

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

1a Name of plan <u>AMERICAN FUNDS 2050 TARGET DATE RETIREMENT RET ACCT</u>	1b Three-digit plan number (PN) ▶ <u>298</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>83-1098532</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</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

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>AMERICAN FUNDS 2050 TARGET DATE RETIREMENT RET ACCT</u>	B Three-digit plan number (PN)	<u>298</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>83-1098532</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)	
<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	MINDFUL CHILD & FAMILY THERAPY 401(K) PLAN & TRUST	
b	Name of plan sponsor	MINDFUL CHILD & FAMILY THERAPY	c EIN-PN 83-2946180-001
a	Plan name	MJR GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MJR GROUP, LLC	c EIN-PN 38-3367945-001
a	Plan name	MONKEY WRENCH PLUMBING, HEATING & AIR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREEN WORLD MAINTENANCE, INC.	c EIN-PN 80-0344055-001
a	Plan name	MONTESSORI INTERNATIONAL ACADEMY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MADOKA INTERNATIONAL, INC. DBA MONTESSORI INTERNATIONAL ACADEMY	c EIN-PN 27-3946841-001
a	Plan name	MR. BS BISTRO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MR. B'S BISTRO, INC.	c EIN-PN 72-0847066-001
a	Plan name	MR. SHINE 401(K) PLAN	
b	Name of plan sponsor	MR. SHINE, LLC	c EIN-PN 47-5524199-001
a	Plan name	MVPIZZA, LLC 401(K) PLAN	
b	Name of plan sponsor	MVPIZZA, LLC	c EIN-PN 83-1018941-001
a	Plan name	NATIONAL AUTO CARE 401(K) PLAN	
b	Name of plan sponsor	NATIONAL AUTO CARE CORP.	c EIN-PN 31-1115893-001
a	Plan name	NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	NARFA	c EIN-PN 04-2279821-001
a	Plan name	NATIONS GAS TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONS GAS TECHNOLOGIES, INC.	c EIN-PN 85-0452769-001
a	Plan name	NELDON PEACOCK & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	NELDON PEACOCK & SONS, INC.	c EIN-PN 31-0839420-001
a	Plan name	NELSON ANALYTICAL 401(K) PLAN	
b	Name of plan sponsor	NELSON ANALYTICAL, LLC	c EIN-PN 02-0527084-001

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 PLATINUM ELEPHANT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PLATINUM ELEPHANT, INC.	c EIN-PN 27-3004527-001
a	Plan name PLATINUM SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PLATINUM SERVICES, INC.	c EIN-PN 74-3152470-001
a	Plan name PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PROVEN PARTNERS MANUFACTURING	c EIN-PN 20-2145505-001
a	Plan name PURCHASING POWER 401(K) PLAN	
b	Name of plan sponsor PURCHASING POWER, LLC	c EIN-PN 90-0193342-222
a	Plan name QUARTER20, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor QUARTER20, INC.	c EIN-PN 46-5333165-001
a	Plan name RACK PROCESSING COMPANY UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RACK PROCESSING COMPANY	c EIN-PN 31-0535048-001
a	Plan name RACK/T&R WELDING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RACK PROCESSING COMPANY	c EIN-PN 31-0535048-002
a	Plan name RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RALPH BRENNAN RESTAURANT GROUP, L.L.C.	c EIN-PN 72-1350467-001
a	Plan name RAPTOR PETROLEUM 401(K) PLAN	
b	Name of plan sponsor RAPTOR PETROLEUM	c EIN-PN 20-5877086-001
a	Plan name TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
a	Plan name THE BOYLAND GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor BOYLAND AUTO ORLANDO, LLC	c EIN-PN 05-0546979-001
a	Plan name AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-004

