001
<b>a</b>	Plan name HI5.AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HI5.AGENCY, LLC	<b>c</b> EIN-PN 83-2888505-001
<b>a</b>	Plan name HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HIGH PLAINS ENGINEERING & CONSULTING, LLC	<b>c</b> EIN-PN 87-2706193-002
<b>a</b>	Plan name HINCHEY & OLDENHOFF 401(K) PLAN	
<b>b</b>	Name of plan sponsor HINCHEY & OLDENHOFF, LLP	<b>c</b> EIN-PN 87-3527091-001
<b>a</b>	Plan name NATURESCAPE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NATURESCAPE	<b>c</b> EIN-PN 03-0448406-001
<b>a</b>	Plan name NEFSP 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEFSP HOLDINGS LLC	<b>c</b> EIN-PN 87-4240278-001
<b>a</b>	Plan name NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEPTUNE SHIPPING LIMITED	<b>c</b> EIN-PN 26-0630492-001
<b>a</b>	Plan name NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NOBILITY HEALTH	<b>c</b> EIN-PN 81-0701839-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SKY'S THE LIMIT CAR CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKY'S THE LIMIT CAR CARE	<b>c</b> EIN-PN 45-3438558-001
<b>a</b>	Plan name	SMI AUTOMOTIVE REPAIR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KH AUTOMOTIVE, LLC	<b>c</b> EIN-PN 84-4729796-001
<b>a</b>	Plan name	SMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR MACHINED PRODUCTS, INC.	<b>c</b> EIN-PN 47-4533352-001
<b>a</b>	Plan name	SNIDER INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SNIDER INC	<b>c</b> EIN-PN 56-1649710-001
<b>a</b>	Plan name	SOCCER SHOTS SACRAMENTO, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOCCER SHOTS SACRAMENTO, LLC	<b>c</b> EIN-PN 47-0976792-001
<b>a</b>	Plan name	ABRAMS PLUMBING AND HEATING LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABRAMS PLUMBING AND HEATING LLC	<b>c</b> EIN-PN 87-3493856-001
<b>a</b>	Plan name	ABSOLUTE QUALITY CARE FAMILY DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE QUALITY CARE FAMILY DENTISTRY	<b>c</b> EIN-PN 72-1498951-001
<b>a</b>	Plan name	ADA 401(K)	
<b>b</b>	Name of plan sponsor	AMELIA REID AVIATION, LLC DBA AERODYNAMIC AVIATION	<b>c</b> EIN-PN 20-2571173-001
<b>a</b>	Plan name	GRAVE INFOTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAVE INFOTECH	<b>c</b> EIN-PN 27-1280654-001
<b>a</b>	Plan name	HONDATA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HONDATA, INC.	<b>c</b> EIN-PN 95-4872707-001
<b>a</b>	Plan name	HS BAINS INSURANCE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HS BAINS INSURANCE SERVICES	<b>c</b> EIN-PN 81-0962836-001
<b>a</b>	Plan name	HUDSON METALS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUDSON TOOL STEEL CORPORATION	<b>c</b> EIN-PN 46-0505721-001

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.)	
<b>a</b>	Plan name <b>NORTHEAST TITLE &amp; TAG INC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>NORTHEAST TITLE &amp; TAG INC</b>	<b>c</b> EIN-PN <b>23-3034907-001</b>
<b>a</b>	Plan name <b>NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN CROSSARM COMPANY, INC.</b>	<b>c</b> EIN-PN <b>39-0987381-001</b>
<b>a</b>	Plan name <b>OCEAN FOREST LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OCEAN FOREST LLC</b>	<b>c</b> EIN-PN <b>92-2466614-001</b>
<b>a</b>	Plan name <b>OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS</b>	<b>c</b> EIN-PN <b>31-4378053-002</b>
<b>a</b>	Plan name <b>SOUTHEASTERN MACHINE WORKS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHEASTERN MACHINE WORKS, INC.</b>	<b>c</b> EIN-PN <b>65-0940872-001</b>
<b>a</b>	Plan name <b>SPACE METAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPACE METAL</b>	<b>c</b> EIN-PN <b>57-0785643-001</b>
<b>a</b>	Plan name <b>SPHEREGEN 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPHEREGEN TECHNOLOGIES, LLC</b>	<b>c</b> EIN-PN <b>47-2610802-001</b>
<b>a</b>	Plan name <b>SPIRALCOOL COMPANY, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPIRALCOOL COMPANY INC.</b>	<b>c</b> EIN-PN <b>34-1229751-001</b>
<b>a</b>	Plan name <b>STAAR CORP. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STAAR CORP. DBA FUTURE-TECH COMMUNICATIONS</b>	<b>c</b> EIN-PN <b>81-4529384-001</b>
<b>a</b>	Plan name <b>STEIN LAW 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STEIN LAW PA.</b>	<b>c</b> EIN-PN <b>46-3771978-001</b>
<b>a</b>	Plan name <b>STEP UP FAMILY SERVICE LLC- 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>STEP UP FAMILY SERVICES LLC</b>	<b>c</b> EIN-PN <b>83-4093830-001</b>
<b>a</b>	Plan name <b>STEVEN M. SORENSON MD, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>STEVEN M. SORENSON MD, INC.</b>	<b>c</b> EIN-PN <b>88-3832023-001</b>

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.)	
