

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 INFLATION-PROTECTED SECURITIES PORTFOLIO RET ACCT
1b Three-digit plan number (PN): 526
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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)
---	---

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.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>DFA INFLATION-PROTECTED SECURITIES PORTFOLIO RET ACCT</u>	B Three-digit plan number (PN) ▶ <u>526</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)
---------------	--

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)

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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CREATIVE FLOORING OHIO 401(K) PLAN	
b	Name of plan sponsor HOEY ENTERPRISES, INC. DBA CREATIVE FLOORING OHIO	c EIN-PN 31-1313161-001
a	Plan name CRESCENT CITY PARTNERS	
b	Name of plan sponsor CRESCENT CITY PARTNERS	c EIN-PN 20-3238074-001
a	Plan name LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	c EIN-PN 37-1654147-001
a	Plan name NATIONAL DOMESTIC WORKERS ALLIANCE 401(K) PLAN	
b	Name of plan sponsor NATIONAL DOMESTIC WORKERS ALLIANCE	c EIN-PN 35-2420942-001
a	Plan name PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	c EIN-PN 84-1864152-001
a	Plan name ROCKET COMPOSITES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROCKET COMPOSITES, INC.	c EIN-PN 27-0395707-001
a	Plan name ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
b	Name of plan sponsor ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	c EIN-PN 99-0222900-001
a	Plan name TAG RAYMOND JAMES AGG RET PLAN EXCHANGE	
b	Name of plan sponsor TAG RAYMOND JAMES AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874764-001
a	Plan name TAG WEALTH ENHANCEMENT GROUP 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 62-1874774-012
a	Plan name CADUCEUS HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor CADUCEUS HEALTHCARE	c EIN-PN 26-2585338-001
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 DALAD REALTY 401(K) PLAN	
b	Name of plan sponsor DALAD REALTY COMPANY	c EIN-PN 34-1001816-001

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 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 EVOLVE TREATMENT CENTERS 401(K) PLAN	
b	Name of plan sponsor EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	c EIN-PN 46-5716785-003
a	Plan name GREAT MOUNTAIN PARTNERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GREAT MOUNTAIN PARTNERS LLC	c EIN-PN 84-3463093-001
a	Plan name MAK CHEMICALS, INC. 401(K) PLAN	
b	Name of plan sponsor MAK CHEMICALS, INC.	c EIN-PN 45-4836928-001
a	Plan name NEHAL CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEHAL CONTRACTING, INC.	c EIN-PN 58-2587356-001
a	Plan name PHYSICIANS 401(K) SOLUTIONS	
b	Name of plan sponsor ORTHO BENEFITS CORP INC.	c EIN-PN 47-1797746-002
a	Plan name TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEALL CAPITAL PARTNERS, LLC	c EIN-PN 83-0591973-222
a	Plan name TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor TEKSECUTE TECHNOLOGY GROUP, LLC	c EIN-PN 01-0548119-001
a	Plan name FL CYCLES	
b	Name of plan sponsor FL CYCLES	c EIN-PN 47-4856749-001
a	Plan name FLUENCE CORPORATION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FLUENCE CORPORATION LLC	c EIN-PN 27-4214544-001
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 SLR SERVICE 401K PLAN	
b	Name of plan sponsor SIGMA HEALTH REHAB LLC	c EIN-PN 30-0565417-001

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	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	SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
b	Name of plan sponsor	SOUTH BAY FORD	c EIN-PN 95-4451497-001
a	Plan name	GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001
a	Plan name	GUHROO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EXECUTIVE RESOURCE GROUP LLC DBA GUHROO	c EIN-PN 46-4868112-001
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	ABC OF DELAWARE 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE	c EIN-PN 51-0101352-333
a	Plan name	ABO 401(K)	
b	Name of plan sponsor	AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001
a	Plan name	UTAH MANUFACTURERS ASSOCIATION MEP 401(K) PLAN	
b	Name of plan sponsor	UTAH MANUFACTURERS ASSOCIATION	c EIN-PN 87-0187660-333
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	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	JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	c EIN-PN 38-2380905-001
a	Plan name	AST/ACME, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AST/ACME, INC.	c EIN-PN 61-1278559-001

