

**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
  - 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
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>JANUS HENDERSON ENTERPRISE RET OPT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>968</u> <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>  <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	<b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u> <b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u> <b>2d</b> 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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/08/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)  
v. 240311

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

<b>A</b> Name of plan <u>JANUS HENDERSON ENTERPRISE RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>968</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>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<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):		
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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 BALL AUTOMOTIVE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BALL AUTOMOTIVE GROUP	<b>c</b> EIN-PN 95-2571142-002
<b>a</b>	Plan name ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ECHO PRODUCTION, INC.	<b>c</b> EIN-PN 75-1623080-001
<b>a</b>	Plan name EDMOND MUSIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDMOND MUSIC, INC.	<b>c</b> EIN-PN 73-1499074-001
<b>a</b>	Plan name FALCONE & TRUMAN PLUMBING & HEATING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FALCONE & TRUMAN PLUMBING & HEATING INC.	<b>c</b> EIN-PN 23-2386576-001
<b>a</b>	Plan name PSG/TEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor PENTENBURG SEARCH GROUP, INC.	<b>c</b> EIN-PN 26-4202912-001
<b>a</b>	Plan name PUGH HAGAN PRAHM PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PUGH HAGAN PRAHM PLC	<b>c</b> EIN-PN 46-4389694-001
<b>a</b>	Plan name TMG PLUMBING & DISASTER SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TMG PLUMBING & DISASTER SOLUTIONS	<b>c</b> EIN-PN 81-2837231-001
<b>a</b>	Plan name BW WATER AMERICAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BW WATER AMERICAS	<b>c</b> EIN-PN 03-0570656-001
<b>a</b>	Plan name UNIVERSAL NORTH INC. - SH 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL NORTH INC.	<b>c</b> EIN-PN 34-1666673-001
<b>a</b>	Plan name CAPE COD OYSTER COMPANY INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPE COD OYSTER COMPANY INC	<b>c</b> EIN-PN 04-2788929-001
<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 VVH CONSULTING ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor VVH CONSULTING ENGINEERS	<b>c</b> EIN-PN 27-2604454-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CLARK TRANSPORTATION SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEXARKANA SUGAR HILL, INC.	<b>c</b> EIN-PN 75-2776645-001
<b>a</b>	Plan name	H&A FINANCING & SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H&A FINANCING & SERVICES CORP	<b>c</b> EIN-PN 01-0961192-001
<b>a</b>	Plan name	SANARA MEDTECH INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANARA MEDTECH INC.	<b>c</b> EIN-PN 59-2219994-001
<b>a</b>	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	<b>c</b> EIN-PN 56-2397586-001
<b>a</b>	Plan name	HERITAGE HILL DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE HILL DENTAL P.C.	<b>c</b> EIN-PN 45-3849054-001
<b>a</b>	Plan name	XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	XP SERVICES, INC.	<b>c</b> EIN-PN 80-0316734-001
<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	YOUR LOGISTICS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUR LOGISTICS CORP.	<b>c</b> EIN-PN 83-2760497-001
<b>a</b>	Plan name	SILVERDALE PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SILVERDALE PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 91-0970631-001
<b>a</b>	Plan name	INNOVATION NETWORK TECHNOLOGIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INNOVATION NETWORK TECHNOLOGIES CORPORATION DBA INNET	<b>c</b> EIN-PN 01-0923308-001
<b>a</b>	Plan name	OMNI MANUFACTURING, INC. PROFIT SHARING AND 401(K) SAVINGS RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	OMNI MANUFACTURING, INC.	<b>c</b> EIN-PN 34-1383211-001
<b>a</b>	Plan name	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD	<b>c</b> EIN-PN 02-0574359-001

