

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: INVESCO DIVERSIFIED DIVIDEND RET ACCT
1b Three-digit plan number (PN): 574
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.

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>INVESCO DIVERSIFIED DIVIDEND RET ACCT</u>	B Three-digit plan number (PN)	<u>574</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>	

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

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

c EIN-PN

d Entity code

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d Entity code

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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 ARETE DENTAL EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor ARETE DENTAL DBA NORTH HILLS DENTAL GROUP	c EIN-PN 46-5063631-001
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 CHOYCE DISTRIBUTION, INC. 401(K) PLAN	
b	Name of plan sponsor CHOYCE DISTRIBUTION, INC.	c EIN-PN 46-5738332-001
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 FSC ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FSC ARCHITECTS, LLC	c EIN-PN 27-2031552-001
a	Plan name FSP POWERTEK, INC. 401(K) PLAN	
b	Name of plan sponsor FSP POWERTEK, INC.	c EIN-PN 45-4614696-001
a	Plan name GALATOIRE'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor NEW ORLEANS EQUITY, LLC	c EIN-PN 27-1326146-001
a	Plan name JUDY CASEY, INC. 401(K) PLAN	
b	Name of plan sponsor JUDY CASEY, INC.	c EIN-PN 13-3243377-001
a	Plan name K.A. HAMILTON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor K.A. HAMILTON & ASSOCIATES	c EIN-PN 25-1552792-001
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 MORELAND DEALERSHIPS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRAND AUTO INC.	c EIN-PN 84-1120772-003

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 PARKWOOD LANDSCAPE MAINTENANCE, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor PARKWOOD LANDSCAPE MAINTENANCE, INC.	c EIN-PN 95-4199872-001
a	Plan name PATCH HAWAII 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PATCH HAWAII	c EIN-PN 99-0167464-001
a	Plan name PEDIATRIC MEDICINE, PLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PEDIATRIC MEDICINE, PLC	c EIN-PN 03-0230997-001
a	Plan name SHAFERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COONEY, PARRIS & RIEKE CORPORATION	c EIN-PN 91-1862618-001
a	Plan name TIME STRIPING, INC. 401K	
b	Name of plan sponsor TIME STRIPING, INC.	c EIN-PN 71-0669392-333
a	Plan name WOMENS OB/GYN PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOMEN'S OB/GYN PC	c EIN-PN 81-0802359-001
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 ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLEVITY, INC.	c EIN-PN 94-2264491-001
a	Plan name NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
b	Name of plan sponsor NEWBROOK INSURANCE AGENCY, INC.	c EIN-PN 11-2718154-001
a	Plan name ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor ARMER/NORMAN & ASSOCIATES	c EIN-PN 94-1686016-001
a	Plan name ARTHUR R. GREN CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARTHUR R. GREN CO., INC.	c EIN-PN 16-0777488-777

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 ASSOCIATION HOUSE OF CHICAGO 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATION HOUSE OF CHICAGO	c EIN-PN 36-2166961-001
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 RICHIE & GUERINGER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RICHIE & GUERINGER, P.C.	c EIN-PN 74-2744788-777
a	Plan name RIVIERA FINANCE, LLC 401(K) PLAN	
b	Name of plan sponsor RIVIERA FINANCE, LLC	c EIN-PN 95-4572313-001
a	Plan name ROCKY MOUNTAIN HEALTH CENTERS PROFIT SHARING PLAN	
b	Name of plan sponsor ROCKY MOUNTAIN HEALTH CENTERS PEDIATRICS, PC	c EIN-PN 68-0545497-001
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 CITY PODIATRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CITY PODIATRY	c EIN-PN 30-0471836-001
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
a	Plan name SHARFI HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHARFI HOLDINGS, INC.	c EIN-PN 82-3806579-001
a	Plan name SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name SHRIKANT TAMHANE DO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHRIKANT TAMHANE DO INC	c EIN-PN 81-4413278-001

