

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] 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

1a Name of plan: TEMPLETON GLOBAL BOND RET ACCT
1b Three-digit plan number (PN): 350
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TEMPLETON GLOBAL BOND RET ACCT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>350</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>	

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name 365 HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor 365 HEALTHCARE STAFFING SERVICES, INC.	c EIN-PN 27-1213953-001
a	Plan name CHAMPION WIRE AND CABLE 401(K) PLAN	
b	Name of plan sponsor CHAMPION WIRE AND CABLE LLC	c EIN-PN 11-3253340-001
a	Plan name CICERONE ADVISERS LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CICERONE ADVISERS, LLC	c EIN-PN 06-1601609-001
a	Plan name EATWELL 401(K) PLAN	
b	Name of plan sponsor EATWELL ENTERPRISES LP	c EIN-PN 13-3944198-001
a	Plan name ECHO INDUSTRIAL, INC. 401(K) PLAN	
b	Name of plan sponsor ECHO INDUSTRIAL, INC.	c EIN-PN 73-1686642-001
a	Plan name FSC ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FSC ARCHITECTS, LLC	c EIN-PN 27-2031552-001
a	Plan name FSP POWERTEK, INC. 401(K) PLAN	
b	Name of plan sponsor FSP POWERTEK, INC.	c EIN-PN 45-4614696-001
a	Plan name FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor FULL SERVICE CONTRACTING, INC.	c EIN-PN 11-2601825-001
a	Plan name GALATOIRE'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor NEW ORLEANS EQUITY, LLC	c EIN-PN 27-1326146-001
a	Plan name GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GANDEE & ASSOCIATES, INC.	c EIN-PN 31-1080359-001
a	Plan name GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001
a	Plan name JUDY CASEY, INC. 401(K) PLAN	
b	Name of plan sponsor JUDY CASEY, INC.	c EIN-PN 13-3243377-001

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 MONTANO MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor MONTANO MOTORS, INC.	c EIN-PN 74-2392667-002
a	Plan name PAOLI LAW FIRM, P.C. 401(K) PLAN	
b	Name of plan sponsor PAOLI LAW FIRM, P.C.	c EIN-PN 84-1384608-001
a	Plan name PARKWOOD LANDSCAPE MAINTENANCE, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor PARKWOOD LANDSCAPE MAINTENANCE, INC.	c EIN-PN 95-4199872-001
a	Plan name PATCH HAWAII 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PATCH HAWAII	c EIN-PN 99-0167464-001
a	Plan name PEDIATRIC MEDICINE, PLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PEDIATRIC MEDICINE, PLC	c EIN-PN 03-0230997-001
a	Plan name SERV-U 401(K) PLAN	
b	Name of plan sponsor SERV-U	c EIN-PN 37-1325760-002
a	Plan name SEWON AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor SEWON AMERICA, INC.	c EIN-PN 26-1971648-001
a	Plan name SHAFERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COONEY, PARRIS & RIEKE CORPORATION	c EIN-PN 91-1862618-001
a	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	c EIN-PN 95-3876666-001
a	Plan name TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor TOPAZ SYSTEMS, INC.	c EIN-PN 77-0402671-002
a	Plan name XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor XL SCREW CORPORATION	c EIN-PN 36-4426811-001
a	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEVITT & BOCCIO, LLP	c EIN-PN 47-2210945-001