<b>a</b>	Plan name POPE DISTRIBUTING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor POPE DISTRIBUTING CO., INC.	<b>c</b> EIN-PN 73-0672369-001
<b>a</b>	Plan name PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THOMPSON AEROSPACE, LLC	<b>c</b> EIN-PN 46-5032055-001
<b>a</b>	Plan name REHAB 1 LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor REHAB 1 LLC	<b>c</b> EIN-PN 20-5270860-001
<b>a</b>	Plan name RESURGENCE IT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RESURGENCE IT, INC.	<b>c</b> EIN-PN 81-3507059-001
<b>a</b>	Plan name RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RETINA CONSULTANTS SAN DIEGO, INC	<b>c</b> EIN-PN 95-3511595-001
<b>a</b>	Plan name ADRIAN PULKRABEK DDS PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADRIAN PULKRABEK DDS PLLC	<b>c</b> EIN-PN 76-0716251-001
<b>a</b>	Plan name AGRICAPTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor AGRICAPTURE, INC.	<b>c</b> EIN-PN 86-3882425-001
<b>a</b>	Plan name AISTHETIKOS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AISTHETIKOS, INC.	<b>c</b> EIN-PN 26-4099842-001
<b>a</b>	Plan name STRATEGIC ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STRATEGIC ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 04-3553212-002
<b>a</b>	Plan name SULLIVAN PERIODONTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARY LINDA SULLIVAN, DMD, PC	<b>c</b> EIN-PN 63-1228900-001
<b>a</b>	Plan name SUMMIT POINT 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMIT POINT ROOFING, LLC	<b>c</b> EIN-PN 47-3363896-001
<b>a</b>	Plan name SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUNBURY ANIMAL HOSPITAL	<b>c</b> EIN-PN 20-1018098-001

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.)	
<b>a</b>	Plan name TACTICAL SPORTS DEPOT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TACTICAL SPORTS DEPOT, INC.	<b>c</b> EIN-PN 83-2481967-001
<b>a</b>	Plan name APPLEWOOD PLASTERING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPLEWOOD PLASTERING SERVICES, INC.	<b>c</b> EIN-PN 20-5274149-001
<b>a</b>	Plan name ARMORP CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARMORP CONSTRUCTION, INC.	<b>c</b> EIN-PN 27-0308374-001
<b>a</b>	Plan name ASANA RECOVERY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASANA RECOVERY, INC.	<b>c</b> EIN-PN 30-1000319-001
<b>a</b>	Plan name ASCEND REHAB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASCEND REHAB SERVICES, INC.	<b>c</b> EIN-PN 20-0927823-002
<b>a</b>	Plan name THE VICTIM CENTER INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE VICTIM CENTER INC.	<b>c</b> EIN-PN 43-1149629-001
<b>a</b>	Plan name THE WEBER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WEBER ENTERPRISES, INC.	<b>c</b> EIN-PN 93-0594771-001
<b>a</b>	Plan name THREE AMIGOS VENTURE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THREE AMIGOS VENTURE, INC.	<b>c</b> EIN-PN 47-0963732-001
<b>a</b>	Plan name TOLLEFSEN STEEL & FABRICATION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TOLLEFSEN STEEL & FABRICATION, INC.	<b>c</b> EIN-PN 46-2263667-001
<b>a</b>	Plan name BROADWAY BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROADWAY BUILDERS, INC.	<b>c</b> EIN-PN 42-1522144-001
<b>a</b>	Plan name C & L PLUMBING COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor C & L PLUMBING COMPANY	<b>c</b> EIN-PN 54-1190441-001
<b>a</b>	Plan name C.A. TAYLOR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor C.A. TAYLOR, LLC	<b>c</b> EIN-PN 82-0677411-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	C3 SYSTEMS & SECURITY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C3 SYSTEMS & SECURITY	<b>c</b> EIN-PN 72-1581602-001
<b>a</b>	Plan name	WAKOTA FEDERAL CREDIT UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAKOTA FEDERAL CREDIT UNION	<b>c</b> EIN-PN 41-0130070-002
<b>a</b>	Plan name	WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WALKER OFFICE SUPPLIES	<b>c</b> EIN-PN 94-2658013-001
<b>a</b>	Plan name	WCR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST COAST RESURFACING LLC	<b>c</b> EIN-PN 26-1605380-001
<b>a</b>	Plan name	WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WEAVER MEMORIALS, INC.	<b>c</b> EIN-PN 23-1714594-001
<b>a</b>	Plan name	CWS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COTTONWOOD WEALTH STRATEGIES	<b>c</b> EIN-PN 85-3255866-001
<b>a</b>	Plan name	DACO PRECISION-TOOL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DACO PRECISION, INC.	<b>c</b> EIN-PN 39-1710167-001
<b>a</b>	Plan name	DAVID CUSTOM ROOFING & PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAVIDS CUSTOM ROOFING & PAINTING, INC.	<b>c</b> EIN-PN 99-0314996-001
<b>a</b>	Plan name	DSLRC ENTERPRISES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DSLRC ENTERPRISES, LLC	<b>c</b> EIN-PN 47-1912232-001
<b>a</b>	Plan name	DUTHIE ELECTRIC SERVICE CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DUTHIE ELECTRIC SERVICE CORPORATION	<b>c</b> EIN-PN 95-3810577-002
<b>a</b>	Plan name	DWIGHT LEWIS STATE FARM INSURANCE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DWIGHT LEWIS STATE FARM INSURANCE AGENCY	<b>c</b> EIN-PN 47-2834035-001
<b>a</b>	Plan name	E.J. WARD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	E.J. WARD, INC.	<b>c</b> EIN-PN 88-0284475-001

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.)		