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	MAPLE LEAF CHEESEMAKERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAPLE LEAF CHEESEMAKERS, INC.	c EIN-PN 39-1895024-001
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	BALL ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	BALL ENTERPRISES, INC.	c EIN-PN 82-0456920-001
a	Plan name	MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDICAL SOCIETY OF DELAWARE	c EIN-PN 51-0061011-333
a	Plan name	CALCAGNI & KANEFSKY LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALCAGNI & KANEFSKY LLP	c EIN-PN 81-2712035-001
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	OPSPRO 401(K) PLAN	
b	Name of plan sponsor	TDI OPERATIONS LLC DBA OPSPRO	c EIN-PN 45-5597348-001
a	Plan name	CF & K 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LIBERTY CASTING COMPANY, LLC	c EIN-PN 45-0508423-001
a	Plan name	DAYTON BEHAVIORAL CARE, LLC 401(K) PLAN	
b	Name of plan sponsor	DAYTON BEHAVIORAL CARE, LLC	c EIN-PN 20-0273590-001
a	Plan name	PWARE, LLC 401K PLAN	
b	Name of plan sponsor	PWARE, LLC	c EIN-PN 83-4410439-001
a	Plan name	SCHAAP MOVING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHAAP MOVING SYSTEMS, INC.	c EIN-PN 14-1465618-001

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 FACILITY SOLUTIONS PLUS 401(K) PLAN	
b	Name of plan sponsor FACILITY SOLUTIONS PLUS, INC.	c EIN-PN 46-4765121-001
a	Plan name FAMILY LIFE ACADEMY CHARTER SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FAMILY LIFE ACADEMY CHARTER SCHOOL	c EIN-PN 13-4170389-001
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 & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CARSON & ACASIO DENTAL PARTNERSHIP	c EIN-PN 87-3791350-001
a	Plan name CHD PARTNERS	
b	Name of plan sponsor CHD PARTNERS	c EIN-PN 45-4169093-001
a	Plan name CHRISTINE LYNCH, MA, LPC, INC. 401(K) PLAN	
b	Name of plan sponsor CHRISTINE LYNCH, MA, LPC INC.	c EIN-PN 84-1905388-001
a	Plan name PRESIDIO EMPLOYEE CO LLC 401(K) PLAN	
b	Name of plan sponsor PRESIDIO EMPLOYEE CO LLC	c EIN-PN 82-5116779-001
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 PROBABLYMONSTERS INC 401(K) PLAN	
b	Name of plan sponsor PROBABLYMONSTERS, INC.	c EIN-PN 81-1839022-222

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	DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DYNAMIC RESEARCH	c EIN-PN 95-3385947-001
a	Plan name	RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RABIN & BERDO, P.C.	c EIN-PN 52-1763604-001
a	Plan name	FORRESTALL PLAN	
b	Name of plan sponsor	JEFF FORRESTALL CPA PC	c EIN-PN 58-2514091-333
a	Plan name	SPOONER RISK CONTROL SERVICES, INC. MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SURETY HR, INC.	c EIN-PN 82-1825780-003
a	Plan name	HANSEN & ROSASCO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HANSEN & ROSASCO LLP	c EIN-PN 84-4715027-001
a	Plan name	HEXAGON HR, LLC 401(K) PLAN	
b	Name of plan sponsor	HEXAGON HR, LLC	c EIN-PN 88-1314552-001
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	ACUITY SURGICAL DEVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ACUITY SURGICAL DEVICES, LLC	c EIN-PN 46-4569963-001
a	Plan name	ADAPTIVE SOLUTIONS MULTI SERVICES 401(K) PLAN	
b	Name of plan sponsor	ADAPTIVE SOLUTIONS MULTI SERVICES PLLC	c EIN-PN 27-4147286-001
a	Plan name	ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC.	c EIN-PN 31-1456649-001
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	ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALLPRO CORPORATION	c EIN-PN 59-3347302-001