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 401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
b	Name of plan sponsor C12 CAPITAL MANAGEMENT US LP	c EIN-PN 27-0582841-001
a	Plan name MUNOZ ENGINEERING 401(K) PLAN	
b	Name of plan sponsor MUNOZ ENGINEERING & LAND SURVEYING, P.C.	c EIN-PN 13-3241117-001
a	Plan name NEXT RETIREMENT PLAN - ENTERPRISE	
b	Name of plan sponsor NEXT RETIREMENT PLAN - ENTERPRISE	c EIN-PN 26-2480212-001
a	Plan name NIAGARA LUBRICANT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor NIAGARA LUBRICANT COMPANY, INC.	c EIN-PN 16-0570580-001
a	Plan name ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
b	Name of plan sponsor ASSISTANCE LEAGUE OF LOS ANGELES	c EIN-PN 95-1641960-001
a	Plan name AT DAWN RETIREMENT PLAN	
b	Name of plan sponsor AT DAWN	c EIN-PN 13-4132349-001
a	Plan name PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name PETROSKE RIEZENMAN & MEYERS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PETROSKE RIEZENMAN & MEYERS, P.C.	c EIN-PN 20-0584514-001
a	Plan name PGF TECHNOLOGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor PGF TECHNOLOGY GROUP, INC.	c EIN-PN 38-2043637-001
a	Plan name PHI RETIREMENT PLAN	
b	Name of plan sponsor PARAPROFESSIONAL HEALTHCARE INSTITUTE	c EIN-PN 13-3575492-001
a	Plan name RICHIE & GUERINGER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RICHIE & GUERINGER, P.C.	c EIN-PN 74-2744788-777
a	Plan name RMD ADVERTISING, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RMD ADVERTISING INC	c EIN-PN 31-1399132-001

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 ROBINSON-BROWN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROBINSON-BROWN & ASSOCIATES, INC.	c EIN-PN 34-1664427-001
a	Plan name BRANNON LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRANNON LAW FIRM	c EIN-PN 85-2740348-002
a	Plan name BRIDGEMAN ART LIBRARY INTERNATIONAL LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor BRIDGEMAN IMAGES	c EIN-PN 13-3947335-001
a	Plan name BRIGHTON ESCROW, INC. 401(K) PLAN	
b	Name of plan sponsor BRIGHTON ESCROW, INC.	c EIN-PN 95-2886413-001
a	Plan name BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor BRONX CENTER FOR REHABILITATION AND HEALTHCARE	c EIN-PN 13-4021585-001
a	Plan name CLARITY EYE CARE 401(K) PLAN	
b	Name of plan sponsor CLARITY EYE CARE, DBA	c EIN-PN 46-0885020-001
a	Plan name SHARFI HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHARFI HOLDINGS, INC.	c EIN-PN 82-3806579-001
a	Plan name SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIGNALS AUDIO VIDEO, INC.	c EIN-PN 95-4602729-001
a	Plan name CORE 401(K) PLAN	
b	Name of plan sponsor C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING	c EIN-PN 20-1907597-001
a	Plan name CORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor CORTECH, LLC	c EIN-PN 58-2449456-001
a	Plan name COTTERMAN & COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COTTERMAN & COMPANY, INC.	c EIN-PN 34-1391975-001

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 SPURLIN & SPURLIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPURLIN & SPURLIN, LLC	c EIN-PN 58-2666339-001
a	Plan name ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	c EIN-PN 38-1859612-777
a	Plan name STEPHEN PERLITSH, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor STEPHEN M. PERLITSH, P.C.	c EIN-PN 13-3805593-001
a	Plan name ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTECH HAWAII, INC.	c EIN-PN 99-0229338-001
a	Plan name ELECTRIPACK, INC. 401(K) PLAN	
b	Name of plan sponsor ELECTRIPACK, INC.	c EIN-PN 37-1440638-001
a	Plan name ELITE SALES AND SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor ELITE SALES AND SOLUTIONS, INC.	c EIN-PN 46-2503930-001
a	Plan name ELLENOS 401(K) PLAN	
b	Name of plan sponsor REAL GREEK LLC	c EIN-PN 45-5592934-001
a	Plan name EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor OPPENHEIMER & CO., INC.	c EIN-PN 11-2945779-001
a	Plan name EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
a	Plan name TOPCO SALES 401(K) PLAN	
b	Name of plan sponsor TOPCO SALES	c EIN-PN 45-5582989-001
a	Plan name TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP	c EIN-PN 95-4363145-001
a	Plan name TRI-SIGNAL INTEGRATION 401(K) PLAN	
b	Name of plan sponsor TRI-SIGNAL INTEGRATION, INC.	c EIN-PN 95-4706775-001