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	P.J. ZUCCARO, D.D.S., P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	P.J. ZUCCARO, D.D.S., P.C.	<b>c</b> EIN-PN 42-1113336-001
<b>a</b> Plan name	DR. PAUL FISCHER, PC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DR. PAUL FISCHER, PC	<b>c</b> EIN-PN 06-1329220-001
<b>a</b> Plan name	TARRY MEDICAL PRODUCTS, INC. EMPLOYEES 401(K) PLAN	
<b>b</b> Name of plan sponsor	TARRY MEDICAL PRODUCTS, INC.	<b>c</b> EIN-PN 06-1683982-001
<b>a</b> Plan name	REMY BATTERY 401(K) PLAN	
<b>b</b> Name of plan sponsor	REMY BATTERY CO., INC.	<b>c</b> EIN-PN 39-1193920-001
<b>a</b> Plan name	TX TEAM REHAB, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TX TEAM REHAB, INC.	<b>c</b> EIN-PN 35-1565294-002
<b>a</b> Plan name	FUSION TECH INTEGRATED INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	FUSION TECH INTEGRATED INC.	<b>c</b> EIN-PN 20-3032924-001
<b>a</b> Plan name	MADDEN LAW GROUP, SC 401(K) PLAN	
<b>b</b> Name of plan sponsor	MADDEN LAW GROUP, SC	<b>c</b> EIN-PN 41-2280038-001
<b>a</b> Plan name	SCALE-TEC 401(K) PLAN	
<b>b</b> Name of plan sponsor	SCALE-TEC LTD	<b>c</b> EIN-PN 39-1909602-001
<b>a</b> Plan name	CLINTON PREFERRED PEDIATRICS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MACOMB COUNTY PEDIATRICS, P.C. DBA CLINTON PREFERRED PEDIATRICS, P.C	<b>c</b> EIN-PN 38-3309363-001
<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	HERZOG ROOFING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	HERZOG ROOFING, INC.	<b>c</b> EIN-PN 41-1380767-001
<b>a</b> Plan name	ACME SPRING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ACME SPRING, INC.	<b>c</b> EIN-PN 31-0673741-001

<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	ACTION CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACTION CARE, INC. DBA HOME INSTEAD	<b>c</b> EIN-PN 37-1976029-001
<b>a</b>	Plan name	AEROSPACE COMPOSITES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROSPACE COMPOSITES SOLUTIONS, INC.	<b>c</b> EIN-PN 27-0946603-001
<b>a</b>	Plan name	AFFINITY DESIGN, LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	AFFINITY DESIGN, LLC	<b>c</b> EIN-PN 47-2084931-001
<b>a</b>	Plan name	AFFINITY IT GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ISS OHIO, LLC DBA AFFINITY IT GROUP	<b>c</b> EIN-PN 46-1599792-001
<b>a</b>	Plan name	CRAIG JEFFRIES WEALTH MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRAIG JEFFRIES WEALTH MANAGEMENT GROUP LLC	<b>c</b> EIN-PN 47-2160551-001
<b>a</b>	Plan name	SJCC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SJ CONSTRUCTION CONSULTING, LLC	<b>c</b> EIN-PN 81-1815964-001
<b>a</b>	Plan name	OPM EARNINGS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OPM EARNINGS DBA LIMESTONE WEALTH ADVISORS	<b>c</b> EIN-PN 61-1374312-001
<b>a</b>	Plan name	DEFENSESTORM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEFENSESTORM, INC.	<b>c</b> EIN-PN 46-5598717-001
<b>a</b>	Plan name	DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	<b>c</b> EIN-PN 22-3501151-001
<b>a</b>	Plan name	STAR SEAL OF MINNESOTA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAR SEAL OF MINNESOTA, INC.	<b>c</b> EIN-PN 20-8742594-001
<b>a</b>	Plan name	PACIFIC ASIAN ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC ASIAN ENTERPRISES, INC.	<b>c</b> EIN-PN 95-3306034-002
<b>a</b>	Plan name	PERINATAL MEDICAL GROUP, INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PERINATAL MEDICAL GROUP, INC	<b>c</b> EIN-PN 94-2673505-001