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	WALL TO WALL FLOOR COVERING, LLC 401(K) PROFIT AND SHARING PLAN	
b	Name of plan sponsor	WALL TO WALL FLOOR COVERING, LLC	c EIN-PN 23-2904050-001
a	Plan name	WASCHITZ PAVLOFF CPA 401(K) PLAN	
b	Name of plan sponsor	WASCHITZ PAVLOFF CPA LLP	c EIN-PN 82-2240084-001
a	Plan name	ADVANCED ORTHOPEDIC PSP	
b	Name of plan sponsor	ADVANCED ORTHOPEDIC	c EIN-PN 45-3021800-002
a	Plan name	AGILEX BUSINESS SOLUTIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AGILEX BUSINESS SOLUTIONS, LLC	c EIN-PN 81-1011017-001
a	Plan name	AICUO 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO	c EIN-PN 31-0746875-001
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 HR DEPT. 401(K) PLAN	
b	Name of plan sponsor	AMERICAS HR DEPT. EMPLOYEES ONLY III, INC.	c EIN-PN 82-4338934-001
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	BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	BADGER TRUCK & AUTOMOTIVE GROUP	c EIN-PN 39-1044839-002
a	Plan name	BLACK OPTICAL LLC 401(K) PLAN	
b	Name of plan sponsor	BLACK OPTICAL LLC	c EIN-PN 86-3692802-001
a	Plan name	CLARKE VENEERS AND PLYWOOD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLARKE VENEERS & PLYWOOD	c EIN-PN 64-0365220-001
a	Plan name	COASTLINE FACILITIES & MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRS DBA COASTLINE FACILITIES & MAINTENANCE	c EIN-PN 82-4678956-001

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 DESTIN WATER USERS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor DESTIN WATER USERS, INC.	c EIN-PN 59-1082116-001
a	Plan name EDWARD LESKE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EDWARD LESKE COMPANY	c EIN-PN 22-1506426-001
a	Plan name FPMA 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor FLORIDA PODIATRIC MEDICAL ASSOCIATION	c EIN-PN 59-3134492-333
a	Plan name HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor HATTERAS PRESS, INC.	c EIN-PN 22-2491250-001
a	Plan name KINGSTON AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor KINGSTON AUTOMOTIVE, LLC	c EIN-PN 20-2954547-001
a	Plan name KROLL INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor KROLL INTERNATIONAL, LLC	c EIN-PN 20-1135584-001
a	Plan name MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MAUER CHEVROLET	c EIN-PN 26-4600875-777
a	Plan name OKLAHOMA HOME BUILDERS MEP 401(K)	
b	Name of plan sponsor OKLAHOMA HOME BUILDERS ASSOCIATION	c EIN-PN 73-0683222-333
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 PROJECT C.U.R.E., INC. 401(K) PLAN	
b	Name of plan sponsor PROJECT C.U.R.E., INC.	c EIN-PN 31-0804358-001
a	Plan name SKLAR EXPLORATION COMPANY, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SKLAR EXPLORATION COMPANY, LLC	c EIN-PN 72-1417930-001
a	Plan name SKYVIEW CHOICE, LLC 401(K) PLAN	
b	Name of plan sponsor SKYVIEW CHOICE, LLC	c EIN-PN 82-3517647-001

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 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 THRIVE BY 5 401(K) PLAN	
b	Name of plan sponsor TB5 MANAGEMENT, LLC	c EIN-PN 92-0493249-001
a	Plan name THRIVE PEO 401(K) PLAN	
b	Name of plan sponsor THRIVE	c EIN-PN 84-4818583-001
a	Plan name VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
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 AMERICAS HEALTHCARE EMPLOYEE RETIREMENT PEP	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-005
a	Plan name BLUFOX MOBILE 401(K) PLAN PROFIT SHARING PLAN	
b	Name of plan sponsor BLUFOX MOBILE	c EIN-PN 82-1471419-001
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 COLUMBIA PAINT CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA PAINT CORPORATION	c EIN-PN 55-0380524-001
a	Plan name ELEMENTAL MANAGEMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor ELEMENTAL MANAGEMENT GROUP, LLC	c EIN-PN 82-3203908-001
a	Plan name GAHCC 401(K) PLAN	
b	Name of plan sponsor GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE	c EIN-PN 74-0492475-001
a	Plan name GANAU AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor GANAU AMERICA, INC.	c EIN-PN 68-0304506-001