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 AMERICAN TEXTILE MAINTENANCE UNION 401(K) PLAN	
b	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-005
a	Plan name AMI DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor AMI DISTRIBUTORS	c EIN-PN 46-5048256-001
a	Plan name ANGFIELD PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor ANGFIELD PARTNERS LLC	c EIN-PN 20-5297697-001
a	Plan name THE MASTER WALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MASTER WALL, INC.	c EIN-PN 58-1777823-002
a	Plan name THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
b	Name of plan sponsor WMOG, INC.	c EIN-PN 34-1133357-003
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
a	Plan name ANTEZANA & ANTEZANA LLC PROFIT SHARING PLAN	
b	Name of plan sponsor ANTEZANA & ANTEZANA LLC	c EIN-PN 52-2318393-001
a	Plan name ARCADIA DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASHKAN SAADI, DMD, PC DBA ARCADIA DENTAL	c EIN-PN 46-4139267-001
a	Plan name ARCH MANAGEMENT PROFIT SHARING PLAN	
b	Name of plan sponsor JOF, LLC	c EIN-PN 47-2674762-001
a	Plan name ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor ARMER/NORMAN & ASSOCIATES	c EIN-PN 94-1686016-001
a	Plan name ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
b	Name of plan sponsor ASSISTED HOME RECOVERY, INC.	c EIN-PN 95-4242428-001
a	Plan name UTILITY SERVICES GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor UTILITY SERVICES GROUP, LLC	c EIN-PN 46-2870662-001

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 VAL-PAK PRODUCTS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor B&M MOLDING, INC.	c EIN-PN 95-4689280-001
a	Plan name VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN	
b	Name of plan sponsor VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	c EIN-PN 35-1457294-001
a	Plan name VALLARTA SUPERMARKETS RETIREMENT PLAN	
b	Name of plan sponsor VALLARTA SUPERMARKETS	c EIN-PN 95-4704083-001
a	Plan name VANCOUVER BOLT & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VANCOUVER BOLT & SUPPLY, INC.	c EIN-PN 91-1051191-001
a	Plan name VARIANT COLLABORATIVE, LLC 401(K) PLAN	
b	Name of plan sponsor VARIANT COLLABORATIVE, LLC	c EIN-PN 82-3666718-001
a	Plan name VECTERIS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CMC VENTURES, LLC DBA VECTERIS	c EIN-PN 27-0909494-001
a	Plan name VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor VETERINARY PHARMACEUTICALS, INC.	c EIN-PN 94-2185252-001
a	Plan name BOARDMAN, LLC 401(K) PLAN	
b	Name of plan sponsor BOARDMAN, LLC	c EIN-PN 73-1470937-003
a	Plan name BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor BOLAND MARINE & INDUSTRIAL, LLC	c EIN-PN 85-0485227-001
a	Plan name BONDY-HANEY SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BONDY-HANEY SERVICE, INC.	c EIN-PN 95-2391151-002
a	Plan name BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BRAND FUEL CO. LLC	c EIN-PN 46-4597317-001
a	Plan name BRAUN RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor BRAUN RESEARCH	c EIN-PN 22-3408940-001

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	BREVARD FAMILY WALK-IN CLINIC, LLC 401K PLAN	
b	Name of plan sponsor	BREVARD FAMILY WALK-IN CLINIC, LLC	c EIN-PN 20-4661281-001
a	Plan name	BUX-MONT TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor	BUX-MONT TRANSPORTATION	c EIN-PN 23-1576223-001
a	Plan name	VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VIP COMMUNITY MENTAL HEALTH CENTER, INC.	c EIN-PN 30-0017808-001
a	Plan name	VONMOD 401(K) PLAN	
b	Name of plan sponsor	VONMOD LTD.	c EIN-PN 26-0808367-222
a	Plan name	W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	W. L. PETREY WHOLESALE	c EIN-PN 63-0672324-001
a	Plan name	WALKER CRANE & RIGGING CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	WALKER CRANE & RIGGING CORP.	c EIN-PN 06-0664957-002
a	Plan name	WALSH MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	LEBEL INC. DBA WALSH MECHANICAL	c EIN-PN 04-2997565-001
a	Plan name	WAREHOUSING OF EVANSVILLE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WAREHOUSING OF EVANSVILLE	c EIN-PN 27-3827525-001
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	CABRILLO HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	CABRILLO HOLDINGS, LLC	c EIN-PN 35-2485780-001
a	Plan name	CADILLAC OF MAHWAH LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CADILLAC OF MAHWAH LLC	c EIN-PN 01-0950579-001
a	Plan name	CAMPAIGN INBOX 401(K) PLAN	
b	Name of plan sponsor	CAMPAIGN INBOX LLC	c EIN-PN 82-0752905-001