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	SIELKEN DAVIS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SIELKEN DAVIS, LLC	c EIN-PN 20-4365146-001
a	Plan name	SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIGNALS AUDIO VIDEO, INC.	c EIN-PN 95-4602729-001
a	Plan name	CORE 401(K) PLAN	
b	Name of plan sponsor	C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING	c EIN-PN 20-1907597-001
a	Plan name	CORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor	CORTECH, LLC	c EIN-PN 58-2449456-001
a	Plan name	COTTERMAN & COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	COTTERMAN & COMPANY, INC.	c EIN-PN 34-1391975-001
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	ELLENOS 401(K) PLAN	
b	Name of plan sponsor	REAL GREEK LLC	c EIN-PN 45-5592934-001
a	Plan name	TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TOPAZ SYSTEMS, INC.	c EIN-PN 77-0402671-002
a	Plan name	TOWER ENGINEERING SOLUTIONS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOWER ENGINEERING SOLUTIONS, LLC.	c EIN-PN 46-2297448-001
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	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

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	TROMBLEY & HANES P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TROMBLEY & HANES, P.A.	c EIN-PN 59-3216127-001
a	Plan name	TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRUE NORTH HUMAN CAPITAL, LLC	c EIN-PN 47-4797475-777
a	Plan name	VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor	VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name	FABER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	FABER ASSOCIATES, INC.	c EIN-PN 22-1550176-001
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	FC 401(K) PLAN	
b	Name of plan sponsor	FORMATION CAPITAL, LLC	c EIN-PN 23-2986268-001
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	HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HUNT ENTERPRISES, INC.	c EIN-PN 11-2236013-001
a	Plan name	HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001
a	Plan name	KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
b	Name of plan sponsor	KAIKOR CONSTRUCTION GROUP, INC.	c EIN-PN 99-0242255-001
a	Plan name	KID-U-NOT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KID-U-NOT, INC.	c EIN-PN 59-2951758-001
a	Plan name	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001

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	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	INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NASHEVE, INC.	c EIN-PN 20-8664693-001
a	Plan name	ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001
a	Plan name	ISLAND PUMP AND TANK, LLC 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	ISLAND PUMP AND TANK, LLC	c EIN-PN 11-2564960-777
a	Plan name	KIRT04 PEO RETIREMENT PLAN	
b	Name of plan sponsor	KIRT04, INC.	c EIN-PN 45-1965930-001
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	LIFARS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LIFARS LLC	c EIN-PN 46-0875969-001
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	LONG, TUMINELLO, BESSO, SELIGMAN, WERNER & SULLIVAN 401(K) PLAN	
b	Name of plan sponsor	LONG, TUMINELLO, BESSO, SELIGMAN, WERNER & SULLIVAN, LLP	c EIN-PN 11-2476602-001
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	ABO 401(K)	
b	Name of plan sponsor	AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001
a	Plan name	ACCENT STRIPE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACCENT STRIPE, INC.	c EIN-PN 16-1063430-001

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 ADHAN PIPING COMPANY, INC. PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor ADHAN PIPING COMPANY, INC.	c EIN-PN 16-1370100-001
a	Plan name ALPHARETTA CONVENTION & VISITORS BUREAU 401(K) PLAN	
b	Name of plan sponsor ALPHARETTA CONVENTION & VISITORS BUREAU	c EIN-PN 58-2418260-001
a	Plan name AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor AMBIOPHARM, INC.	c EIN-PN 22-3940281-222
a	Plan name NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor NMS PROPERTY SERVICES CORPORATION	c EIN-PN 95-4848549-001
a	Plan name NOLL-FISHER, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor NOLL-FISHER, INC.	c EIN-PN 31-1098448-001
a	Plan name NORTHSIDE ELECTRIC 401(K) PLAN	
b	Name of plan sponsor NORTHSIDE ELECTRIC, INC.	c EIN-PN 72-0633686-001
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 NORWOLF TOOL WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORWOLF TOOL WORKS, INC.	c EIN-PN 22-3427279-001
a	Plan name AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name AVEX FUNDING, INC. 401(K) PLAN	
b	Name of plan sponsor AVEX FUNDING	c EIN-PN 87-0691651-001
a	Plan name PHI RETIREMENT PLAN	
b	Name of plan sponsor PARAPROFESSIONAL HEALTHCARE INSTITUTE	c EIN-PN 13-3575492-001
a	Plan name PINNACLE WALL SYSTEMS 401(K) PLAN	
b	Name of plan sponsor PINNACLE WALL SYSTEMS, INC.	c EIN-PN 26-4353827-001