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	HR PARTNERS 401(K) PLAN	
b Name of plan sponsor	HR PARTNERS, INC.	c EIN-PN 58-2394083-333
a Plan name	PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b Name of plan sponsor	CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	c EIN-PN 95-0616125-002
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	RETIRE READY 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	RETIRE READY	c EIN-PN 20-1826963-333
a Plan name	SUMMERSET AND DURATEK BOAT LIFTS 401(K) PLAN	
b Name of plan sponsor	SUMMERSET AND DURATEK BOAT LIFTS	c EIN-PN 86-3812777-001
a Plan name	TITUS PRECISION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TITUS PRECISION COMPANY	c EIN-PN 87-3842552-222
a Plan name	TNHD PARTNERS	
b Name of plan sponsor	TNHD PARTNERS, LLC	c EIN-PN 27-1293636-001
a Plan name	WILLIS SPANGLER STARLING 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WILLIS SPANGLER STARLING, LTD	c EIN-PN 46-4230982-001
a Plan name	CONSTRUCTORS, INCORPORATED 401(K) PLAN	
b Name of plan sponsor	CONSTRUCTORS, INCORPORATED	c EIN-PN 85-0135619-001
a Plan name	EMPLOYEE RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	ONONDAGA LEASING SERVICES	c EIN-PN 16-1254312-001
a Plan name	INNOVATIVE PAYROLL PROCESSING, INC. 401(K) PLAN	
b Name of plan sponsor	INNOVATIVE PAYROLL PROCESSING, INC.	c EIN-PN 20-3907861-001
a Plan name	LEADING EDGE HUMAN RESOURCES 401(K) RETIREMENT PLAN	
b Name of plan sponsor	LEADING EDGE LEADERSHIP GROUP LLC	c EIN-PN 80-0737702-001