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	CRESCENT CITY SECURITY, INC. 401(K) PLAN	
b	Name of plan sponsor	CRESCENT CITY SECURITY, INC.	c EIN-PN 35-1549160-001
a	Plan name	CROWN PACKAGING CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	CROWN PACKAGING CORPORATION	c EIN-PN 31-0743880-001
a	Plan name	CTI CONTROLTECH, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CTI CONTROLTECH, INC.	c EIN-PN 46-0470086-002
a	Plan name	CW LAW LLP 401(K) PLAN	
b	Name of plan sponsor	CW LAW LLP	c EIN-PN 85-3275179-001
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	DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001
a	Plan name	DBHMS 401(K) PLAN	
b	Name of plan sponsor	NEST BUILDERS, INC D/B/A DBHMS	c EIN-PN 35-2185639-001
a	Plan name	DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	DECKER AND BEEBE, INC	c EIN-PN 06-0628355-001
a	Plan name	DELSIGNORE COMPANIES PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	DELSIGNORE BLACKTOP PAVING, INC.	c EIN-PN 14-1657140-001
a	Plan name	DIAMOND DUKES 401(K) PLAN	
b	Name of plan sponsor	DIAMOND DUKES, LLC	c EIN-PN 84-3527744-001
a	Plan name	DISTINCT INDULGENCE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DISTINCT INDULGENCE, INC.	c EIN-PN 20-2849615-002
a	Plan name	EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EAR MEDICAL GROUP, P.A.	c EIN-PN 74-2283401-001

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	FETTE FORD 401(K) PLAN	
b	Name of plan sponsor	FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name	FILM SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FILM SOLUTIONS, LLC	c EIN-PN 47-4848508-001
a	Plan name	FIT CITY KIDS, LLC 401(K) PLAN	
b	Name of plan sponsor	FIT CITY KIDS, LLC	c EIN-PN 83-1387832-001
a	Plan name	FRESNO M, LLC 401(K) PLAN	
b	Name of plan sponsor	FRESNO M, LLC	c EIN-PN 38-4235861-001
a	Plan name	FUNDERBURK ORGANIZATION 401(K) PLAN	
b	Name of plan sponsor	FUNDERBURK MANAGEMENT COMPANY, LLC	c EIN-PN 62-1761366-001
a	Plan name	GANAU AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	GANAU AMERICA, INC.	c EIN-PN 68-0304506-001
a	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	HICKAM COMMUNITIES, LLC	c EIN-PN 45-0530100-001
a	Plan name	HIGH POINT CASH & CARRY 401(K) PLAN	
b	Name of plan sponsor	UF CORPORATION DBA HIGH POINT CASH & CARRY	c EIN-PN 26-0413638-001
a	Plan name	HMN 401(K) PLAN	
b	Name of plan sponsor	MISSOULA LAUNDRY & DRY CLEANERS COMPANY DBA MISSOULA TEXTILES	c EIN-PN 81-0229594-001
a	Plan name	HOFFMAN CABINETS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOFFMAN CABINETS, INC.	c EIN-PN 75-1454441-001
a	Plan name	HOSPICE OF SAN JOAQUIN 401(K) PLAN	
b	Name of plan sponsor	HOSPICE OF SAN JOAQUIN	c EIN-PN 94-2777980-005
a	Plan name	HOTEL MANAGEMENT OF NEW ORLEANS 401(K) PLAN	
b	Name of plan sponsor	HOTEL MANAGEMENT OF NEW ORLEANS, L.L.C.	c EIN-PN 72-0848974-001