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	TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY MANAGEMENT GROUP, LLC	c EIN-PN 06-1799100-001
a	Plan name	TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	TRUE NORTH CUSTOM PUBLISHING, LLC.	c EIN-PN 62-1764489-001
a	Plan name	VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor	VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	c EIN-PN 94-2461685-003
a	Plan name	VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINERIPE SALES, LLC	c EIN-PN 46-2080161-001
a	Plan name	FABER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	FABER ASSOCIATES, INC.	c EIN-PN 22-1550176-001
a	Plan name	FCSC/WALTON COUNTY 401(K) PLAN	
b	Name of plan sponsor	FCSC/WALTON COUNTY	c EIN-PN 59-2643266-001
a	Plan name	GENTILE, BRENGEL & LIN LLP 401(K) PLAN	
b	Name of plan sponsor	GENTILE, BRENGEL & LIN LLP	c EIN-PN 11-6227632-001
a	Plan name	GLOBAL GATEWAY ADVISORS 401(K) PLAN	
b	Name of plan sponsor	GLOBAL GATEWAY ADVISORS, LLC	c EIN-PN 27-3295802-001
a	Plan name	GOLDEN VALLEY INDUSTRIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOLDEN VALLEY INDUSTRIES	c EIN-PN 68-0568637-001
a	Plan name	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name	HUDSON VALLEY CHRYSLER DODGE JEEP RAM 401(K) PLAN	
b	Name of plan sponsor	HUDSON VLLY AUTOMOTIVE ENTERPRISES LLC DBA HUDSON VALLEY CHRYSLER DO	c EIN-PN 46-3836303-001

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 HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001
a	Plan name KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
b	Name of plan sponsor KAIKOR CONSTRUCTION GROUP, INC.	c EIN-PN 99-0242255-001
a	Plan name KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KELLIHER/SAMETS, LTD.	c EIN-PN 03-0270393-001
a	Plan name KIMBERLITE 401(K) PLAN	
b	Name of plan sponsor KIMBERLITE CORPORATION	c EIN-PN 77-0444505-001
a	Plan name GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
a	Plan name GREENWOOD DENTAL ASSOCIATES, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREENWOOD DENTAL ASSOCIATES, LTD.	c EIN-PN 36-2716751-001
a	Plan name GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001
a	Plan name KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001
a	Plan name LIFARS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LIFARS LLC	c EIN-PN 46-0875969-001
a	Plan name LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001
a	Plan name ABRAZO HOMES 401(K) PLAN	
b	Name of plan sponsor ABRAZO HOMES	c EIN-PN 26-0515234-001
a	Plan name ACADIA HR MEP	
b	Name of plan sponsor HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	c EIN-PN 14-1725479-001

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	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	c EIN-PN 13-3990791-002
a	Plan name	N.V. MORAN PLUMBING SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	N.V. MORAN PLUMBING SUPPLY, INC.	c EIN-PN 94-2641538-001
a	Plan name	NAPCO OIL HEAT CORP. 401(K) PLAN	
b	Name of plan sponsor	NAPCO OIL HEAT CORP.	c EIN-PN 11-2629891-001
a	Plan name	NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NASSAU SHORES AUTOMOTIVE INC.	c EIN-PN 11-3146542-001
a	Plan name	ALOHA VETERINARY CENTER, LLC 401(K) RETIREMENT SAVINGS PLAN (001)	
b	Name of plan sponsor	ALOHA VETERINARY CENTER, LLC	c EIN-PN 99-0304364-001
a	Plan name	AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	ORAL SURGERY GROUP, P.A.	c EIN-PN 22-1996401-001
a	Plan name	NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	NMS PROPERTY SERVICES CORPORATION	c EIN-PN 95-4848549-001
a	Plan name	NOEL'S INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOEL'S, INC.	c EIN-PN 85-0206170-001
a	Plan name	NORWOLF TOOL WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORWOLF TOOL WORKS, INC.	c EIN-PN 22-3427279-001
a	Plan name	AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name	AVEX FUNDING, INC. 401(K) PLAN	
b	Name of plan sponsor	AVEX FUNDING	c EIN-PN 87-0691651-001
a	Plan name	PIEDMONT PEDIATRICS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	PIEDMONT PEDIATRICS, LLC	c EIN-PN 58-1108592-001