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	MONROVIA CHAMBER MEMBER 401(K) PLAN	
b	Name of plan sponsor	MONROVIA CHAMBER OF COMMERCE	c EIN-PN 95-1019540-001
a	Plan name	MONTANA HEALTH NETWORK 401(K) PLAN	
b	Name of plan sponsor	MONTANA HEALTH NETWORK	c EIN-PN 81-0440728-002
a	Plan name	MPC DAIRY SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	MPC DAIRY SERVICE, INC. DBA SAN JOAQUIN VALLEY DAIRY EQUIPMENT	c EIN-PN 83-2852835-001
a	Plan name	PBS ASO, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PBS ASO, LLC	c EIN-PN 85-0768284-001
a	Plan name	PBS PEO SERVICES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PBS PEO SERVICES	c EIN-PN 81-4175750-999
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	RFC RETIREMENT PLAN	
b	Name of plan sponsor	ROMANOFF FLOOR COVERING, INC.	c EIN-PN 58-1349072-001
a	Plan name	TRANSITION MANAGEMENT CORP 401(K) PLAN	
b	Name of plan sponsor	TRANSITION MANAGEMENT CORP	c EIN-PN 52-2032600-001
a	Plan name	WORKCENTRIC RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	WORKCENTRIC, LLC	c EIN-PN 84-3894931-333
a	Plan name	PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	c EIN-PN 72-0885035-001
a	Plan name	SYSTEMS 2000 PLUMBING SERVICES, INC 401(K) PLAN	
b	Name of plan sponsor	SYSTEMS 2000 PLUMBING SERVICES, INC	c EIN-PN 13-3781164-001
a	Plan name	TURN-KEY TUNNELING, INC 401(K) PLAN	
b	Name of plan sponsor	TURN-KEY TUNNELING, INC.	c EIN-PN 05-0620667-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	ZIEHL-ABEGG, INC. 401(K) PLAN	
b Name of plan sponsor	ZIEHL-ABEGG, INC.	c EIN-PN 20-0338305-001
a Plan name	CONTRACT ENVIRONMENTS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CONTRACT ENVIRONMENTS, INC.	c EIN-PN 51-0301181-001
a Plan name	CORPORATE BUILDING SERVICES INC. 401(K) PLAN	
b Name of plan sponsor	CORPORATE BUILDING SERVICES INC	c EIN-PN 14-1732520-001
a Plan name	EMPLOYER FLEXIBLE 401(K) PLAN	
b Name of plan sponsor	EMPLOYER FLEXIBLE HR, LLC	c EIN-PN 27-4406361-333
a Plan name	EMPLOYERS RESOURCE 401(K) PLAN	
b Name of plan sponsor	EMPLOYERS RESOURCE	c EIN-PN 33-0688056-002
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	LETTS PLUMBING RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	LETTS PLUMBING	c EIN-PN 80-8780287-001
a Plan name	LIBERTY RETIREMENT PLAN EXCHANGE	
b Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-777
a Plan name	CHAMPION WIRE AND CABLE 401(K) PLAN	
b Name of plan sponsor	CHAMPION WIRE AND CABLE LLC	c EIN-PN 11-3253340-001
a Plan name	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	ECHTER'S GREENHOUSES, INC. 401(K) PLAN	
b Name of plan sponsor	ECHTER'S GREENHOUSES, INC.	c EIN-PN 84-0491743-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FSC ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FSC ARCHITECTS, LLC	c EIN-PN 27-2031552-001
a	Plan name	FUSION EMPLOYER SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FUSION EMPLOYER SERVICES, LLC	c EIN-PN 13-4337327-001
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	JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JOE TANNER & ASSOCIATES, INC.	c EIN-PN 58-2339665-001
a	Plan name	MMR RESEARCH WORLD WIDE INC. 401(K) PLAN	
b	Name of plan sponsor	MMR RESEARCH WORLD WIDE INC.	c EIN-PN 01-0788273-001
a	Plan name	PAOLI LAW FIRM, P.C. 401(K) PLAN	
b	Name of plan sponsor	PAOLI LAW FIRM, P.C.	c EIN-PN 84-1384608-001
a	Plan name	PATCH HAWAII 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PATCH HAWAII	c EIN-PN 99-0167464-001
a	Plan name	PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEACHTREE PARK PEDIATRICS, LLP	c EIN-PN 58-0966853-001
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	WORLD CLASS PLASTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WORLD CLASS PLASTICS, INC.	c EIN-PN 34-1781164-001
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	ABILITIES FIRST, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-002

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	MORTENSEN FUNERAL HOME, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	MORTENSEN FUNERAL HOME, INC.	c EIN-PN 38-2420931-002
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	ASSOCIATIONS OF TEXAS MEP	
b	Name of plan sponsor	OMNIFY RETIREMENT LLC	c EIN-PN 74-1018556-002
a	Plan name	PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERSON & COVEY, INC.	c EIN-PN 95-2020861-001
a	Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name	PETROSKE RIEZENMAN & MEYERS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PETROSKE RIEZENMAN & MEYERS, P.C.	c EIN-PN 20-0584514-001
a	Plan name	RIVIERA FINANCE, LLC 401(K) PLAN	
b	Name of plan sponsor	RIVIERA FINANCE, LLC	c EIN-PN 95-4572313-001
a	Plan name	RMD ADVERTISING, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RMD ADVERTISING INC	c EIN-PN 31-1399132-001
a	Plan name	BRIGHTON ESCROW, INC. 401(K) PLAN	
b	Name of plan sponsor	BRIGHTON ESCROW, INC.	c EIN-PN 95-2886413-001
a	Plan name	BRO-TEX CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRO-TEX CO., INC.	c EIN-PN 41-0801968-002
a	Plan name	CIVIC ENTERTAINMENT GROUP, LLC 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	CIVIC ENTERTAINMENT GROUP, LLC	c EIN-PN 13-4042407-001
a	Plan name	CLARK CONSTRUCTION CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CLARK CONSTRUCTION CORPORATION	c EIN-PN 13-3420684-001