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 HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor WAEL ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-001
a	Plan name HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
b	Name of plan sponsor HOWARD & ASSOCIATES INTERNATIONAL, INC	c EIN-PN 72-1290834-001
a	Plan name IBP & HPI 401(K) PLAN	
b	Name of plan sponsor ISLAND BREEZE PRODUCTIONS, INC.	c EIN-PN 99-0276955-001
a	Plan name INSTITUTE FOR EDUCATIONAL ACHIEVEMENT 401(K) PLAN	
b	Name of plan sponsor INSTITUTE FOR EDUCATIONAL ACHIEVEMENT	c EIN-PN 22-3391706-001
a	Plan name INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN	
b	Name of plan sponsor INSURANCE PROFESSIONALS OF TENNESSEE, LLC	c EIN-PN 20-1340121-001
a	Plan name KIDS FIRST PEDIATRIC DENTISTRY, PLLC RETIREMENT PLAN	
b	Name of plan sponsor KIDS FIRST PEDIATRIC DENTISTRY, PLLC	c EIN-PN 26-1449209-001
a	Plan name KUSTOM 401(K) PLAN	
b	Name of plan sponsor KUSTOMSCAPES & POOLS, LLC	c EIN-PN 84-2103194-001
a	Plan name LASSEN LAND COMPANY 401(K) PLAN	
b	Name of plan sponsor ORLAND ALMONDS ACQUISITION COMPANY, LLC	c EIN-PN 83-2450302-001
a	Plan name LAW OFFICE OF MARK A. VICKNESS 401K PLAN	
b	Name of plan sponsor LAW OFFICE OF MARK A. VICKNESS	c EIN-PN 86-1126683-001
a	Plan name LAW OFFICES OF FRED C COHEN PA 401(K) PLAN	
b	Name of plan sponsor LAW OFFICES OF FRED C. COHEN P.A.	c EIN-PN 65-0219025-001
a	Plan name LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LIVEWIRE ELECTRICAL SYSTEMS, INC.	c EIN-PN 46-1006222-001
a	Plan name LT ROSE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor LT ROSE MANAGEMENT, LLC	c EIN-PN 85-2823852-001

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 MAGNOLIA COMMUNITY SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MAGNOLIA COMMUNITY SERVICES, INC.	c EIN-PN 72-0423625-001
a	Plan name MANASWI'S ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN	
b	Name of plan sponsor MANASWI'S ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC	c EIN-PN 83-1463534-001
a	Plan name INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor NASHEVE, INC.	c EIN-PN 20-8664693-001
a	Plan name INTEGRITY HR MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTEGRITY HR MANAGEMENT, LLC	c EIN-PN 82-0860806-001
a	Plan name INTERNATIONAL MARKETING STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTERNATIONAL MARKETING STRATEGIES	c EIN-PN 52-1523774-001
a	Plan name IR-G 401(K) RETIREMENT READINESS PLAN	
b	Name of plan sponsor D & M INDUSTRIES, INC.	c EIN-PN 62-1393238-001
a	Plan name ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001
a	Plan name JAMES P. WALSH, LMFT, INC. RETIREMENT PLAN	
b	Name of plan sponsor JAMES P. WALSH	c EIN-PN 88-2254245-001
a	Plan name MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor MASTER SERVICE COMPANIES, LLC	c EIN-PN 26-2874958-001
a	Plan name MASTERLUBE 401(K) PLAN	
b	Name of plan sponsor SPUR OIL, INC. DBA MASTERLUBE	c EIN-PN 81-0369842-001
a	Plan name MAX SALES GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAX SALES GROUP, INC.	c EIN-PN 20-3694079-001
a	Plan name MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	c EIN-PN 47-4609056-001