<b>a</b>	Plan name <b>EAP RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELEGANT ALUMINUM PRODUCTS USA LLC</b>	<b>c</b> EIN-PN <b>46-3034570-001</b>
<b>a</b>	Plan name <b>EASTERN CONNECTOR SPECIALTY CORP 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>EASTERN CONNECTOR SPECIALTY CORPORATION</b>	<b>c</b> EIN-PN <b>06-1384769-001</b>
<b>a</b>	Plan name <b>ECHOMARK, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECHOMARK, INC.</b>	<b>c</b> EIN-PN <b>88-3138477-001</b>
<b>a</b>	Plan name <b>ECOPOL AMERICA 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECOPOL AMERICA, INC.</b>	<b>c</b> EIN-PN <b>88-0673772-001</b>
<b>a</b>	Plan name <b>FIS GROUP, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIS GROUP, LLC</b>	<b>c</b> EIN-PN <b>83-3475402-001</b>
<b>a</b>	Plan name <b>FIVE STAR 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FIVE STAR REAL ESTATE &amp; PROPERTY MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>46-3215891-001</b>
<b>a</b>	Plan name <b>FRANK J. GRADY, M.D. ASSOC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRANK J. GRADY M.D. ASSOC</b>	<b>c</b> EIN-PN <b>74-1779810-001</b>
<b>a</b>	Plan name <b>INDUSTRIAL POLYMER SYSTEMS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INDUSTRIAL POLYMER SYSTEMS, LLC</b>	<b>c</b> EIN-PN <b>81-0967782-001</b>
<b>a</b>	Plan name <b>INNOVATIVE HARDWARE 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INNOVATIVE HARDWARE, INC.</b>	<b>c</b> EIN-PN <b>31-1328642-001</b>
<b>a</b>	Plan name <b>INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INTEGRATED TAX ACCOUNTING INC.</b>	<b>c</b> EIN-PN <b>81-0699291-001</b>
<b>a</b>	Plan name <b>JOSEPHER &amp; BATTEESE, P.A. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JOSEPHER &amp; BATTEESE, P.A.</b>	<b>c</b> EIN-PN <b>59-3502197-001</b>
<b>a</b>	Plan name <b>KALEIDOSCOPE 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ORCAS DAYCARE ASSOCIATION</b>	<b>c</b> EIN-PN <b>91-1510335-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KDG 401(K) RETIREMENT SAVING PLAN	
<b>b</b>	Name of plan sponsor	THE KYLE DAVID GROUP, LLC	<b>c</b> EIN-PN 68-0608571-001
<b>a</b>	Plan name	KDJ SALES & SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KDJ SALES & SERVICE, INC.	<b>c</b> EIN-PN 37-1131827-001
<b>a</b>	Plan name	KEKO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KEKO, LLC DBA MOSQUITO JOE OF SOUTHERN MD	<b>c</b> EIN-PN 47-4732055-001
<b>a</b>	Plan name	KENECT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KENECT, LLC	<b>c</b> EIN-PN 82-1997153-777
<b>a</b>	Plan name	LONG PHI DANG M.D. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LONG PHI DANG M.D. INC.	<b>c</b> EIN-PN 20-0383981-001
<b>a</b>	Plan name	LOUKUS TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOUKUS TECHNOLOGIES, INC.	<b>c</b> EIN-PN 82-4773107-001
<b>a</b>	Plan name	MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARION HILL ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1799727-001
<b>a</b>	Plan name	MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARION HILL ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1799727-222
<b>a</b>	Plan name	OLIVIA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLIVIA INC.	<b>c</b> EIN-PN 82-1927188-001
<b>a</b>	Plan name	OMEGA THERMO PRODUCTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMEGA THERMO PRODUCTS, LLC	<b>c</b> EIN-PN 39-1930105-001
<b>a</b>	Plan name	ONAL GALLANT & PARTNERS PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ONAL GALLANT & PARTNERS PC	<b>c</b> EIN-PN 82-2968635-001
<b>a</b>	Plan name	PACIFIC DRIVE-INS LLC 401(K)	
<b>b</b>	Name of plan sponsor	PACIFIC DRIVE-INS LLC	<b>c</b> EIN-PN 46-3867535-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KREATIONS AUTO BODY	<b>c</b> EIN-PN 26-3285845-001
<b>a</b>	Plan name	LA PROVENCE BAKERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LA PROVENCE BAKERY	<b>c</b> EIN-PN 20-2583441-001
<b>a</b>	Plan name	MAXTACS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAXTACS, INC	<b>c</b> EIN-PN 81-3518247-001
<b>a</b>	Plan name	PALLADIUM NETWORKS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PALLADIUM NETWORKS, INC.	<b>c</b> EIN-PN 56-2098156-001
<b>a</b>	Plan name	PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARAGON PRINT SYSTEMS, INC.	<b>c</b> EIN-PN 23-2984595-001
<b>a</b>	Plan name	PATZOLDT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TALON SANITATION, LLC	<b>c</b> EIN-PN 82-2238692-001
