

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: DFA EMERGING MARKETS PORTFOLIO RET ACCT; 1b Three-digit plan number (PN): 525; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 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>DFA EMERGING MARKETS PORTFOLIO RET ACCT</u>	B Three-digit plan number (PN)	<u>525</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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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.)			
a	Plan name	ROMAK IRON WORKS PROFIT SHARING PLAN	
b	Name of plan sponsor	ROMAK IRON WORKS	c EIN-PN 94-1333435-001
a	Plan name	D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	D H GRIFFIN OF TEXAS INC	c EIN-PN 76-0455054-001
a	Plan name	PIPELINE SYSTEM HOLDINGS, LLC	
b	Name of plan sponsor	PIPELINE HEALTH SYSTEM, LLC	c EIN-PN 82-3626084-001
a	Plan name	TEAMWORK HUMAN RESOURCES, INC. MEP	
b	Name of plan sponsor	TEAMWORK HUMAN RESOURCES, INC.	c EIN-PN 68-0482464-001
a	Plan name	URGENT CARE FOR KIDS 401(K) PLAN	
b	Name of plan sponsor	URGENT CARE FOR KIDS, LLC	c EIN-PN 45-2438497-001
a	Plan name	FOCUS HR, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FOCUS HR, INC.	c EIN-PN 14-1871027-001
a	Plan name	SLS CONTROL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLS CONTROL, INC.	c EIN-PN 82-2311359-001
a	Plan name	URSULOVA LAW OFFICES, P.C. 401(K) PLAN	
b	Name of plan sponsor	URSULOVA LAW OFFICES, P.C.	c EIN-PN 06-1562861-001
a	Plan name	ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	c EIN-PN 63-6049915-555
a	Plan name	MARINE INDUSTRY RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC.	c EIN-PN 36-2369301-333
a	Plan name	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.	c EIN-PN 59-2833315-001
a	Plan name	CAMRON PUBLIC RELATIONS U.S., LLC 401(K) PLAN	
b	Name of plan sponsor	CAMRON PUBLIC RELATIONS U.S., LLC	c EIN-PN 83-3466137-001

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	NEWBURY CONTRACTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWBURY CONTRACTORS, LLC	c EIN-PN 81-3308303-001
a	Plan name	NEXT RETIREMENT PLAN - EMERGING MARKET	
b	Name of plan sponsor	NEXT RETIREMENT PLAN - EMERGING	c EIN-PN 26-2480211-001
a	Plan name	NEXT RETIREMENT PLAN - ENTERPRISE	
b	Name of plan sponsor	NEXT RETIREMENT PLAN - ENTERPRISE	c EIN-PN 26-2480212-001
a	Plan name	ONEPATH 401(K) GPS	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-007
a	Plan name	POLY SCIENTIFIC R & D CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	POLY SCIENTIFIC R & D CORP.	c EIN-PN 11-2196414-001
a	Plan name	DAVID RESTAURANT GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID RESTAURANT GROUP, INC.	c EIN-PN 47-4444126-001
a	Plan name	AUSA GROUP VARIABLE ANNUITY TRUST	
b	Name of plan sponsor	DEUTSCHE BANK TRUST COMPANY	c EIN-PN 13-4941247-001
a	Plan name	AVMA LIFE TRUST, LLC MEP 401(K) PS PLAN	
b	Name of plan sponsor	AVMA LIFE TRUST, LLC	c EIN-PN 84-2685033-001
a	Plan name	BHRS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BE HR STRONG, LLC	c EIN-PN 88-3455524-001
a	Plan name	NORTHWEST 401(K) BENEFITS GROUP	
b	Name of plan sponsor	SOUND FORD, INC	c EIN-PN 91-0906207-001
a	Plan name	CARSON, CLELLAND & SCHREDER, PLLP 401(K) PLAN	
b	Name of plan sponsor	CARSON, CLELLAND & SCHREDER, PLLP	c EIN-PN 41-1356458-003
a	Plan name	ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORCHESTRA MANAGEMENT SOLUTIONS	c EIN-PN 22-3737010-001