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	MCCLELLAN LLC 401(K) PLAN	
b	Name of plan sponsor	MCCLELLAN LLC	c EIN-PN 58-2191318-001
a	Plan name	NOBLE CARE 401(K) PLAN	
b	Name of plan sponsor	NOBLE CARE CONSULTING 401(K) PLAN	c EIN-PN 85-4378033-001
a	Plan name	NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST EYE SPECIALISTS, PLLC	c EIN-PN 86-0720868-005
a	Plan name	NPE ENTERPRISE, LLC 401(K) PLAN	
b	Name of plan sponsor	NPE ENTERPRISE, LLC	c EIN-PN 20-8229316-222
a	Plan name	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC PROFIT SHARING PLAN	
b	Name of plan sponsor	ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC	c EIN-PN 38-2076543-001
a	Plan name	ORTHO SPINE ADVANCE HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor	ORTHO SPINE ADVANCE HEALTH, INC.	c EIN-PN 46-1326710-001
a	Plan name	RCI 401(K) PLAN	
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-777
a	Plan name	REAGENT WORLD, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	REAGENT WORLD, INC.	c EIN-PN 20-5190581-001
a	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001
a	Plan name	RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RESA POWER, LLC	c EIN-PN 45-2810331-001
a	Plan name	REVOLUTION MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor	REVOLUTION MOTORSPORTS, LLC	c EIN-PN 45-3321906-001
a	Plan name	SPITZ ELECTRIC INC. 401(K) PLAN	
b	Name of plan sponsor	SPITZ ELECTRIC INC.	c EIN-PN 20-1947660-001

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	STAG INDUSTRIAL MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STAG INDUSTRIAL MANAGEMENT LLC	c EIN-PN 27-3647617-001
a	Plan name	STALKER & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	STALKER & ASSOCIATES, INC.	c EIN-PN 23-2756743-001
a	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-001
a	Plan name	SUPREME COLOR GRAPHICS 401(K) PLAN	
b	Name of plan sponsor	SUPREME COLOR GRAPHICS, LLC	c EIN-PN 46-4088562-001
a	Plan name	THE TAB GROUP 401(K) PLAN	
b	Name of plan sponsor	THE TAB GROUP	c EIN-PN 22-2054949-001
a	Plan name	THRESHER ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	THRESHER ENERGY, INC.	c EIN-PN 84-4801657-001
a	Plan name	TIM ALLEN ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	TIM ALLEN ENTERPRISE, INC.	c EIN-PN 45-3724371-001
a	Plan name	TNHD PARTNERS	
b	Name of plan sponsor	TNHD PARTNERS, LLC	c EIN-PN 27-1293636-001
a	Plan name	WINTER PARK IMPORTS, INC. 401K PLAN	
b	Name of plan sponsor	WINTER PARK IMPORTS, INC.	c EIN-PN 59-2955009-001
a	Plan name	WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	LLOYD A WISE MOTOR INC	c EIN-PN 26-2658328-001
a	Plan name	YZER LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YZER LLC	c EIN-PN 82-2501890-001
a	Plan name	ZAPPONE CHRYSLER JEEP DODGE, INC. PROFIT SHARING 401 (K) PLAN	
b	Name of plan sponsor	ZAPPONE CHRYSLER JEEP DODGE, INC.	c EIN-PN 20-3142416-001

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 ZIEHL-ABEGG, INC. 401(K) PLAN	
b	Name of plan sponsor ZIEHL-ABEGG, INC.	c EIN-PN 20-0338305-001
a	Plan name A SNAILS PACE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor A SNAILS PACE, INC.	c EIN-PN 33-0667328-001
a	Plan name A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A&B ENVIRONMENTAL SERVICES, INC.	c EIN-PN 76-0261001-001
a	Plan name ATTAWAY SERVICES CAROLINA, INC. 401(K) PLAN	
b	Name of plan sponsor ATTAWAY SERVICE CAROLINA, INC.	c EIN-PN 82-2912532-001
a	Plan name AVOPACIFIC OILS, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor AVOPACIFIC OILS, LLC	c EIN-PN 47-5047002-001
a	Plan name BALD PEAK COLONY CLUB 401(K) PLAN	
b	Name of plan sponsor BALD PEAK COLONY CLUB	c EIN-PN 02-0210407-002
a	Plan name BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor BARNUM & CELILLO ELECTRIC, INC.	c EIN-PN 68-0227342-001
a	Plan name CETERA 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-025
a	Plan name CETERA ADVANTAGE(K) GROUP PLAN SOLUTION	
b	Name of plan sponsor CETERA RETIREMENT PLAN SPECIALISTS	c EIN-PN 94-2779761-001
a	Plan name CHAPCO, INC. 401(K) PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor CHAPCO, INC.	c EIN-PN 06-0947088-001
a	Plan name CHD PARTNERS	
b	Name of plan sponsor CHD PARTNERS	c EIN-PN 45-4169093-001
a	Plan name EDGAR R. BLECKER, M.D., P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLECKER M.D. LLC	c EIN-PN 88-1935646-001