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	PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a Plan name	RUSH ORDER, INC. 401(K) PLAN	
b Name of plan sponsor	RUSH ORDER, INC.	c EIN-PN 77-0325742-001
a Plan name	SAINT COLMAN'S HOME, INC. 401(K) PLAN	
b Name of plan sponsor	SAINT COLMAN'S HOME, INC.	c EIN-PN 14-1338501-001
a Plan name	CLEAR VIEW SANITARIUM 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CLEAR VIEW SANITARIUM	c EIN-PN 95-2078230-001
a Plan name	COMMERCIAL ENERGY 401(K) PLAN	
b Name of plan sponsor	COMMERCIAL ENERGY OF MONTANA, INC.	c EIN-PN 84-1413218-002
a Plan name	SIMMONS FEED & SUPPLY LLC 401(K) PLAN	
b Name of plan sponsor	SIMMONS FEED & SUPPLY COMPANY LLC	c EIN-PN 34-1604160-001
a Plan name	SK USA, INC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	SK AMERICAS, INC.	c EIN-PN 13-4187356-777
a Plan name	SKY BLUE RETIREMENT PLAN	
b Name of plan sponsor	SKY BLUE BUILDERS, LLC	c EIN-PN 20-8411005-001
a Plan name	SOFTGENETICS, LLC 401(K) PLAN	
b Name of plan sponsor	SOFTGENETICS, LLC	c EIN-PN 25-1899879-001
a Plan name	CVOMS RETIREMENT PLAN	
b Name of plan sponsor	CHAMPLAIN VALLEY ORAL & MAXILLOFACIAL SURGERY, PC	c EIN-PN 47-1972385-001
a Plan name	CVR ASSOCIATES, INC. 401(K)	
b Name of plan sponsor	CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777
a Plan name	STONY POINT DENTAL, PC	
b Name of plan sponsor	STONY POINT DENTAL, PC	c EIN-PN 27-2392177-002

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	STRATEGY/PR CONSULTING, LLC RETIREMENT PLAN	
b	Name of plan sponsor	STRATEGY/PR CONSULTING, LLC	c EIN-PN 45-3144122-001
a	Plan name	STRAUBE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	STRAUBE ASSOCIATES, INC.	c EIN-PN 94-1521643-001
a	Plan name	ENVIRONET SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ENVIRONET SYSTEMS, LLC	c EIN-PN 13-3851048-001
a	Plan name	EO TECHNICAL SOLUTIONS RETIREMENT TRUST	
b	Name of plan sponsor	EO TECHNICAL SOLUTIONS LLC	c EIN-PN 80-0517205-001
a	Plan name	U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001
a	Plan name	UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor	UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name	W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	W.A. HAMMOND DRIERITE COMPANY, L.T.D.	c EIN-PN 31-1140535-002
a	Plan name	WALTER'S WEST END SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	WALTER'S WEST END SUPPLY, INC.	c EIN-PN 11-2909455-001
a	Plan name	FIDELITY ROOF COMPANY, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FIDELITY ROOF COMPANY INC.	c EIN-PN 94-1326440-003
a	Plan name	FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
b	Name of plan sponsor	FIGLIOZZI & COMPANY, PC	c EIN-PN 11-2924109-001
a	Plan name	AEON NEXUS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEON NEXUS CORPORATION	c EIN-PN 54-1983534-002
a	Plan name	AMERICAN HYDROPONICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUN CIRCLE, INC. DBA AMERICAN HYDROPONICS	c EIN-PN 68-0013191-001