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 ATLAS ESSENTIALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLAS ESSENTIALS USA LLC	<b>c</b> EIN-PN 99-1874504-001
<b>a</b>	Plan name DRUM CORPS INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor DRUM CORPS INTERNATIONAL, INC.	<b>c</b> EIN-PN 36-2754480-001
<b>a</b>	Plan name JET HELSETH MFG, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JET HELSETH MANUFACTURING, INC.	<b>c</b> EIN-PN 59-3402920-001
<b>a</b>	Plan name BOSTON PHARMACEUTICALS INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BOSTON PHARMACEUTICALS INC.	<b>c</b> EIN-PN 81-0837665-001
<b>a</b>	Plan name LAWSON HUCK GONZALEZ, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAWSON HUCK GONZALEZ, PLLC	<b>c</b> EIN-PN 92-1760240-001
<b>a</b>	Plan name TOBROCO MACHINERY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOBROCO MACHINERY LLC	<b>c</b> EIN-PN 30-0949003-001
<b>a</b>	Plan name MOLE STREET 401(K) PLAN	
<b>b</b>	Name of plan sponsor MOLE STREET PRODUCTIONS, LLC	<b>c</b> EIN-PN 45-2541054-001
<b>a</b>	Plan name OUTSOURCE UTILITY CONTRACTOR CORP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor OUTSOURCE UTILITY CONTRACTOR, LLC	<b>c</b> EIN-PN 01-0963229-001
<b>a</b>	Plan name PERSPECTIVE PV 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERSPECTIVE PV	<b>c</b> EIN-PN 81-5230196-002
<b>a</b>	Plan name POZITIVF FERTILITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor POZITIVF FERTILITY MANAGEMENT, LLC	<b>c</b> EIN-PN 86-2291004-001
<b>a</b>	Plan name PRACTICE ALTERNATIVES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PRACTICE ALTERNATIVES, INC.	<b>c</b> EIN-PN 22-3575004-001
<b>a</b>	Plan name RIVAS PERIODONTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RACINE PERIODONTICS AND IMPLANT DENTISTRY LTD DBA RIVAS PERIODONTICS	<b>c</b> EIN-PN 81-3954104-001

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 RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIVER DENTAL CARE	<b>c</b> EIN-PN 92-0862580-001
<b>a</b>	Plan name SCHLOSSER ORTHODONTICS401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SCHLOSSER ORTHODONTICS, L.L.C.	<b>c</b> EIN-PN 85-1521677-001
<b>a</b>	Plan name THE GREATER HOUSTON NEUROSURGERY CENTER, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE GREATER HOUSTON NEUROSURGERY CENTER, P.A.	<b>c</b> EIN-PN 76-0523049-001
<b>a</b>	Plan name TIMIBO LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TIMIBO LLC DBA INSIGNIA	<b>c</b> EIN-PN 92-3404102-001
<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 911 CELLULAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor 911 CELLULAR LLC	<b>c</b> EIN-PN 46-2956466-001
<b>a</b>	Plan name ZENITH REHABILITATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZENITH REHABILITATION, LLC	<b>c</b> EIN-PN 82-4302535-001
<b>a</b>	Plan name ADDRESS HEALTHCARE ADMINISTRATION, LLC	
<b>b</b>	Name of plan sponsor ADDRESS HEALTHCARE ADMINISTRATION, LLC	<b>c</b> EIN-PN 99-1289536-001
<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 APPLE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPLE ELECTRICAL CONTRACTORS, INC.	<b>c</b> EIN-PN 75-2529492-001
<b>a</b>	Plan name BRANDT HEATING AND AIR CONDITIONING CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRANDT HEATING AND AIR CONDITIONING CO., INC.	<b>c</b> EIN-PN 42-1291576-001
<b>a</b>	Plan name CARROLL DENTAL CLINIC P.L.C. RETIREMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor CARROLL DENTAL CLINIC P.L.C	<b>c</b> EIN-PN 20-5699792-001