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	EISINGER LAW 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EISINGER, BROWN, LEWIS, FRANKEL & CHAIET	c EIN-PN 65-0642390-001
a	Plan name	ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ELM MANAGEMENT SERVICES, LLC	c EIN-PN 82-2104879-001
a	Plan name	EMERGENT CARE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	EMERGENT CARE ASSOCIATES, INC.	c EIN-PN 46-1336939-001
a	Plan name	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor	GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC.	c EIN-PN 36-2512922-001
a	Plan name	GMG GENERAL, INC. EE SAVINGS TRUST	
b	Name of plan sponsor	GMG GENERAL, INC.	c EIN-PN 92-0138234-001
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	GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor	GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
a	Plan name	JELLYFISH US LIMITED 401(K) PLAN	
b	Name of plan sponsor	JELLYFISH ONLINE MARKETING US LTD	c EIN-PN 45-5052905-001
a	Plan name	JENKINS WOODWORKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS WOODWORKING, INC.	c EIN-PN 05-0419446-001
a	Plan name	JMOR MACHINERY MOVERS 401(K) PLAN	
b	Name of plan sponsor	JMOR MACHINERY MOVERS, INC	c EIN-PN 81-1341428-001
a	Plan name	JRB ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JRB ASSOCIATES, INC.	c EIN-PN 05-0504611-001
a	Plan name	KANWALJIT GILL, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KANWALJIT GILL, M.D., INC.	c EIN-PN 95-4883736-001

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	MCPOWELL MANAGEMENT 401(K) PLAN	
b Name of plan sponsor	MCPOWELL MANAGEMENT INC.	c EIN-PN 27-1410013-001
a Plan name	MERCER THOMPSON LLC 401(K) PLAN	
b Name of plan sponsor	MERCER THOMPSON LLC	c EIN-PN 27-0253380-222
a Plan name	MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
b Name of plan sponsor	MERCER THOMPSON LLC	c EIN-PN 27-0253380-777
a Plan name	MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
b Name of plan sponsor	MEYBOHM REALTORS, LLC	c EIN-PN 58-2508705-002
a Plan name	MICHEL & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MICHEL & ASSOCIATES, A PROFESSIONAL CORPORATION	c EIN-PN 27-0313611-001
a Plan name	MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MIDWAY TRAILERS, INC.	c EIN-PN 43-1204852-002
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	PARAMOUNT MACHINE CO 401(K) PLAN	
b Name of plan sponsor	PARAMOUNT MACHINE COMPANY	c EIN-PN 06-0994304-002
a Plan name	PENA AND BROMBERG, PC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PENA AND BROMBERG PC	c EIN-PN 38-3852466-001
a Plan name	RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	RIVER DENTAL CARE	c EIN-PN 92-0862580-777
a Plan name	RPCS, INC. 401(K) PLAN	
b Name of plan sponsor	RPCS, INC.	c EIN-PN 20-1751783-001
a Plan name	RUTLEDGE FARMING COMPANY, INC. 401(K) PLAN AND TRUST	
b Name of plan sponsor	RUTLEDGE FARMING COMPANY, INC.	c EIN-PN 26-2858269-001