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 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 BUTTONWILLOW WAREHOUSE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTTONWILLOW WAREHOUSE COMPANY, INC.	c EIN-PN 95-1582925-001
a	Plan name C & M GIANT TIRE, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor C & M GIANT TIRE, LLC	c EIN-PN 61-1372158-001
a	Plan name COLUMBUS CITIZENS HOUSE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COLUMBUS CITIZENS HOUSE INC.	c EIN-PN 13-2852037-001
a	Plan name SOFTGENETICS, LLC 401(K) PLAN	
b	Name of plan sponsor SOFTGENETICS, LLC	c EIN-PN 25-1899879-001
a	Plan name CREATE ARCHITECTURE 401(K) PLAN	
b	Name of plan sponsor CREATE ARCHITECTURE	c EIN-PN 45-4732170-001
a	Plan name CREATIVE SUCCESS ALLIANCE CORP. 401(K) PLAN	
b	Name of plan sponsor CREATIVE SUCCESS ALLIANCE CORP.	c EIN-PN 46-1627458-001
a	Plan name CROWN PACKAGING CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor CROWN PACKAGING CORPORATION	c EIN-PN 31-0743880-001
a	Plan name STRATEGY/PR CONSULTING, LLC RETIREMENT PLAN	
b	Name of plan sponsor STRATEGY/PR CONSULTING, LLC	c EIN-PN 45-3144122-001
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 SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor SUBURBAN PSYCHIATRIC ASSOCIATES LLP	c EIN-PN 16-1492077-001
a	Plan name TWIN PEAKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TWIN PEAKS, INC.	c EIN-PN 11-3106466-001

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. SMALL BUSINESS EXCHANGE 401(K) PLAN	
b	Name of plan sponsor	OMNIFY RETIREMENT LLC	c EIN-PN 82-2083836-333
a	Plan name	U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
a	Plan name	VOICES FOR INTERNATIONAL BUSINESS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VOICES FOR INTERNATIONAL BUSINESS AND EDUCATION	c EIN-PN 27-0649868-001
a	Plan name	FILCO INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FILCO INDUSTRIES, INC.	c EIN-PN 20-4431613-001
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	FJP MECHANICAL INC. 401(K) PLAN	
b	Name of plan sponsor	FJP MECHANICAL INC.	c EIN-PN 11-3289992-001
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	AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	ORAL SURGERY GROUP, P.A.	c EIN-PN 22-1996401-001
a	Plan name	CARPET TIME, INC. 401(K)	
b	Name of plan sponsor	CARPET TIME, INC.	c EIN-PN 33-0454234-001
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	CONFIDENCE PLUMBING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	CONFIDENCE PLUMBING COMPANY, INC.	c EIN-PN 84-1073735-001
a	Plan name	CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSENSUS INC.	c EIN-PN 95-4236230-001

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 DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name FORESIGHT WEST SURVEYING, INC. 401(K) PLAN	
b	Name of plan sponsor FORESIGHT WEST SURVEYING, INC.	c EIN-PN 84-0945722-001
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 HAND INSTITUTE 401(K) PLAN	
b	Name of plan sponsor THE MINIMALLY INVASIVE HAND INSTITUTE	c EIN-PN 27-1952351-001
a	Plan name JAGRO CUSTOM BROKERS 401(K) PLAN	
b	Name of plan sponsor JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.	c EIN-PN 13-3009245-002
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 KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
a	Plan name KRUSE & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor KRUSE & ASSOCIATES, INC.	c EIN-PN 73-1444019-001
a	Plan name LA PALOMA 401(K) PLAN	
b	Name of plan sponsor LA PALOMA FUNERAL SERVICES	c EIN-PN 26-0296007-001
a	Plan name LAS VEGAS COLOR GRAPHICS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor LAS VEGAS COLOR GRAPHICS, INC.	c EIN-PN 65-0919583-001