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	PRINT AND GRAPHICS RETIREMENT PLAN	
b	Name of plan sponsor	PRINTING INDUSTRIES ALLIANCE	c EIN-PN 16-1037029-001
a	Plan name	QUICK STOP RECYCLING INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUICK STOP RECYCLING INC.	c EIN-PN 20-5072935-001
a	Plan name	FORRESTALL PLAN	
b	Name of plan sponsor	JEFF FORRESTALL CPA PC	c EIN-PN 58-2514091-333
a	Plan name	ST. JOHN MEDICAL ENDEAVORS, INC. 401(K) PLAN	
b	Name of plan sponsor	ST. JOHN MEDICAL ENDEAVORS, INC.	c EIN-PN 45-2411775-001
a	Plan name	JERMAN FAMILY DENTISTRY, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JERMAN FAMILY DENTISTRY, LTD	c EIN-PN 31-1731223-001
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
b	Name of plan sponsor	RETAIL ASSOCIATION OF MAINE	c EIN-PN 01-0165117-334
a	Plan name	ADVANCED ORTHOPEDIC PSP	
b	Name of plan sponsor	ADVANCED ORTHOPEDIC	c EIN-PN 45-3021800-002
a	Plan name	AIMSUN, INC. 401(K) PLAN	
b	Name of plan sponsor	AIMSUN INC.	c EIN-PN 46-0525028-001
a	Plan name	AMERICA'S RETIREMENT PLAN	
b	Name of plan sponsor	R.E. BERLA LIMITED	c EIN-PN 46-0999083-002
a	Plan name	AXIOM MULTIPLE EMPLOYER 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AXIOM HUMAN RESOURCE SOLUTIONS INC.	c EIN-PN 45-2777523-333
a	Plan name	CAVAN BUILDERS CORP. 401(K) PLAN	
b	Name of plan sponsor	CAVAN BUILDERS CORP.	c EIN-PN 82-4046385-001
a	Plan name	CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
b	Name of plan sponsor	CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	c EIN-PN 15-0235250-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CC ENGINEERING & CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CC ENGINEERING & CONSTRUCTION, INC.	c EIN-PN 99-0229467-002
a	Plan name CLARK MOVING & STORAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARK MOVING & STORAGE, INC.	c EIN-PN 16-1253070-001
a	Plan name HARMS CARPET CENTER, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor HARMS CARPET CENTER, INC.	c EIN-PN 34-1327861-001
a	Plan name MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP	c EIN-PN 11-3481599-001
a	Plan name PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001
a	Plan name TIL GAMING, LLC 401(K) PLAN	
b	Name of plan sponsor TIL GAMING LLC	c EIN-PN 30-0855844-001
a	Plan name VINEBURG LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VINEBURG LLC	c EIN-PN 68-0466361-001
a	Plan name WASEYABEK DEVELOPMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor WASEYABEK DEVELOPMENT COMPANY, LLC	c EIN-PN 45-2425291-001
a	Plan name COBBLE HILL BALLET 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COBBLE HILL BALLET LLC	c EIN-PN 81-4347282-001
a	Plan name COLUMBIA RIVER FLOOR COVERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA RIVER FLOOR COVERING, INC.	c EIN-PN 91-0839015-002
a	Plan name KTX - AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor KTX - AMERICA, INC.	c EIN-PN 30-0031143-001
a	Plan name TONSA AUTOMOTIVE, INC.	
b	Name of plan sponsor TONSA AUTOMOTIVE, INC.	c EIN-PN 11-2577843-001