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	CLEAR PEO, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CLEAR PEO, LLC	c EIN-PN 35-2535759-333
a	Plan name	SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name	CORE 401(K) PLAN	
b	Name of plan sponsor	C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING	c EIN-PN 20-1907597-001
a	Plan name	SPURLIN & SPURLIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPURLIN & SPURLIN, LLC	c EIN-PN 58-2666339-001
a	Plan name	ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ELECTECH HAWAII, INC.	c EIN-PN 99-0229338-001
a	Plan name	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	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	FCBI 401(K) PLAN	
b	Name of plan sponsor	FOOTHILLS COMMERCIAL BUILDERS, INC.	c EIN-PN 84-1150396-222
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
a	Plan name	HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001

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	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	GREENWOOD DENTAL ASSOCIATES, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREENWOOD DENTAL ASSOCIATES, LTD.	c EIN-PN 36-2716751-001
a	Plan name	INTEGRATED LEADERSHIP SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTEGRATED LEADERSHIP SYSTEMS	c EIN-PN 94-3462501-001
a	Plan name	INVO PEO, INC. 401(K) PLAN	
b	Name of plan sponsor	INVO PEO, INC.	c EIN-PN 27-1067748-001
a	Plan name	KISTLER VINEYARDS 401(K) PLAN	
b	Name of plan sponsor	KISTLER VINEYARDS L.L.C.	c EIN-PN 26-1679456-001
a	Plan name	LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	c EIN-PN 91-1644545-001
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	ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-004
a	Plan name	ABO 401(K)	
b	Name of plan sponsor	AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001
a	Plan name	NARTKER, GRUNEWALD & CO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NARTKER, GRUNEWALD, ESCHLEMAN AND COOPER, LLC	c EIN-PN 31-0872466-001
a	Plan name	ALSAHLANI AND ALBAZAZZ DENTAL, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALSAHLANI AND ALBAZAZZ DENTAL, LTD.	c EIN-PN 36-3365578-001

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	NORTHTOWNS CARDIOLOGY, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHTOWNS CARDIOLOGY, PLLC	c EIN-PN 45-1765093-001
a	Plan name	AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name	PIEDMONT PEDIATRICS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	PIEDMONT PEDIATRICS, LLC	c EIN-PN 58-1108592-001
a	Plan name	PINNACLE WALL SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	PINNACLE WALL SYSTEMS, INC.	c EIN-PN 26-4353827-001
a	Plan name	BYRON PRODUCTS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BYRON PRODUCTS	c EIN-PN 31-1192208-001
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	SOFTGENETICS, LLC 401(K) PLAN	
b	Name of plan sponsor	SOFTGENETICS, LLC	c EIN-PN 25-1899879-001
a	Plan name	CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRUICKSHANK, INC.	c EIN-PN 58-1409679-001
a	Plan name	SUBURBAN CARDIOLOGY, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SUBURBAN CARDIOLOGY, PC	c EIN-PN 16-1545899-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	
b	Name of plan sponsor	SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	c EIN-PN 13-4063379-777
a	Plan name	EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	EPIC HEALTHCARE MANAGEMENT, LLC	c EIN-PN 27-4757579-001
a	Plan name	TWEEZERMAN INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	TWEEZERMAN INTERNATIONAL, LLC	c EIN-PN 20-1872710-001

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	U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001
a	Plan name	UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor	UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name	VISIONARY PAYROLL SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	VISIONARY PAYROLL SOLUTIONS, LLC	c EIN-PN 45-4077661-001
a	Plan name	W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	W.A. HAMMOND DRIERITE COMPANY, L.T.D.	c EIN-PN 31-1140535-002
a	Plan name	FIDELITY ROOF COMPANY, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FIDELITY ROOF COMPANY INC.	c EIN-PN 94-1326440-003
a	Plan name	FIRST FREIGHT TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRST FREIGHT TRANSPORT, INC.	c EIN-PN 16-1227272-001
a	Plan name	FISCHER INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	PERPETUATION PARTNERS INC. DBA FISCHER INSURANCE AGENCY	c EIN-PN 81-2008716-001
a	Plan name	ADVANCED HEALTH INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED HEALTH INC.	c EIN-PN 82-4473439-001
a	Plan name	AEON NEXUS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEON NEXUS CORPORATION	c EIN-PN 54-1983534-002
a	Plan name	AGC SELECT 401(K)	
b	Name of plan sponsor	AGC SELECT 401(K)	c EIN-PN 74-0490820-002
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