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	LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	LRS ARCHITECTS, INC.	c EIN-PN 93-1259453-001
a	Plan name	LUMINUS DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	LUMINUS DIAGNOSTICS, LLC	c EIN-PN 45-4133635-001
a	Plan name	LUMONDI, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LUMONDI, INC.	c EIN-PN 22-3008871-001
a	Plan name	NATHAN W. MOGREN, D.M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor	NATHAN W. MOGREN, D.M.D., P.C.	c EIN-PN 27-1009572-001
a	Plan name	NOVA AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOVA AUTOMOTIVE INC.	c EIN-PN 26-0025508-002
a	Plan name	OCEANWIDE CENTER NY LLC 401(K) PLAN	
b	Name of plan sponsor	OCEANWIDE CENTER NY LLC	c EIN-PN 81-1714900-001
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	OHMEGA SOLENOID & ZENITH SCREW RETIREMENT PLAN	
b	Name of plan sponsor	OHMEGA SOLENOID	c EIN-PN 95-2498276-001
a	Plan name	POWERBUILD CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	POWERBUILD CONSTRUCTION, LLC	c EIN-PN 81-1737022-001
a	Plan name	SPECTRUM MONTESSORI 401(K) PLAN	
b	Name of plan sponsor	SPECTRUM MONTESSORI	c EIN-PN 45-5022138-001
a	Plan name	SPITZ ELECTRIC INC. 401(K) PLAN	
b	Name of plan sponsor	SPITZ ELECTRIC INC.	c EIN-PN 20-1947660-001
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

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	SWLOMELI, INC. 401(K) P/S PLAN	
b	Name of plan sponsor	SWLOMELI, INC.	c EIN-PN 20-3253715-001
a	Plan name	UNIQUE EYE OPTIQUE, LLC RETIREMENT PLAN	
b	Name of plan sponsor	UNIQUE EYE OPTIQUE, LLC	c EIN-PN 46-2392633-001
a	Plan name	UNITED RECYCLING AND CONTAINER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	TOPSOILS, INC. DBA UNITED RECYCLING AND CONTAINER	c EIN-PN 91-1688438-001
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	WEST COAST CONSULTING 401(K) PLAN	
b	Name of plan sponsor	WEST COAST CONSULTING, LLC	c EIN-PN 33-0838176-001
a	Plan name	WEST MIDTOWN MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST MIDTOWN MANAGEMENT GROUP, INC.	c EIN-PN 13-3952613-001
a	Plan name	WESTERN 401(K) PLAN	
b	Name of plan sponsor	WESTERN DOOR & GATE LLC	c EIN-PN 20-8633939-001
a	Plan name	WESTERN INTEGRATED 401(K) PLAN	
b	Name of plan sponsor	WESTERN INTEGRATED MATERIALS	c EIN-PN 26-0852608-003
a	Plan name	ANCHORSGORDON, P.A., 401(K) PLAN	
b	Name of plan sponsor	ANCHORSGORDON, P.A.	c EIN-PN 20-4084916-001
a	Plan name	ANN M. HASHITATE, D.D.S., INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ANN HASHITATE, D.D.S. INC.	c EIN-PN 20-3665963-001
a	Plan name	CETEK, INC. 401(K) PLAN	
b	Name of plan sponsor	CETEK, INC.	c EIN-PN 42-1514155-001
a	Plan name	DINO PUBLISHING 401(K) PLAN	
b	Name of plan sponsor	DINO PUBLISHING	c EIN-PN 36-4353767-001