<b>a</b>	Plan name	PCI OF MICHIGAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL CODE INSPECTIONS OF MICHIGAN, INC.	<b>c</b> EIN-PN 38-2832701-001
<b>a</b>	Plan name	PEDIATRIC ASSOCIATES OF MORRIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC ASSOCIATES OF MORRIS	<b>c</b> EIN-PN 46-2139435-001
<b>a</b>	Plan name	PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL AUTOMOTIVE SERVICE LLC	<b>c</b> EIN-PN 85-3817843-001
<b>a</b>	Plan name	PROOF LOGISTICS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROOF LOGISTICS INC.	<b>c</b> EIN-PN 83-4204713-001
<b>a</b>	Plan name	PROTERIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROTERIS COMPLIANCE SOLUTIONS, INC.	<b>c</b> EIN-PN 92-1583768-001
<b>a</b>	Plan name	PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE PREPARATORY CHARTER SCHOOL	<b>c</b> EIN-PN 85-2193353-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RETIREMENT LIVING MGMT LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RETIREMENT LIVING MGMT., LLC	<b>c</b> EIN-PN 38-3470221-001
<b>a</b>	Plan name	RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RICHWOODS ACADEMY, LLC	<b>c</b> EIN-PN 84-4059471-001
<b>a</b>	Plan name	RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RJ NOLAN & ASSOCIATES, INC.	<b>c</b> EIN-PN 39-1090667-001
<b>a</b>	Plan name	ROADMAP RESEARCH GLOBAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEXICON AND LINE DBA ROADMAP RESEARCH GLOBAL	<b>c</b> EIN-PN 47-2210159-001
<b>a</b>	Plan name	ROCK & ROSE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROCK & ROSE, INC.	<b>c</b> EIN-PN 30-0117391-001
<b>a</b>	Plan name	ROCKLIN GAS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ROCKLIN GAS, LLC	<b>c</b> EIN-PN 82-2033920-001
<b>a</b>	Plan name	ROELENS VACATIONS 401(K)	
<b>b</b>	Name of plan sponsor	GO FLORIDA, INC, DBA ROELENS VACATIONS	<b>c</b> EIN-PN 26-1761622-001
<b>a</b>	Plan name	ALIBI MUSIC, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALIBI MUSIC, LP	<b>c</b> EIN-PN 27-4860450-001
<b>a</b>	Plan name	ALL STAR PLUMBING & HEATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERL D. WARNIMONT DBA ALL STAR PLUMBING & HEATING	<b>c</b> EIN-PN 34-1972332-001
<b>a</b>	Plan name	TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TARGET ENTERPRISES, INC.	<b>c</b> EIN-PN 06-1158272-001
<b>a</b>	Plan name	TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
<b>b</b>	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET LLC	<b>c</b> EIN-PN 93-4900507-001
<b>a</b>	Plan name	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	<b>c</b> EIN-PN 84-3391707-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TDK CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TDK CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 61-1025614-001
<b>a</b>	Plan name	THE ALAGIRI IMMIGRATION LAW FIRM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ALAGIRI IMMIGRATION LAW FIRM, INC.	<b>c</b> EIN-PN 47-3003463-001
<b>a</b>	Plan name	THE ATTAINMENT NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ATTAINMENT NETWORK	<b>c</b> EIN-PN 88-2778206-001
<b>a</b>	Plan name	AXIOM INNOVATIONS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AXIOM INNOVATIONS, LLC	<b>c</b> EIN-PN 82-5288488-001
<b>a</b>	Plan name	B & B SHEET METAL & ROOFING, INC. 401(K) SALARY SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	B & B SHEET METAL & ROOFING, INC.	<b>c</b> EIN-PN 41-1668760-001
<b>a</b>	Plan name	BACKPACK HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LINNEL DBA BACKPACK HEALTHCARE, INC.	<b>c</b> EIN-PN 83-1515371-001
<b>a</b>	Plan name	TOP OF TEXAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOP OF TEXAS, INC.	<b>c</b> EIN-PN 75-2646871-001
<b>a</b>	Plan name	TOWN & COUNTRY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TOWN & COUNTRY UNDERGROUND UTILITY CONSTRUCTION, INC.	<b>c</b> EIN-PN 39-1198448-001
<b>a</b>	Plan name	TRADER PHD 401(K)	
<b>b</b>	Name of plan sponsor	TRADER PHD, LLC	<b>c</b> EIN-PN 47-4703769-001
<b>a</b>	Plan name	TRENCHLESS CONSTRUCTION SERVICES, L.L.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRENCHLESS CONSTRUCTION SERVICES, L.L.C.	<b>c</b> EIN-PN 91-1981784-001
<b>a</b>	Plan name	CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA CARDIOVASCULAR INSTITUTE	<b>c</b> EIN-PN 88-4143827-001
<b>a</b>	Plan name	CALIFORNIA UNIFIED SERVICE PROVIDERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA UNIFIED SERVICE PROVIDERS, LLC	<b>c</b> EIN-PN 20-1563737-001

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.)	