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 BEARDOWADAMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEARDOWADAMS, INC.	c EIN-PN 99-0372789-001
a	Plan name COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC	c EIN-PN 46-5167460-001
a	Plan name COMSTOCK, CROSSER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor COMSTOCK, CROSSER & ASSOCIATES DEVELOPMENT COMPANY, LLC	c EIN-PN 95-4665584-001
a	Plan name CVR ASSOCIATES, INC. 401(K)	
b	Name of plan sponsor CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777
a	Plan name EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EPOCH SOLUTIONS GROUP LLC	c EIN-PN 20-4472485-001
a	Plan name EVENTS.COM 401(K) PLAN	
b	Name of plan sponsor EVENTS.COM	c EIN-PN 80-0488603-001
a	Plan name FLASH RAISE FUNDING 401(K) PLAN	
b	Name of plan sponsor FLASH RAISE FUNDING, LLC	c EIN-PN 87-2600294-001
a	Plan name GUARDIAN ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GUARDIAN ENVIRONMENTAL SERVICES, INC.	c EIN-PN 38-2513074-001
a	Plan name HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PL	c EIN-PN 33-0416470-222
a	Plan name HAIGHT LAW GROUP, PC 401(K) PLAN	
b	Name of plan sponsor HAIGHT LAW GROUP, PC	c EIN-PN 20-8962303-001
a	Plan name JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	c EIN-PN 26-2257289-001
a	Plan name LUMINUS DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor LUMINUS DIAGNOSTICS, LLC	c EIN-PN 45-4133635-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NATIONAL RETIREMENT EXCHANGE PLAN	
b	Name of plan sponsor	NATIONAL BENEFIT SERVICES, LLC	c EIN-PN 20-3886993-001
a	Plan name	OCEAN ELECTRIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OCEAN ELECTRIC CORPORATION	c EIN-PN 11-3172942-001
a	Plan name	OHIO CONTRACTORS ASSOCIATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OHIO CONTRACTORS ASSOCIATION	c EIN-PN 31-4269300-002
a	Plan name	OHIO VALLEY EYE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	OHIO VALLEY EYE INSTITUTE, P.C.	c EIN-PN 35-1907178-001
a	Plan name	SPEECH & VOICE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SPEECH & VOICE SOLUTIONS	c EIN-PN 20-8174445-001
a	Plan name	SPORTIME RETIREMENT PLAN	
b	Name of plan sponsor	SPORTIME CLUBS, LLC	c EIN-PN 11-3224021-222
a	Plan name	SUCCESS ADVERTISING, INC. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUCCESS ADVERTISING, INC.	c EIN-PN 22-1919260-001
a	Plan name	TECH TRADING PROFIT SHARING PLAN	
b	Name of plan sponsor	TECH TRADING OF NEW YORK, INC.	c EIN-PN 14-1734227-001
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	UTICA CUTLERY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UTICA CUTLERY COMPANY	c EIN-PN 15-0476460-003
a	Plan name	WATSON ADVENTURES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	WATSON ADVENTURES, LLC	c EIN-PN 52-2186522-001
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	WESTERN REGIONS NECA 401(K) PLAN	
b	Name of plan sponsor	WESTERN REGIONS NECA	c EIN-PN 33-0670046-333
a	Plan name	ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
b	Name of plan sponsor	ANDERSON, JULIAN & HULL, LLP	c EIN-PN 82-0504369-001
a	Plan name	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	c EIN-PN 95-4887678-001
a	Plan name	CETEK, INC. 401(K) PLAN	
b	Name of plan sponsor	CETEK, INC.	c EIN-PN 42-1514155-001
a	Plan name	DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name	JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JAY KNIGHT DDS, PLC	c EIN-PN 05-0539009-001
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	MAVERICK SOFTWARE CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAVERICK SOFTWARE CONSULTING	c EIN-PN 41-1979904-001
a	Plan name	OVERVIEW BUSINESS HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	WILLET DAIRY, LLC	c EIN-PN 16-1453541-002
a	Plan name	PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name	WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	WILLIAM A. SMITH & SON, INC.	c EIN-PN 14-1433702-002
a	Plan name	WOLVERINE WATER TREATMENT SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN SOFT WATER OF WESTERN MICHIGAN, INC.	c EIN-PN 38-1498962-001