<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	CASTOR GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CASTOR GROUP, LLC	<b>c</b> EIN-PN 20-0785510-001
<b>a</b>	Plan name	CHRISTENSEN HSU SIPES LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISTENSEN HSU SIPES LLP	<b>c</b> EIN-PN 20-4038082-001
<b>a</b>	Plan name	CORA CONSTRUCTORS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CORA CONSTRUCTORS, INC.	<b>c</b> EIN-PN 20-2005772-001
<b>a</b>	Plan name	CORDEVALLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORDEVALLE L.P.	<b>c</b> EIN-PN 20-8456270-001
<b>a</b>	Plan name	DIGIOH LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIGIOH LLC	<b>c</b> EIN-PN 45-2780632-001
<b>a</b>	Plan name	ELECTRONIC DESIGN TO MARKET, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELECTRONIC DESIGN TO MARKET, INC.	<b>c</b> EIN-PN 34-1752024-001
<b>a</b>	Plan name	GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST	
<b>b</b>	Name of plan sponsor	GAVRILOV LAW CORPORATION	<b>c</b> EIN-PN 27-0151979-001
<b>a</b>	Plan name	GREAT OAKS COUNTRY CLUB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT OAKS COUNTRY CLUB, INC.	<b>c</b> EIN-PN 38-2274018-001
<b>a</b>	Plan name	HAMWI MD PLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	YASER HAMWI, M.D. , PLC	<b>c</b> EIN-PN 42-2506197-001
<b>a</b>	Plan name	HANSEN CUSTOM CABINETS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HANSEN CUSTOM CABINETS, INC.	<b>c</b> EIN-PN 36-3657875-001
<b>a</b>	Plan name	HILLCREST HOME, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HILLCREST HOME, INC.	<b>c</b> EIN-PN 42-0892136-001
<b>a</b>	Plan name	HOPE BY THE SEA DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	HOPE BY THE SEA, INC.	<b>c</b> EIN-PN 11-3673202-001

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 INTERNATIONAL COLLEGE COUNSELORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL COLLEGE COUNSELORS, INC.	<b>c</b> EIN-PN 26-4096102-001
<b>a</b>	Plan name J FOX AGENCY LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor J FOX AGENCY LLC	<b>c</b> EIN-PN 45-3506450-001
<b>a</b>	Plan name JOE'S REAL B-B-Q 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARVEST MERCANTILE COMPANY, INC.	<b>c</b> EIN-PN 86-0883424-001
<b>a</b>	Plan name APPLIED TECH SERVICES LLC 401(K)	
<b>b</b>	Name of plan sponsor APPLIED TECH SERVICES LLC	<b>c</b> EIN-PN 82-5498381-001
<b>a</b>	Plan name BCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRATSLAVSKY CONSULTING ENGINEERS, INC.	<b>c</b> EIN-PN 92-0169405-002
<b>a</b>	Plan name CC POOL BUILDERS & SERVICE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CC POOL BUILDERS & SERVICE	<b>c</b> EIN-PN 27-4975870-001
<b>a</b>	Plan name COMMERCIAL SEWING, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL SEWING, INC.	<b>c</b> EIN-PN 06-0863890-001
<b>a</b>	Plan name GLENNS CREEK DISTILLING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GLENNS CREEK DISTILLING, LLC	<b>c</b> EIN-PN 46-3975494-001
<b>a</b>	Plan name JACK PIXLEY SWEEPS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JACK PIXLEY SWEEPS	<b>c</b> EIN-PN 41-1374763-002
<b>a</b>	Plan name JACKSON'S SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor JACKSON'S BISTRO AND BAR, LC	<b>c</b> EIN-PN 65-0701546-001
<b>a</b>	Plan name JACQUET 401(K) PLAN	
<b>b</b>	Name of plan sponsor JMS HOLDING US, INC.	<b>c</b> EIN-PN 20-4478645-001
<b>a</b>	Plan name LEVENTHAL PUGA BRALEY P.C., 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEVENTHAL PUGA BRALEY P.C.	<b>c</b> EIN-PN 84-0852333-001