<b>a</b>	Plan name CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CARE ANGEL, INC.	<b>c</b> EIN-PN 46-5083636-001
<b>a</b>	Plan name CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor CARNIVAL EMPLOYMENT SERVICES, LLC	<b>c</b> EIN-PN 26-4824293-001
<b>a</b>	Plan name WEST WEALTH MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor WEST WEALTH MANAGEMENT INC.	<b>c</b> EIN-PN 85-2279060-001
<b>a</b>	Plan name WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTAIR GASES & EQUIPMENT, INC.	<b>c</b> EIN-PN 95-2673204-001
<b>a</b>	Plan name WH 401(K) PLAN	
<b>b</b>	Name of plan sponsor WOODHOUSE CABINETRY LLC	<b>c</b> EIN-PN 47-2422903-001
<b>a</b>	Plan name WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WILLIAMS CONCRETE CONTRACTING LLC	<b>c</b> EIN-PN 26-0888255-001
<b>a</b>	Plan name DENNY'S BODY SHOP 401(K) PLAN	
<b>b</b>	Name of plan sponsor DENNY'S BODY SHOP	<b>c</b> EIN-PN 82-3818063-001
<b>a</b>	Plan name DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor DENTAL PROFESSIONALS OF FAIR LAWN, P.A.	<b>c</b> EIN-PN 22-2028230-001
<b>a</b>	Plan name DEWITT LUMBER COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SAWDUST LUMBER COMPANY DBA DEWITT LUMBER COMPANY	<b>c</b> EIN-PN 20-8796751-001
<b>a</b>	Plan name DIVERSIFIED PATTERN & ENGINEERING CO., INC. RETIREMENT READINESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIVERSIFIED PATTERN & ENGINEERING COMPANY, INC.	<b>c</b> EIN-PN 35-1364811-001
<b>a</b>	Plan name DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOMESTIC DIESEL AND AUTO SERVICE	<b>c</b> EIN-PN 27-4834463-001
<b>a</b>	Plan name DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DON E. KELLY CONTRACTOR, INC.	<b>c</b> EIN-PN 43-1479564-001

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.)	
<b>a</b>	Plan name <a href="#">DONOVAN HANSEN, PLLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DONOVAN HANSEN, PLLC</a>	<b>c</b> EIN-PN <a href="#">46-2829443-001</a>
<b>a</b>	Plan name <a href="#">EDWARD LESKE CASH BALANCE TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">EDWARD LESKE COMPANY</a>	<b>c</b> EIN-PN <a href="#">22-1506426-002</a>
<b>a</b>	Plan name <a href="#">EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMPIRE DIVERSIFIED ENERGY, INC.</a>	<b>c</b> EIN-PN <a href="#">30-0949242-001</a>
<b>a</b>	Plan name <a href="#">GABOR DESIGN BUILD LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GABOR DESIGN BUILD LLC</a>	<b>c</b> EIN-PN <a href="#">20-2803793-001</a>
<b>a</b>	Plan name <a href="#">GAZI ATASEVEN 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">A TO Z REAL ESTATE TRANSACTION LLC</a>	<b>c</b> EIN-PN <a href="#">86-1384624-001</a>
<b>a</b>	Plan name <a href="#">GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GEARHART FAMILY DENTISTRY, LLC</a>	<b>c</b> EIN-PN <a href="#">83-3379247-001</a>
<b>a</b>	Plan name <a href="#">GIRLS &amp; BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOYS &amp; GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN</a>	<b>c</b> EIN-PN <a href="#">95-2428410-001</a>
<b>a</b>	Plan name <a href="#">INTERMODAL SERVICES, INC. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INTERMODAL SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">82-2126201-001</a>
<b>a</b>	Plan name <a href="#">J AND J INDUSTRIAL CONTRACTING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">J AND J INDUSTRIAL CONTRACTING</a>	<b>c</b> EIN-PN <a href="#">30-0867952-001</a>
<b>a</b>	Plan name <a href="#">JACOBS &amp; WALLACE, PLLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JACOBS &amp; WALLACE, PLLC</a>	<b>c</b> EIN-PN <a href="#">82-2495338-001</a>
<b>a</b>	Plan name <a href="#">JACOBY MARKETING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JACOBY MARKETING, INC. DBA JACO SUPERIOR PRODUCTS</a>	<b>c</b> EIN-PN <a href="#">47-2028024-001</a>
<b>a</b>	Plan name <a href="#">AMERICAN HYDROVAC LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN HYDROVAC LLC</a>	<b>c</b> EIN-PN <a href="#">32-0657536-001</a>

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.)	