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	SYMMETRY VASCULAR CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SYMMETRY VASCULAR CENTER, INC.	c EIN-PN 20-1997866-001
a	Plan name	SYOSSET ANIMAL HOSPITAL EMPLOYEES 401(K)/PSP	
b	Name of plan sponsor	JONATHAN W GREENFIELD DVM PC DBA SYOSSET ANIMAL HOSPITAL	c EIN-PN 11-2346531-001
a	Plan name	SYSTEM RESOURCES TELECOM 401(K) PLAN	
b	Name of plan sponsor	SYSTEM RESOURCES TELECOM, LLC	c EIN-PN 72-1432916-001
a	Plan name	TOURON LAW 401(K) PLAN	
b	Name of plan sponsor	FRANCISCO TOURON III, LLC DBA TOURON LAW	c EIN-PN 26-3442183-001
a	Plan name	TRINITY DESIGN BUILD, INC. 401(K) PLAN	
b	Name of plan sponsor	TRINITY DESIGN BUILD, INC.	c EIN-PN 74-3111479-001
a	Plan name	TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRIUNITY ENGINEERING AND MANAGEMENT INC.	c EIN-PN 76-0747545-001
a	Plan name	ACTUM I, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACTUM I, LLC	c EIN-PN 87-2890933-001
a	Plan name	ADVANCED VISION CARE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED VISION CARE	c EIN-PN 27-3268070-001
a	Plan name	ALH 401(K) PLAN	
b	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001
a	Plan name	ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL IN THE FAMILY DENTAL	c EIN-PN 35-1399233-001
a	Plan name	ALLEGENT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEGENT LLC	c EIN-PN 64-0955384-001
a	Plan name	ALPHA BROKERS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ALPHA BROKERS CORPORATION	c EIN-PN 65-0140528-001

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	BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEST CONTRACTING SERVICES, INC.	c EIN-PN 95-3781209-001
a	Plan name	COLLINS FISH & SEAFOOD, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLINS FISH & SEAFOOD, INC.	c EIN-PN 59-1211830-001
a	Plan name	COOK DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor	COOK DENTAL CARE	c EIN-PN 46-3163364-001
a	Plan name	CORE SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	CORE SOLUTIONS LLC	c EIN-PN 72-1401158-001
a	Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC	c EIN-PN 43-1506960-001
a	Plan name	EVANS-NORDBY FUNERAL HOMES, INC., 401(K) PSP	
b	Name of plan sponsor	EVANS-NORDBY FUNERAL HOMES, INC.	c EIN-PN 41-1671522-001
a	Plan name	EVERGLAZE 401(K) PLAN	
b	Name of plan sponsor	EVERGLAZE LLC	c EIN-PN 45-4983440-001
a	Plan name	EVOLUTION MECHANICAL LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EVOLUTION MECHANICAL LLC	c EIN-PN 81-4132663-001
a	Plan name	EXECUTIVE 1 HC LLC 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE 1 HC LLC	c EIN-PN 82-3076130-001
a	Plan name	F.W. ASSOCIATES, INC. SALARY DEFERRAL PLAN	
b	Name of plan sponsor	F.W. ASSOCIATES, INC.	c EIN-PN 94-2841974-001
a	Plan name	FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
b	Name of plan sponsor	FACTORY DIRECT SUPPLY WPB LLC	c EIN-PN 46-2159293-001
a	Plan name	FCBI 401(K) PLAN	
b	Name of plan sponsor	FOOTHILLS COMMERCIAL BUILDERS, INC.	c EIN-PN 84-1150396-222

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 AMERICAN FUNDS 2050 TARGET DATE RETIREMENT RET ACCT	B Three-digit plan number (PN) ▶ 298
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 83-1098532

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)	25605082
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	30436139
(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	25605082	30436139
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	25605082	30436139

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)	3598148	
(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		3598148

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		3598148
l Transfers of assets:			
(1) To this plan.....	2l(1)		9394119
(2) From this plan	2l(2)		8161210

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 _____.