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 TOTAL RETIREMENT SOLUTIONS POOLED EMPLOYER PLAN	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-315
a	Plan name CONSTRUCTION INDUSTRY 401(K) PLAN	
b	Name of plan sponsor BUILDERS EXCHANGE OF SOUTHERN TIER, INC.	c EIN-PN 16-0820649-333
a	Plan name EMERALD ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EMERALD ENVIRONMENTAL, INC.	c EIN-PN 34-1765185-001
a	Plan name ICON SIGN COMPANY 401(K)	
b	Name of plan sponsor ICON ACQUISTIONS, LLC DBA ICON SIGN COMPANY	c EIN-PN 82-1771476-001
a	Plan name RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 62-1874774-013
a	Plan name RFC RETIREMENT PLAN	
b	Name of plan sponsor ROMANOFF FLOOR COVERING, INC.	c EIN-PN 58-1349072-001
a	Plan name RICHARD L. JACKSON, D.D.S., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor RICHARD L. JACKSON, D.D.S., INC.	c EIN-PN 31-1627683-001
a	Plan name SUNMIGHT USA CORPORATION 401(K) PLAN	
b	Name of plan sponsor SUNMIGHT USA CORP.	c EIN-PN 20-4626532-001
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 GATOR HOME TECH 401K PLAN	
b	Name of plan sponsor GATOR TECH INTEGRATION, INC.	c EIN-PN 54-2077009-002
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 INTEGRATED EMPLOYER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED EMPLOYER SOLUTIONS, INC.	c EIN-PN 87-0653068-333

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	LIFESTAR TALENT 401(K) PLAN	
b	Name of plan sponsor	LIFESTAR TALENT, LLC	c EIN-PN 88-1228443-001
a	Plan name	APPLIANCE CENTER OF TOLEDO, INC. RETIREMENT PLAN	
b	Name of plan sponsor	APPLIANCE CENTER OF TOLEDO, INC.	c EIN-PN 34-0924335-777
a	Plan name	ARGONNE LUMBER & SUPPLY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARGONNE LUMBER & SUPPLY, INC.	c EIN-PN 39-1843557-001
a	Plan name	CHARLES E. THOMAS COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHARLES E. THOMAS COMPANY, INC.	c EIN-PN 95-2280159-001
a	Plan name	CHEMSYSTEMS 401(K) PLAN	
b	Name of plan sponsor	CHEMSYSTEMS, INC.	c EIN-PN 99-0303797-001
a	Plan name	CHRISTOPHER J. WOLFE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTOPHER J. WOLFE	c EIN-PN 82-1310367-001
a	Plan name	EASYCARE 401(K) PLAN	
b	Name of plan sponsor	MCGRAYEL COMPANY INC.	c EIN-PN 77-0380138-001
a	Plan name	EATWELL 401(K) PLAN	
b	Name of plan sponsor	EATWELL ENTERPRISES LP	c EIN-PN 13-3944198-001
a	Plan name	GALATOIRE'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor	NEW ORLEANS EQUITY, LLC	c EIN-PN 27-1326146-001
a	Plan name	MONTANO MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	MONTANO MOTORS, INC.	c EIN-PN 74-2392667-002
a	Plan name	PALPILOT 401(K) PLAN	
b	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.	c EIN-PN 77-0320008-001
a	Plan name	PARKWOOD LANDSCAPE MAINTENANCE, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor	PARKWOOD LANDSCAPE MAINTENANCE, INC.	c EIN-PN 95-4199872-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name	SEWON AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	SEWON AMERICA, INC.	c EIN-PN 26-1971648-001
a	Plan name	SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SHANGRI-LA INTERNATIONAL HOTELS, INC.	c EIN-PN 95-3876666-001
a	Plan name	THOROUGHbred SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THOROUGHbred SOFTWARE INTERNATIONAL, INC.	c EIN-PN 22-2427223-401
a	Plan name	TOM HENNES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TOM HENNES INC.	c EIN-PN 13-3692440-002
a	Plan name	WORKFIT MEDICAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WORKFIT MEDICAL LLC	c EIN-PN 13-4208386-001
a	Plan name	WWL INDUSTRIES, INC. EMPLOYER PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WWL INDUSTRIES, INC.	c EIN-PN 75-2236153-001
a	Plan name	XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	XL SCREW CORPORATION	c EIN-PN 36-4426811-001
a	Plan name	A-Z BUS SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	A-Z BUS SALES, INC.	c EIN-PN 33-0065644-001
a	Plan name	ABC OF IOWA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ABC OF IOWA	c EIN-PN 42-1029016-001
a	Plan name	MUNOZ ENGINEERING 401(K) PLAN	
b	Name of plan sponsor	MUNOZ ENGINEERING & LAND SURVEYING, P.C.	c EIN-PN 13-3241117-001
a	Plan name	MURPHY & HARTELIUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURPHY & HARTELIUS UNIFORMS	c EIN-PN 94-1712886-002
a	Plan name	ALH 401(K) PLAN	
b	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001