<b>a</b>	Plan name AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMOURGIS & ASSOCIATES, LLC	<b>c</b> EIN-PN 90-0553841-001
<b>a</b>	Plan name ANDREW CAPALDO, DMD, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANDREW CAPALDO, DMD, PC	<b>c</b> EIN-PN 23-2986985-001
<b>a</b>	Plan name API RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ARCHITECTURAL PRECAST INNOVATIONS, INC.	<b>c</b> EIN-PN 47-3898467-001
<b>a</b>	Plan name BAY VIEW SHADE & BLIND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAY VIEW SHADE & BLIND INC.	<b>c</b> EIN-PN 39-1211655-001
<b>a</b>	Plan name BELMONT HARDWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	<b>c</b> EIN-PN 94-2724600-001
<b>a</b>	Plan name BESPOKE HOMES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BESPOKE HOMES LLC	<b>c</b> EIN-PN 47-4157488-001
<b>a</b>	Plan name BIG SKY ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIG SKY ENGINEERING, INC	<b>c</b> EIN-PN 39-1940162-001
<b>a</b>	Plan name BIRD-KULTGEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BIRD-KULTGEN, INC.	<b>c</b> EIN-PN 74-1053237-001
<b>a</b>	Plan name BLAIR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BLAIR ELECTRA SOUTHWEST, LLC	<b>c</b> EIN-PN 87-1439781-001
<b>a</b>	Plan name CASS CONCRETE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CASS CONCRETE SERVICES LLC	<b>c</b> EIN-PN 86-3815732-001
<b>a</b>	Plan name CATALYST TECHNOLOGY GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CATALYST TECHNOLOGY GROUP, LLC	<b>c</b> EIN-PN 47-0977970-001
<b>a</b>	Plan name CEDAR VALLEY CHEESE STORE	
<b>b</b>	Name of plan sponsor CEDAR VALLEY CHEESE STORE	<b>c</b> EIN-PN 20-2863599-001

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.)	
<b>a</b>	Plan name CEDARWOOD LANDSCAPING INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEDARWOOD LANDSCAPING, INC.	<b>c</b> EIN-PN 22-3659554-001
<b>a</b>	Plan name CENTS II 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	<b>c</b> EIN-PN 47-2003612-001
<b>a</b>	Plan name DPIM 401(K) PLAN	
<b>b</b>	Name of plan sponsor DPI MERCHANDISING, INC.	<b>c</b> EIN-PN 37-2029278-001
<b>a</b>	Plan name EVS 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVANS VETERINARY SERVICES, PLLC	<b>c</b> EIN-PN 84-5150912-001
<b>a</b>	Plan name EZGO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor EZGO GROUP, INC.	<b>c</b> EIN-PN 36-4850864-001
<b>a</b>	Plan name FAIRWAY ELECTRIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FAIRWAY ELECTRIC INC.	<b>c</b> EIN-PN 83-0658890-001
<b>a</b>	Plan name GKBK 401(K) PLAN	
<b>b</b>	Name of plan sponsor GAUNTT KOEN BINNEY & KIDD, LLP	<b>c</b> EIN-PN 76-0574603-001
<b>a</b>	Plan name GL KREINER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GL KREINER, INC.	<b>c</b> EIN-PN 81-1723713-001
<b>a</b>	Plan name GLENNWOOD CUSTOM BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLENNWOOD CUSTOM BUILDERS, INC	<b>c</b> EIN-PN 20-2045461-001
<b>a</b>	Plan name GLOBAL K9 PROTECTION GROUP LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor GLOBAL K9 PROTECTION GROUP LLC	<b>c</b> EIN-PN 82-4550904-001
<b>a</b>	Plan name GOLDFISH SWIM SCHOOL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEVANE SWIM SCHOOL, LLC	<b>c</b> EIN-PN 37-1759034-001
<b>a</b>	Plan name GOURMET SOURCE SALES & CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor GOURMET SOURCE SALES & CONSULTING LLC	<b>c</b> EIN-PN 85-3802006-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	JE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JE ENGINEERING, INC.