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 DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DOCTOR & ASSOCIATES	c EIN-PN 06-0857902-001
a	Plan name DOI & ASSOCIATES CPAS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DOI & ASSOCIATES CPAS, LLC	c EIN-PN 46-5649356-001
a	Plan name FORTRON/SOURCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTRON/SOURCE CORPORATION	c EIN-PN 94-2912689-001
a	Plan name FORTUNA ACE HARDWARE & GARDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTUNA ACE HARDWARE & GARDEN, INC.	c EIN-PN 20-2925828-001
a	Plan name FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor FOUTZ & BURSUM CONSTRUCTION CO., INC.	c EIN-PN 85-0115169-002
a	Plan name FRANK EVANS CO. 401(K) PLAN	
b	Name of plan sponsor FRANK EVANS COMPANY, INC.	c EIN-PN 04-2422078-001
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 JMARK BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor JMARK BUSINESS SOLUTIONS, INC.	c EIN-PN 43-1918976-001
a	Plan name PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	c EIN-PN 99-0268773-001
a	Plan name SECURCOM, INC. 401(K) PLAN	
b	Name of plan sponsor SECURCOM, INC.	c EIN-PN 34-1852124-002
a	Plan name THE CHATTERJEE MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CHATTERJEE MANAGEMENT COMPANY	c EIN-PN 22-3004767-001

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 COUVILLION GROUP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE COUVILLION GROUP	c EIN-PN 20-2983099-001
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
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 DENNY MACHINE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DENNY MACHINE, LLC	c EIN-PN 92-1449880-003
a	Plan name HARRY WARREN OF GEORGIA 401(K) PLAN	
b	Name of plan sponsor MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	c EIN-PN 65-1179808-001
a	Plan name HAWAII ANALYTICAL LABORATORY LLC 401(K) PLAN	
b	Name of plan sponsor HAWAII ANALYTICAL LABORATORY LLC	c EIN-PN 47-5082201-001
a	Plan name MADISON AVENUE PHYSICIANS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MADISON AVENUE PHYSICIANS, P.C.	c EIN-PN 13-4177864-001
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 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 QUALITY PAYROLL & BENEFITS 401(K) PLAN	
b	Name of plan sponsor QUALITY PAYROLL & BENEFITS	c EIN-PN 35-2175330-001
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

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	RACK PROCESSING COMPANY UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RACK PROCESSING COMPANY	c EIN-PN 31-0535048-001
a	Plan name	THE MCLEOD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	MCLEOD EXPRESS, LLC	c EIN-PN 35-2156793-222
a	Plan name	THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL	c EIN-PN 37-0154973-002
a	Plan name	THE PEDIATRIC OFFICE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PEDIATRIC OFFICE, LLC	c EIN-PN 58-2646129-001
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	DOWLING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOWLING CORPORATION	c EIN-PN 02-0395136-001
a	Plan name	MCKINSEY STEEL 401(K) PLAN	
b	Name of plan sponsor	MCKINSEY STEEL & SUPPLY OF FLORIDA, INC.	c EIN-PN 59-2293118-001
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	BOSTER, KOBAYASHI 401(K) PLAN	
b	Name of plan sponsor	BOSTER, KOBAYASHI & ASSOCIATES	c EIN-PN 94-2746874-001
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	HOTEL MANAGEMENT OF NEW ORLEANS 401(K) PLAN	
b	Name of plan sponsor	HOTEL MANAGEMENT OF NEW ORLEANS, L.L.C.	c EIN-PN 72-0848974-001
a	Plan name	HOUSTON MEDICAL CONSULTANTS PC 401(K) PLAN	
b	Name of plan sponsor	HOUSTON MEDICAL CONSULTANTS PC	c EIN-PN 46-0754581-001

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	REOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	REOWN TAG AND LABEL, INC.	c EIN-PN 11-2530597-001

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

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a Plan name		
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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 INVESCO DIVERSIFIED DIVIDEND 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;">574</td> </tr> </table>	B Three-digit plan number (PN) ▶	574
B Three-digit plan number (PN) ▶	574		
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)	
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)	27838502
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	25511586
(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	27838502	25511586
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	27838502	25511586

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)	3223495	
(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		3223495

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		3223495
l Transfers of assets:			
(1) To this plan	2l(1)		2220344
(2) From this plan	2l(2)		7770755

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 _____.