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	ALL-AMERICAN FIRE EQUIPMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL-AMERICAN FIRE EQUIPMENT INC.	c EIN-PN 31-1381503-001
a	Plan name	ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLEVITY, INC.	c EIN-PN 94-2264491-001
a	Plan name	NEXT RETIREMENT PLAN - EMERGING MARKET	
b	Name of plan sponsor	NEXT RETIREMENT PLAN - EMERGING	c EIN-PN 26-2480211-001
a	Plan name	ASSOCIATIONS OF TEXAS MEP	
b	Name of plan sponsor	OMNIFY RETIREMENT LLC	c EIN-PN 74-1018556-002
a	Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name	PETROLEUM MARKETING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACT EQUIPMENT SALES, INC. DBA PETROLEUM MARKETING EQUIPMENT	c EIN-PN 95-4442409-001
a	Plan name	RIVIERA FINANCE, LLC 401(K) PLAN	
b	Name of plan sponsor	RIVIERA FINANCE, LLC	c EIN-PN 95-4572313-001
a	Plan name	ROBINSON-BROWN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBINSON-BROWN & ASSOCIATES, INC.	c EIN-PN 34-1664427-001
a	Plan name	CLEAR VIEW CONVALESCENT CENTER 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	CLEAR VIEW SANITARIUM	c EIN-PN 95-2078230-002
a	Plan name	SHARFI HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHARFI HOLDINGS, INC.	c EIN-PN 82-3806579-001
a	Plan name	SQUARE ENIX, INC. 401(K) PLAN	
b	Name of plan sponsor	SQUARE ENIX, INC.	c EIN-PN 91-1442488-001
a	Plan name	STEVEN R. PETERSON DDS SC 401(K) PSP	
b	Name of plan sponsor	STEVEN R. PETERSON, DDS	c EIN-PN 27-2651784-001

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	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP	c EIN-PN 95-4363145-001
a	Plan name	TRI STAR SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	TRI STAR SERVICES, LLC	c EIN-PN 62-1828852-001
a	Plan name	TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY MANAGEMENT GROUP, LLC	c EIN-PN 06-1799100-001
a	Plan name	TRIUMPH HOSPITALITY GROUP PLAN	
b	Name of plan sponsor	TRIUMPH HOSPITALITY GROUP, LLC	c EIN-PN 13-4201198-001
a	Plan name	VECTOR MEDIA 401(K) PLAN	
b	Name of plan sponsor	VECTOR MEDIA	c EIN-PN 81-4079466-001
a	Plan name	VENERUSO & ACCINELLI PROFIT SHARING PLAN	
b	Name of plan sponsor	VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	c EIN-PN 81-3879700-001
a	Plan name	VINCO, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	VINCO, INC.	c EIN-PN 41-1874693-001
a	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name	FASTENERS ETC., INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FASTENERS ETC., INC.	c EIN-PN 37-1362137-001
a	Plan name	GENERAL MICRO SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENERAL MICRO SYSTEMS	c EIN-PN 95-3668223-003
a	Plan name	GOLDEN VALLEY INDUSTRIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOLDEN VALLEY INDUSTRIES	c EIN-PN 68-0568637-001
a	Plan name	HUDSON RIVER PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor	DAVID ANDRE LEVI MC PEDIATRICS PLLC	c EIN-PN 45-3952387-001