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 AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AMIEE LYNN, INC.	c EIN-PN 65-1160566-001
a	Plan name CANTON CENTER CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor CANTON CENTER CHIROPRACTIC CLINIC	c EIN-PN 40-0016691-001
a	Plan name CBC, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CBC, INC.	c EIN-PN 99-0119645-004
a	Plan name COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC	c EIN-PN 46-5167460-001
a	Plan name COMPUTER EXCHANGE, LTD. 401(K) PLAN	
b	Name of plan sponsor COMPUTER EXCHANGE, LTD.	c EIN-PN 58-1649904-003
a	Plan name CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSENSUS INC.	c EIN-PN 95-4236230-001
a	Plan name CONSOLIDATED PERSONNEL SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CPS, INC.	c EIN-PN 86-0745045-001
a	Plan name DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DAVE ARBOGAST GROUP, INC.	c EIN-PN 31-1409301-001
a	Plan name DAVIS, BENGTON & YOUNG, APLC 401(K) PLAN & TRUST	
b	Name of plan sponsor DAVIS, BENGTON & YOUNG, APLC	c EIN-PN 27-0646365-001
a	Plan name ERC CONCEPTS CO., INC. 401(K) PLAN	
b	Name of plan sponsor ERC CONCEPTS COMPANY	c EIN-PN 77-0344798-002
a	Plan name FLOORING ENVIRONMENT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor FLOORING ENVIRONMENT, INC.	c EIN-PN 20-1919012-001
a	Plan name FLOW-FX PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	c EIN-PN 37-1650185-001

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	FOCUS HOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FOCUS HOPE	c EIN-PN 38-1948285-002
a	Plan name	GUARDIAN ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GUARDIAN ENVIRONMENTAL SERVICES, INC.	c EIN-PN 38-2513074-001
a	Plan name	HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PL	c EIN-PN 33-0416470-222
a	Plan name	HAIGHT LAW GROUP, PC 401(K) PLAN	
b	Name of plan sponsor	HAIGHT LAW GROUP, PC	c EIN-PN 20-8962303-001
a	Plan name	HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	HALVORSEN DEVELOPMENT CORPORATION	c EIN-PN 65-0445337-001
a	Plan name	HAND INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	THE MINIMALLY INVASIVE HAND INSTITUTE	c EIN-PN 27-1952351-001
a	Plan name	LA PALOMA 401(K) PLAN	
b	Name of plan sponsor	LA PALOMA FUNERAL SERVICES	c EIN-PN 26-0296007-001
a	Plan name	LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	LOVEJOY CONTROLS CORPORATION	c EIN-PN 39-1297009-001
a	Plan name	LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	LRS ARCHITECTS, INC.	c EIN-PN 93-1259453-001
a	Plan name	LUMINUS DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	LUMINUS DIAGNOSTICS, LLC	c EIN-PN 45-4133635-001
a	Plan name	LUMONDI, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LUMONDI, INC.	c EIN-PN 22-3008871-001
a	Plan name	NATIONAL PT OF NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor	NATIONAL PT OF NEW ENGLAND LLC	c EIN-PN 27-3731724-001