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>MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MOOSE INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>36-1408120-005</b>
<b>a</b>	Plan name <b>MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MORELAND PLAZA PHARMACY, INC.</b>	<b>c</b> EIN-PN <b>39-0968183-001</b>
<b>a</b>	Plan name <b>MORRISTOWN DRIVERS SERVICE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MORRISTOWN DRIVERS SERVICE INC.</b>	<b>c</b> EIN-PN <b>62-1156959-001</b>
<b>a</b>	Plan name <b>SMITH CURRY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SMITH CURRY</b>	<b>c</b> EIN-PN <b>56-2145650-001</b>
<b>a</b>	Plan name <b>SUSTAINABLE SOLUTIONA &amp; TECHNOLOGY GROUP LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUSTAINABLE SOLUTIONS &amp; TECHNOLOGY GROUP LLC</b>	<b>c</b> EIN-PN <b>88-1766291-001</b>
<b>a</b>	Plan name <b>THE INCEPTION COMPANY LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE INCEPTION COMPANY LLC</b>	<b>c</b> EIN-PN <b>20-1885148-001</b>
<b>a</b>	Plan name <b>THE LAW OFFICES OF DAVID ALLOR 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE LAW OFFICES OF DAVID ALLOR</b>	<b>c</b> EIN-PN <b>83-1406909-001</b>
<b>a</b>	Plan name <b>TRANS TEXAS TIRE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRANS TEXAS TIRE, LLC</b>	<b>c</b> EIN-PN <b>46-1688184-001</b>
<b>a</b>	Plan name <b>KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KINGS COMMUNITY ACTION ORGANIZATION, INC.</b>	<b>c</b> EIN-PN <b>94-1604455-001</b>
<b>a</b>	Plan name <b>PARTS AND SCREENS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PARTS AND SCREENS DBA BROWN MANUFACTURING</b>	<b>c</b> EIN-PN <b>38-3266935-001</b>
<b>a</b>	Plan name <b>PATTERNED CONCRETE OF CINCINNATI 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PATTERNED CONCRETE OF CINCINNATI</b>	<b>c</b> EIN-PN <b>31-1405081-001</b>
<b>a</b>	Plan name <b>PAUL M. KENTOR, M.D., S.C. PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PAUL M. KENTOR, M.D., S.C.</b>	<b>c</b> EIN-PN <b>36-3119308-001</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 PAUL MEYER ARCHITECTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PAUL MEYER ARCHITECTS, INC.	<b>c</b> EIN-PN 41-1846160-001
<b>a</b>	Plan name PREP BASEBALL REPORT PA AND NY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PBR PENNSYLVANIA LLC	<b>c</b> EIN-PN 46-4681143-001
<b>a</b>	Plan name PRIME DOCK SUPPLIES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AMERICAN EAGLE GOLF VENTURES INC. DBA PRIME DOCK SUPPLIES	<b>c</b> EIN-PN 74-2905200-001
<b>a</b>	Plan name SOLOMON GROUP PRODUCTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOLOMON GROUP PRODUCTIONS, L.L.C.	<b>c</b> EIN-PN 45-2497756-001
<b>a</b>	Plan name SYMBIOTE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SYMBIOTE, INC	<b>c</b> EIN-PN 38-2421800-001
<b>a</b>	Plan name BRIDGEVIEW 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRIDGEVIEW MULTIFAMILY LLC	<b>c</b> EIN-PN 46-5043301-001
<b>a</b>	Plan name BRITTEN DENTAL ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BRITTEN DENTAL ASSOCIATES, PLLC	<b>c</b> EIN-PN 93-4203136-001
<b>a</b>	Plan name COMMUNITY SUPPORTS NETWORK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMUNITY SUPPORTS NETWORK LLC	<b>c</b> EIN-PN 82-1093213-001
<b>a</b>	Plan name COMPLETE AGRI SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPLETE AGRI SERVICES	<b>c</b> EIN-PN 46-2836066-001
<b>a</b>	Plan name GLOSS IN THE CITY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOSS IN THE CITY LLC	<b>c</b> EIN-PN 46-2224761-001
<b>a</b>	Plan name RAPIDS WHOLESALE & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor DASCOA, INC. D/B/A RAPIDS WHOLESALE EQUIPMENT CO.	<b>c</b> EIN-PN 42-1378309-001
<b>a</b>	Plan name ROMEO N. LAUREANO, DMD, PSC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROMEO N. LAUREANO, DMD, PSC	<b>c</b> EIN-PN 61-1371980-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	SERTOMA CENTER, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SERTOMA CENTER INCORPORATED
<b>c</b>	EIN-PN	62-0818599-002
<b>a</b>	Plan name	WORLD TRUCK TOWING AND RECOVERY, INC. 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	WORLD TRUCK TOWING AND RECOVERY, INC.
<b>c</b>	EIN-PN	30-0079946-001
<b>a</b>	Plan name	COMPUTER TIES, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	COMPUTER TIES, LLC
<b>c</b>	EIN-PN	26-0414943-001
<b>a</b>	Plan name	D. LINK GRIMES PLLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	D. LINK GRIMES, PLLC
<b>c</b>	EIN-PN	99-0423657-001
<b>a</b>	Plan name	FISTER, INC. 401 (K) PLAN
<b>b</b>	Name of plan sponsor	FISTER, INC.
<b>c</b>	EIN-PN	61-1108504-002
<b>a</b>	Plan name	JASMINE GROUP LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JASMINE GROUP LLC
<b>c</b>	EIN-PN	90-0346507-001
<b>a</b>	Plan name	ALLEGHENY MILLWORK 401(K) PLAN
<b>b</b>	Name of plan sponsor	ALLEGHENY MILLWORK
<b>c</b>	EIN-PN	25-1369567-002
<b>a</b>	Plan name	FLORIDA SPINE 401(K) PLAN
<b>b</b>	Name of plan sponsor	FLORIDA SPINE ASSOCIATES, LLC
<b>c</b>	EIN-PN	82-0835183-001
<b>a</b>	Plan name	FLOW-LINE CONSTRUCTION, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	FLOW-LINE CONSTRUCTION
<b>c</b>	EIN-PN	46-0730116-001
<b>a</b>	Plan name	JONESVILLE TOOL AND MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	JONESVILLE TOOL AND MANUFACTURING, INC.
<b>c</b>	EIN-PN	84-2214379-001
<b>a</b>	Plan name	LOOMIS INTERNATIONAL, LTD. 401(K) PLAN
<b>b</b>	Name of plan sponsor	LOOMIS INTERNATIONAL, LTD
<b>c</b>	EIN-PN	36-3361456-001
<b>a</b>	Plan name	LOWEN HOSPITALITY MANAGEMENT, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	LOWEN HOSPITALITY MANAGEMENT, LLC
<b>c</b>	EIN-PN	75-2946797-001