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	INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	INFORMATION TECHNOLOGY PARTNERS	c EIN-PN 39-1737556-001
a	Plan name	KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
b	Name of plan sponsor	KAIKOR CONSTRUCTION GROUP, INC.	c EIN-PN 99-0242255-001
a	Plan name	KIMBERLITE 401(K) PLAN	
b	Name of plan sponsor	KIMBERLITE CORPORATION	c EIN-PN 77-0444505-001
a	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor	GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
a	Plan name	KNIGHTS PUMPING AND PORTABLE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KNIGHT'S SITE SERVICES, INC. DBA KNIGHT'S PUMPING & PORTABLE SERVICE	c EIN-PN 77-0538076-001
a	Plan name	LOFTIN DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TODD A. LOFTIN DDS A DENTAL CORPORATION, INC.	c EIN-PN 45-5257377-001
a	Plan name	LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001
a	Plan name	ABRAZO HOMES 401(K) PLAN	
b	Name of plan sponsor	ABRAZO HOMES	c EIN-PN 26-0515234-001
a	Plan name	ALTHON MICRO, INC. 401(K) PLAN	
b	Name of plan sponsor	ALTHON MICRO INC.	c EIN-PN 95-4285664-001
a	Plan name	PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name	S & S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	S & S INDUSTRIAL SUPPLY, INC.	c EIN-PN 38-1914712-001
a	Plan name	C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001

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	C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	C2RL, INC. ENGINEERS	c EIN-PN 62-1838912-001
a	Plan name	SIMMONS FEED & SUPPLY LLC 401(K) PLAN	
b	Name of plan sponsor	SIMMONS FEED & SUPPLY COMPANY LLC	c EIN-PN 34-1604160-001
a	Plan name	CRAIG S. DONN, D.D.S., P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAIG S. DONN, D.D.S., P.C.	c EIN-PN 22-2735455-002
a	Plan name	CUSTOM FINANCIAL SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CUSTOM FINANCIAL SOLUTIONS, INC.	c EIN-PN 72-1433820-001
a	Plan name	CUTTRISS & HAMBLETON 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CUTTRISS & HAMBLETON	c EIN-PN 94-3167262-001
a	Plan name	STONEGATE MORTGAGE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	STONEGATE MORTGAGE ASSOCIATES, INC.	c EIN-PN 20-2885236-001
a	Plan name	STRAUBE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	STRAUBE ASSOCIATES, INC.	c EIN-PN 94-1521643-001
a	Plan name	UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor	UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name	AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AMIEE LYNN, INC.	c EIN-PN 65-1160566-001
a	Plan name	BASELINE THEATRICAL LLC 401(K) PLAN	
b	Name of plan sponsor	BASELINE THEATRICAL LLC	c EIN-PN 46-4079204-001
a	Plan name	CARPET TIME, INC. 401(K)	
b	Name of plan sponsor	CARPET TIME, INC.	c EIN-PN 33-0454234-001
a	Plan name	COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNICATIONS ELECTRONIC SYSTEMS, INC.	c EIN-PN 99-2126159-001

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	CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CONSENSUS INC.	c EIN-PN 95-4236230-001
a Plan name	HAND INSTITUTE 401(K) PLAN	
b Name of plan sponsor	THE MINIMALLY INVASIVE HAND INSTITUTE	c EIN-PN 27-1952351-001
a Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	J. J. MAUGET COMPANY, INC.	c EIN-PN 95-1968672-002
a Plan name	LANDIVAR 401(K) PLAN	
b Name of plan sponsor	LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001
a Plan name	LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	LRS ARCHITECTS, INC.	c EIN-PN 93-1259453-001
a Plan name	OHIO VALLEY EYE INSTITUTE 401(K) PLAN	
b Name of plan sponsor	OHIO VALLEY EYE INSTITUTE, P.C.	c EIN-PN 35-1907178-001
a Plan name	OLAN LAW CORP. 401(K) PLAN	
b Name of plan sponsor	OLAN LAW CORP.	c EIN-PN 95-4690783-001
a Plan name	POL SINELLO FUELS, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	POL SINELLO FUELS, INC.	c EIN-PN 14-1495096-002
a Plan name	POQUET AUTO SALES, INC. 401(K) PLAN	
b Name of plan sponsor	POQUET AUTO SALES, INC.	c EIN-PN 41-1888983-001
a Plan name	SPJ LIGHTING 401(K) PLAN	
b Name of plan sponsor	SPJ LIGHTING INC.	c EIN-PN 95-4704234-001
a Plan name	URSULINE SUPPORT SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	URSULINE SUPPORT SERVICES	c EIN-PN 25-1401610-001
a Plan name	WESTERN INTEGRATED 401(K) PLAN	
b Name of plan sponsor	WESTERN INTEGRATED MATERIALS	c EIN-PN 26-0852608-003