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	NATIONAL RETIREMENT EXCHANGE PLAN	
b	Name of plan sponsor	NATIONAL BENEFIT SERVICES, LLC	c EIN-PN 20-3886993-001
a	Plan name	NEFI	
b	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	c EIN-PN 04-2078321-001
a	Plan name	NOVA AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOVA AUTOMOTIVE INC.	c EIN-PN 26-0025508-002
a	Plan name	OHIO VALLEY EYE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	OHIO VALLEY EYE INSTITUTE, P.C.	c EIN-PN 35-1907178-001
a	Plan name	OLAN LAW CORP. 401(K) PLAN	
b	Name of plan sponsor	OLAN LAW CORP.	c EIN-PN 95-4690783-001
a	Plan name	PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PNB REMITTANCE CENTERS INC.	c EIN-PN 94-3136317-001
a	Plan name	POLSINELLO FUELS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	POLSINELLO FUELS, INC.	c EIN-PN 14-1495096-002
a	Plan name	POWERBUILD CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	POWERBUILD CONSTRUCTION, LLC	c EIN-PN 81-1737022-001
a	Plan name	SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SALINAS MANAGEMENT, LLC	c EIN-PN 45-4187623-001
a	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SBARRO, INC.	c EIN-PN 11-2501939-001
a	Plan name	SC RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
a	Plan name	SOUTHERN STRUCTURAL STEEL, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN STRUCTURAL STEEL, INC.	c EIN-PN 54-1809752-001

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 SPECTRUM MONTESSORI 401(K) PLAN	
b	Name of plan sponsor SPECTRUM MONTESSORI	c EIN-PN 45-5022138-001
a	Plan name SPEECH & VOICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor SPEECH & VOICE SOLUTIONS	c EIN-PN 20-8174445-001
a	Plan name SPJ LIGHTING 401(K) PLAN	
b	Name of plan sponsor SPJ LIGHTING INC.	c EIN-PN 95-4704234-001
a	Plan name SY KATZ PRODUCE, INC. 401(K) PLAN	
b	Name of plan sponsor SY KATZ PRODUCE, INC.	c EIN-PN 59-2069613-002
a	Plan name TBDM LAW PLLC 401(K) P/S PLAN	
b	Name of plan sponsor TBDM LAW PLLC	c EIN-PN 33-1623607-001
a	Plan name WELLPOWER U.E. LOCAL #1135 401(K) PLAN	
b	Name of plan sponsor STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-010
a	Plan name WELLPOWER UAW LOCAL #2571 401(K) PLAN	
b	Name of plan sponsor STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-011
a	Plan name WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor WEST GEORGIA EYE CARE CENTER	c EIN-PN 58-1075293-001
a	Plan name WESTERN INTEGRATED 401(K) PLAN	
b	Name of plan sponsor WESTERN INTEGRATED MATERIALS	c EIN-PN 26-0852608-003
a	Plan name ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
b	Name of plan sponsor ANCHORS, SMITH AND GRIMSLEY, P.A.	c EIN-PN 59-1219936-001
a	Plan name ANCHORSGORDON, P.A., 401(K) PLAN	
b	Name of plan sponsor ANCHORSGORDON, P.A.	c EIN-PN 20-4084916-001
a	Plan name ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	c EIN-PN 95-4887678-001

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 ANN M. HASHITATE, D.D.S., INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ANN HASHITATE, D.D.S. INC.	c EIN-PN 20-3665963-001
a	Plan name CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CHAMPION SOLUTIONS GROUP, INC.	c EIN-PN 59-2347579-001
a	Plan name DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIPONIO CONTRACTING, INC.	c EIN-PN 20-8039399-001
a	Plan name DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DOCTOR & ASSOCIATES	c EIN-PN 06-0857902-001
a	Plan name DOI & ASSOCIATES CPAS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DOI & ASSOCIATES CPAS, LLC	c EIN-PN 46-5649356-001
a	Plan name DOLLAR DRUG 401(K) SAVINGS PLAN	
b	Name of plan sponsor JGS PHARMACIES, INC. DBA DOLLAR DRUG	c EIN-PN 02-0544166-001
a	Plan name FOREST HILL HEALTH CARE CENTER 401(K) PLAN	
b	Name of plan sponsor FOREST HILL HEALTH CARE CENTER, INC.	c EIN-PN 22-3074070-001
a	Plan name FORM GRINDING TECH INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FORM GRINDING TECH INC	c EIN-PN 38-3502129-001
a	Plan name FORTRON/SOURCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTRON/SOURCE CORPORATION	c EIN-PN 94-2912689-001
a	Plan name FORTUNA ACE HARDWARE & GARDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTUNA ACE HARDWARE & GARDEN, INC.	c EIN-PN 20-2925828-001
a	Plan name FOSTER/PREMIER, INC. 401(K) PLAN	
b	Name of plan sponsor FOSTER/PREMIER, INC.	c EIN-PN 36-4139399-001