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 PHOENIX CENTER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PHOENIX CENTER FOR ADVANCED LEGAL & ECONOMIC PUBLIC POLICY STUDIES	<b>c</b> EIN-PN 52-2079266-001
<b>a</b>	Plan name RCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROTOLO CONSULTANTS, INC.	<b>c</b> EIN-PN 72-1285520-001
<b>a</b>	Plan name SABRE ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SABRE ENGINEERING, INC.	<b>c</b> EIN-PN 27-2067753-001
<b>a</b>	Plan name SOUTHERN PACKAGING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SOUTHERN PACKAGING LLC	<b>c</b> EIN-PN 72-1233979-001
<b>a</b>	Plan name TRIANGLE WELLNESS & RECOVERY PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRIANGLE WELLNESS & RECOVERY PLLC	<b>c</b> EIN-PN 83-3003224-001
<b>a</b>	Plan name WEGYM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WEGYM, INC.	<b>c</b> EIN-PN 88-1103463-001
<b>a</b>	Plan name BUD'S AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUDS CHEVROLET, INC.	<b>c</b> EIN-PN 34-1626376-001
<b>a</b>	Plan name CIVILWORX CONTRACTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CIVILWORX CONTRACTING LLC	<b>c</b> EIN-PN 87-4305816-001
<b>a</b>	Plan name MIKE-TELL-CHAR, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MIKE-TELL-CHAR, INC. DBA BASSETTS MARKET	<b>c</b> EIN-PN 34-1489585-001
<b>a</b>	Plan name OMAN-GIBSON ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor OMAN-GIBSON ASSOCIATES, LLC	<b>c</b> EIN-PN 04-3617907-001
<b>a</b>	Plan name RECONSTRUCT, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RECONSTRUCT, LLC	<b>c</b> EIN-PN 47-5497147-001
<b>a</b>	Plan name SPECTRUM LOGISTICS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SPECTRUM LOGISTICS INC.	<b>c</b> EIN-PN 81-5106145-001

**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	TUFFALOY PRODUCTS 401(K) PLAN	
<b>b</b> Name of plan sponsor	TUFFALOY PRODUCTS, INC.	<b>c</b> EIN-PN 38-1710357-002

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

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

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

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

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<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>	<small>OMB No. 1210-0110</small>  <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>JANUS HENDERSON ENTERPRISE RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>968</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>39-0989781</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>	10254656	17048972
<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	10254656	17048972
<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	10254656	17048972

**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)	183721	
(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)	855345	
(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>		865610
<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>		1904676

**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>		1904676
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		9139991
(2) From this plan .....	<b>2l(2)</b>		4250351

**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 \_\_\_\_\_.