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	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANAN FAIDI MD, INC.	c EIN-PN 68-0285302-001
a	Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a	Plan name	DINO PUBLISHING 401(K) PLAN	
b	Name of plan sponsor	DINO PUBLISHING	c EIN-PN 36-4353767-001
a	Plan name	DOI & ASSOCIATES CPAS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DOI & ASSOCIATES CPAS, LLC	c EIN-PN 46-5649356-001
a	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-777
a	Plan name	JERRY'S GM, LLC 401(K) PLAN	
b	Name of plan sponsor	JERRY'S GM, LLC	c EIN-PN 36-4623085-001
a	Plan name	JIM BOWDEN, D.D.S., P.A. 401(K) PLAN	
b	Name of plan sponsor	JIM BOWDEN, D.D.S., P.A.	c EIN-PN 74-2603277-001
a	Plan name	OVERSEAS AIRCRAFT PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	OVERSEAS AIRCRAFT PARTS, INC.	c EIN-PN 65-0251587-001
a	Plan name	PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAKLAB	c EIN-PN 95-4109799-001
a	Plan name	SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	c EIN-PN 99-0268773-001
a	Plan name	THE BENNETT GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BENNETT CHRYSLER, DODGE, JEEP LLC	c EIN-PN 58-2366187-001
a	Plan name	THE ECRM CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	c EIN-PN 34-1752681-001

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	HAWAII ANALYTICAL LABORATORY LLC 401(K) PLAN
b	Name of plan sponsor	HAWAII ANALYTICAL LABORATORY LLC
c	EIN-PN	47-5082201-001
a	Plan name	TECH VALLEY TALENT LLC 401(K) PLAN
b	Name of plan sponsor	TECH VALLEY TALENT LLC
c	EIN-PN	26-2582540-001
a	Plan name	PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	PURPLE ONION
c	EIN-PN	39-1649217-001
a	Plan name	BIG ISLAND TREE SERVICE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	BIG ISLAND TREE SERVICE, INC.
c	EIN-PN	20-3228783-001
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.
c	EIN-PN	94-2971321-002
a	Plan name	BOSTER, KOBAYASHI 401(K) PLAN
b	Name of plan sponsor	BOSTER, KOBAYASHI & ASSOCIATES
c	EIN-PN	94-2746874-001
a	Plan name	EASTERN METAL - USA-SIGN PROFIT SHARING PLAN
b	Name of plan sponsor	EASTERN METAL - USA-SIGN
c	EIN-PN	16-0757659-001
a	Plan name	HOME CARE SENIOR SERVICES 401(K) PLAN
b	Name of plan sponsor	HOME CARE SENIOR SERVICES
c	EIN-PN	27-2041025-001
a	Plan name	MILLENNIUM TECHNOLOGIES, LLC RETIREMENT READINESS PLAN
b	Name of plan sponsor	MILLENNIUM TECHNOLOGIES, LLC
c	EIN-PN	39-1895415-001
a	Plan name	THOMAS LAVIN, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THOMAS LAVIN, INC.
c	EIN-PN	95-4789663-001
a	Plan name	THOMPSON TECHNOLOGIES, INC. 401(K) PLAN
b	Name of plan sponsor	THOMPSON TECHNOLOGIES, INC.
c	EIN-PN	58-2161727-001
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan DFA EMERGING MARKETS PORTFOLIO RET ACCT	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ►</td> <td style="width:20%; text-align: center;">525</td> </tr> </table>	B Three-digit plan number (PN) ►	525
B Three-digit plan number (PN) ►	525		
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 36-6071399</td> </tr> </table>	D Employer Identification Number (EIN) 36-6071399	
D Employer Identification Number (EIN) 36-6071399			

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
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)	1
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)	12926973
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	14208311
(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	12926974	14208311
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	12926974	14208311

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)	796750	
(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		796750

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		796750
l Transfers of assets:			
(1) To this plan.....	2l(1)		3493923
(2) From this plan	2l(2)		3009336

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 _____.