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	JIM BOWDEN, D.D.S., P.A. 401(K) PLAN	
b	Name of plan sponsor	JIM BOWDEN, D.D.S., P.A.	c EIN-PN 74-2603277-001
a	Plan name	JMK GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JMK GROUP, INC. DBA THE AGENCY	c EIN-PN 95-4133869-001
a	Plan name	MARAN, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARAN, INC.	c EIN-PN 94-2444640-777
a	Plan name	MARONI CUISINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARONI CUISINE	c EIN-PN 11-3585206-001
a	Plan name	OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
b	Name of plan sponsor	OVERHEAD DOOR COMPANY OF COVINGTON, INC.	c EIN-PN 61-0718497-001
a	Plan name	OX ORTHODONTIX, LLC 401(K) PLAN	
b	Name of plan sponsor	OX ORTHODONTIX, LLC	c EIN-PN 52-2150566-001
a	Plan name	PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name	PALPILOT 401(K) PLAN	
b	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.	c EIN-PN 77-0320008-001
a	Plan name	SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	c EIN-PN 99-0268773-001
a	Plan name	SECURCOM, INC. 401(K) PLAN	
b	Name of plan sponsor	SECURCOM, INC.	c EIN-PN 34-1852124-002
a	Plan name	SEDER ORTHODONTIC, LTD. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SEDER ORTHODONTIC, LTD.	c EIN-PN 46-3619282-001
a	Plan name	SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SELECTRODE INDUSTRIES, INC.	c EIN-PN 11-2677850-002

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 ECRM CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	c EIN-PN 34-1752681-001
a	Plan name THE HRB GROUP 401(K) PLAN	
b	Name of plan sponsor PRAZAK & ASSOCIATES, LLC	c EIN-PN 81-4386443-201
a	Plan name WILLIAM W. LYONS, DDS, P.C., 401(K) PLAN	
b	Name of plan sponsor WILLIAM W. LYONS, DDS, P.C.	c EIN-PN 26-3126437-001
a	Plan name BENSING AVIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BENSING AVIATION, INC.	c EIN-PN 38-3774345-001
a	Plan name BERK EYE CARE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BERK EYE CARE CENTER	c EIN-PN 31-1261693-001
a	Plan name HARRY WARREN OF GEORGIA 401(K) PLAN	
b	Name of plan sponsor MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	c EIN-PN 65-1179808-001
a	Plan name HAWAII ANALYTICAL LABORATORY LLC 401(K) PLAN	
b	Name of plan sponsor HAWAII ANALYTICAL LABORATORY LLC	c EIN-PN 47-5082201-001
a	Plan name M.R.S. INDUSTRIAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MRS INDUSTRIAL	c EIN-PN 31-1499453-001
a	Plan name MACRI CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor MACRI CONCRETE, INC.	c EIN-PN 25-1823760-001
a	Plan name MACROVEY 401(K) PLAN	
b	Name of plan sponsor MACROVEY, LLC	c EIN-PN 45-5205376-001
a	Plan name MANITOWOC MARINA LLC 401(K) PLAN	
b	Name of plan sponsor MANITOWOC MARINA LLC	c EIN-PN 45-3057530-001
a	Plan name PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001