<b>c</b>	EIN-PN	20-0849858-001
<b>a</b>	Plan name	JG3 401(K) PLAN
<b>b</b>	Name of plan sponsor	JG3 LOGISTICS LLC
<b>c</b>	EIN-PN	85-2439489-001
<b>a</b>	Plan name	JOHNSON IRON INCORPORATED 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JOHNSON IRON, INC.
<b>c</b>	EIN-PN	20-1832486-001
<b>a</b>	Plan name	LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	LABRASCA PLASTIC SURGERY, INC.
<b>c</b>	EIN-PN	46-4013077-001
<b>a</b>	Plan name	LANE'S BBQ, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	LANE'S BBQ, LLC
<b>c</b>	EIN-PN	46-4792315-001
<b>a</b>	Plan name	MERIT TITLE, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	MERIT TITLE, LLC
<b>c</b>	EIN-PN	20-0467684-001
<b>a</b>	Plan name	PLAION, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	PLAION, INC.
<b>c</b>	EIN-PN	26-2243948-001
<b>a</b>	Plan name	PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PROVISTA SOFTWARE CORPORATION
<b>c</b>	EIN-PN	38-4102924-001
<b>a</b>	Plan name	PWI, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PWI, INC.
<b>c</b>	EIN-PN	23-2068215-001
<b>a</b>	Plan name	QRM 401(K) PLAN
<b>b</b>	Name of plan sponsor	QUALITY REHAB MANAGEMENT, LLC DBA QRM
<b>c</b>	EIN-PN	83-1973171-001
<b>a</b>	Plan name	QUAL TECH AIR, LLC 401(K) PLAN & TRUST
<b>b</b>	Name of plan sponsor	QUAL TECH AIR LLC
<b>c</b>	EIN-PN	81-4869829-001
<b>a</b>	Plan name	QUINTESSA 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	QUINTESSA
<b>c</b>	EIN-PN	27-1561454-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ROOF MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROOF MANAGEMENT	<b>c</b> EIN-PN 38-3164238-001
<b>a</b>	Plan name	ROWAN V. PAUL MD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROWAN V. PAUL MD, INC.	<b>c</b> EIN-PN 84-4260244-001
<b>a</b>	Plan name	RUSSELL PETROLEUM 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RUSSELL PETROLEUM CORP.	<b>c</b> EIN-PN 27-1487169-002
<b>a</b>	Plan name	RYLIND CONSTRUCTION COMPANY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RYLIND CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 46-3278537-001
<b>a</b>	Plan name	S.C. SWIDERSKI MANAGEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	S.C. SWIDERSKI MANAGEMENT, INC.	<b>c</b> EIN-PN 47-2837847-001
<b>a</b>	Plan name	SAL'S BEVERAGE WORLD RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SAL'S BEVERAGE WORLD	<b>c</b> EIN-PN 36-3431038-001
<b>a</b>	Plan name	THE ELDERBERRY CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE ELDERBERRY CO.	<b>c</b> EIN-PN 83-1866756-001
<b>a</b>	Plan name	THE ELENCO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELENCO CARBIDE TOOL CORPORATION	<b>c</b> EIN-PN 39-1125498-001
<b>a</b>	Plan name	THE MEDIA LAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STORY HORSE INC. DBA THE MEDIA LAB	<b>c</b> EIN-PN 84-3203491-001
<b>a</b>	Plan name	THE OSCHMANN ORGANIZATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE OSCHMANN ORGANIZATION, INC. DBA AZC DRUG TESTING	<b>c</b> EIN-PN 86-0994137-001
<b>a</b>	Plan name	TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRINITY CONSTRUCTION GROUP, LLC	<b>c</b> EIN-PN 35-2688581-001
<b>a</b>	Plan name	TRISON ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRISON ENTERPRISES INC.	<b>c</b> EIN-PN 91-1177364-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TUMBL TRAK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	V.T.L., INC	<b>c</b> EIN-PN 38-2824518-001
<b>a</b>	Plan name	TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO	<b>c</b> EIN-PN 36-4153559-001
<b>a</b>	Plan name	TYLER MCCABE DMD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TYLER MCCABE DMD, LLC	<b>c</b> EIN-PN 47-3682389-001
<b>a</b>	Plan name	TYMARK RESTAURANT GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	TYMARK, INC.	<b>c</b> EIN-PN 82-1824730-001
<b>a</b>	Plan name	UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UNI-GRIP, INC.	<b>c</b> EIN-PN 34-1108705-001
<b>a</b>	Plan name	WUNDER WERKZ 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WUNDER WERKZ LLC	<b>c</b> EIN-PN 45-3024445-001
<b>a</b>	Plan name	YAMATO FAMILY DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YAMATO FAMILY DENTAL	<b>c</b> EIN-PN 45-4182596-001
<b>a</b>	Plan name	ZELLWOOD STATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ZELLWOOD STATION CO-OP, INC.	<b>c</b> EIN-PN 59-3194342-001
<b>a</b>	Plan name	BLUE STARS ADMISSIONS CONSULTING, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLUE STARS ADMISSIONS CONSULTING, LLC	<b>c</b> EIN-PN 83-3693605-001
<b>a</b>	Plan name	BODY FOUNTAIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BODY FOUNTAIN, LTD.	<b>c</b> EIN-PN 82-1018085-001