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 BENEFIT PROVIDERS MULTIPLE EMPLOYER 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor BENEFIT PROVIDERS, LLC	c EIN-PN 52-2010356-333
a	Plan name BEVERLY HILLS SPORTS COUNCIL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEVERLY HILLS SPORTS COUNCIL, INC	c EIN-PN 95-4282114-001
a	Plan name DELAWARE ENGINEERING, D.P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor DELAWARE ENGINEERING, D.P.C.	c EIN-PN 16-1370126-001
a	Plan name DELTA METALS, INC. 401(K) PLAN	
b	Name of plan sponsor DELTA METALS, INC.	c EIN-PN 58-0812732-001
a	Plan name DELTA ZETA SORORITY SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor DELTA ZETA SORORITY	c EIN-PN 35-0267676-001
a	Plan name DEVELOPMENT COUNSELLORS INTERNATIONAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor DEVELOPMENT COUNSELLORS INTERNATIONAL	c EIN-PN 13-1945303-005
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 HEALTHCARE GEORGIA FOUNDATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HEALTHCARE GEORGIA FOUNDATION INC.	c EIN-PN 58-2418091-001
a	Plan name M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
b	Name of plan sponsor M&W DISTRIBUTION SERVICES, INC.	c EIN-PN 58-1164068-001
a	Plan name MACROVEY 401(K) PLAN	
b	Name of plan sponsor MACROVEY, LLC	c EIN-PN 45-5205376-001
a	Plan name R.C.I. PLBG INC. 401(K) PLAN	
b	Name of plan sponsor R.C.I. PLBG INC.	c EIN-PN 45-2239899-001
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE MCLEOD COMPANIES 401(K) PLAN	
b	Name of plan sponsor MCLEOD EXPRESS, LLC	c EIN-PN 35-2156793-222
a	Plan name THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor POWER DOOR PRODUCTS, INC.	c EIN-PN 13-2746069-001
a	Plan name DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DOXON, LLC	c EIN-PN 20-8038249-001
a	Plan name DUNCAN OIL CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUNCAN OIL CO.	c EIN-PN 31-0925929-002
a	Plan name HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SONGY HIGHROADS, LLC	c EIN-PN 45-4485594-001
a	Plan name MEDICALERT 401(K) PLAN	
b	Name of plan sponsor MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a	Plan name MICHAEL G. LORUSSO, PC. PROFIT SHARING PLAN	
b	Name of plan sponsor MICHAEL G. LORUSSO, PC.	c EIN-PN 27-0944838-002
a	Plan name BMCO/BVCO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BLAIR-MARTIN CO., INC.	c EIN-PN 95-1786982-001
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 MINIMAL ACCESS SURGERY, INC. 401(K) PLAN	
b	Name of plan sponsor MINIMAL ACCESS SURGERY, INC.	c EIN-PN 45-0521250-001
a	Plan name THE ROYSTER GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE ROYSTER GROUP, INC.	c EIN-PN 58-2639075-001

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 THE SINCLAIR GROUP, INC. 401(K) PROFIT SHARING PLAN

b Name of plan sponsor THE SINCLAIR GROUP, INC. **c** EIN-PN 59-3269797-001

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DFA INFLATION-PROTECTED SECURITIES PORTFOLIO RET ACCT	B Three-digit plan number (PN) ▶ 526
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)	35182117
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	31289866
(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	35182117	31289866
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	35182117	31289866

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)	558107	
(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		558107

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		558107
l Transfers of assets:			
(1) To this plan.....	2l(1)		7832579
(2) From this plan	2l(2)		12282937

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 _____.