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	PROVIDENCE CATHOLIC SCHOOL 401(K) PLAN	
b	Name of plan sponsor	PROVIDENCE CATHOLIC SCHOOL, INC.	c EIN-PN 74-1222275-001
a	Plan name	TECH VALLEY TALENT LLC 401(K) PLAN	
b	Name of plan sponsor	TECH VALLEY TALENT LLC	c EIN-PN 26-2582540-001
a	Plan name	TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TECHNOFLO SYSTEMS	c EIN-PN 77-0557580-001
a	Plan name	PS 260, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PS 260, INC.	c EIN-PN 13-3413729-777
a	Plan name	THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	c EIN-PN 16-1597759-001
a	Plan name	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	POWER DOOR PRODUCTS, INC.	c EIN-PN 13-2746069-001
a	Plan name	BIG ISLAND TREE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIG ISLAND TREE SERVICE, INC.	c EIN-PN 20-3228783-001
a	Plan name	BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BK MILL & FIXTURES	c EIN-PN 94-2366234-001
a	Plan name	DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DOXON, LLC	c EIN-PN 20-8038249-001
a	Plan name	DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DURHAM CONSTRUCTION COMPANY, INC.	c EIN-PN 02-0642097-001
a	Plan name	EARL A. HASEGAWA, D.D.S., M.S., INC. 401(K) PLAN	
b	Name of plan sponsor	EARL A. HASEGAWA, D.D.S., M.S., INC.	c EIN-PN 99-0321177-001
a	Plan name	HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SONGY HIGHROADS, LLC	c EIN-PN 45-4485594-001

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 HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
b	Name of plan sponsor HIGHTOWERS PETROLEUM CO.	c EIN-PN 31-1151689-001
a	Plan name HOFFMAN FORDLAND 401(K) SAVINGS PLAN	
b	Name of plan sponsor HOFFMAN FORD SALES, INC.	c EIN-PN 23-1477451-003
a	Plan name MICHAEL'S / MFH, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MICHAEL'S / MFH, INC.	c EIN-PN 31-1117594-001
a	Plan name BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BOSS COMMUNICATION TECHNOLOGIES, INC.	c EIN-PN 99-0259632-001
a	Plan name BOSTER, KOBAYASHI 401(K) PLAN	
b	Name of plan sponsor BOSTER, KOBAYASHI & ASSOCIATES	c EIN-PN 94-2746874-001
a	Plan name EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EASTERN ARMORED SERVICES, INC.	c EIN-PN 22-3193394-001
a	Plan name HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC	c EIN-PN 61-1403889-001
a	Plan name HOUSTON MEDICAL CONSULTANTS PC 401(K) PLAN	
b	Name of plan sponsor HOUSTON MEDICAL CONSULTANTS PC	c EIN-PN 46-0754581-001
a	Plan name MIRRAM GROUP INCENTIVE SAVINGS PLAN & TRUST	
b	Name of plan sponsor MIRRAM GROUP, LLC	c EIN-PN 13-4066469-002
a	Plan name MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MISSISSIPPI MARINE CORPORATION	c EIN-PN 64-0524327-001
a	Plan name REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REISCHLING PRESS, INC.	c EIN-PN 91-1013222-001
a	Plan name RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RENOWN TAG AND LABEL, INC.	c EIN-PN 11-2530597-001

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	RICHFORD HEALTH CENTER, INC. 401(K) PLAN	
b Name of plan sponsor	RICHFORD HEALTH CENTER, INC.	c EIN-PN 03-0215982-001

a Plan name	THE VANDERVORT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THE VANDERVORT GROUP, LLC	c EIN-PN 14-1800633-001

a Plan name	THERMAL REFRIGERATION, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THERMAL REFRIGERATION, INC.	c EIN-PN 43-1598558-001

a Plan name	THOMAS LAVIN, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THOMAS LAVIN, INC.	c EIN-PN 95-4789663-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TEMPLETON GLOBAL BOND RET ACCT	B Three-digit plan number (PN) ▶ 350
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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)	5015274
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	4632190
(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	5015274	4632190
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	5015274	4632190

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)	-637831	
(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		-637831

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		-637831
l Transfers of assets:			
(1) To this plan	2l(1)		998777
(2) From this plan	2l(2)		744030

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 _____.