<b>a</b>	Plan name	FEDERAL STREET STRATEGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEDERAL STREET STRATEGIES, LLC	<b>c</b> EIN-PN 82-1333618-001
<b>a</b>	Plan name	FERRETTI SEARCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PURSUIT SEARCH GROUP, LLC	<b>c</b> EIN-PN 83-1896110-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FFC CPAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FFC CPAS, LLC	<b>c</b> EIN-PN 84-2245616-001
<b>a</b>	Plan name	FIDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMINENT CONSULTING, LLC DBA FIDE LLC	<b>c</b> EIN-PN 82-0818461-001
<b>a</b>	Plan name	FIMG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 27-3693949-001
<b>a</b>	Plan name	RAYNOR OVERHEAD DOORS AND GATE INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RAYNOR OVERHEAD DOORS AND GATE INC	<b>c</b> EIN-PN 47-2927611-001
<b>a</b>	Plan name	RCD DEMOLITION 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RCD DEMOLITION	<b>c</b> EIN-PN 46-3209242-001
<b>a</b>	Plan name	REALEFLOW, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	REALEFLOW, LLC	<b>c</b> EIN-PN 20-8679477-001
<b>a</b>	Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REASON CONSULTING CORPORATION	<b>c</b> EIN-PN 87-3746346-001
<b>a</b>	Plan name	REDHAWK COILED TUBING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REDHAWK COILED TUBING, LLC	<b>c</b> EIN-PN 87-2997823-001
<b>a</b>	Plan name	REEDS SPRING READY MIX 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REEDS SPRING READY MIX	<b>c</b> EIN-PN 88-2673558-001
<b>a</b>	Plan name	UNZICKER DENTAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNZICKER DENTAL CORPORATION	<b>c</b> EIN-PN 82-3591748-001
<b>a</b>	Plan name	URTHPACT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	URTHPACT, LLC	<b>c</b> EIN-PN 04-3339273-001
<b>a</b>	Plan name	VALLEY OAKS MEDICAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOM-SONANI MANAGEMENT PLLC	<b>c</b> EIN-PN 85-0748921-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VERIFY INVESTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERIFY INVESTOR, INC. A DE INC.	<b>c</b> EIN-PN 46-3398188-001
<b>a</b>	Plan name	VERPLANK ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERPLANK ELECTRIC INC.	<b>c</b> EIN-PN 75-3028527-001
<b>a</b>	Plan name	VG PARTNERS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	VG PARTNERS, LLC	<b>c</b> EIN-PN 26-0710271-001
<b>a</b>	Plan name	VISKOTEERPAK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISKOTEERPAK, LLC	<b>c</b> EIN-PN 20-1267287-001
<b>a</b>	Plan name	CHATHAM HABITAT FOR HUMANITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHATHAM HABITAT FOR HUMANITY	<b>c</b> EIN-PN 56-1689599-001
<b>a</b>	Plan name	CI-DELL PLASTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CI-DELL PLASTICS, INC.	<b>c</b> EIN-PN 39-1556975-001
<b>a</b>	Plan name	GUARDIAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUARDIAN PROFESSIONAL CONTRACTING SERVICES, INC.	<b>c</b> EIN-PN 45-2501714-001
<b>a</b>	Plan name	GUNGOLL, JACKSON, BOX & DEVOLL, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUNGOLL, JACKSON, BOX & DEVOLL, P.C.	<b>c</b> EIN-PN 73-1278416-001
<b>a</b>	Plan name	MITCHELL GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MITCHELL GRAPHICS, INC.	<b>c</b> EIN-PN 38-2084428-001
<b>a</b>	Plan name	MOCA ZEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MOCA ZEE, LLC	<b>c</b> EIN-PN 85-2626819-001
<b>a</b>	Plan name	SAPHYRE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAPHYRE, INC.	<b>c</b> EIN-PN 82-3177747-001
<b>a</b>	Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VRK ENTERPRISES, LLC	<b>c</b> EIN-PN 81-3354376-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>BLACKROCK ADVANTAGE SMALL CAP CORE RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>196</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>82-5217478</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	5877094	9016575
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

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	5877094	9016575
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	5877094	9016575

**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
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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)	69626	
(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)	778336	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		847962

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		847962
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		3278652
(2) From this plan .....	<b>2l(2)</b>		987133

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.