

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) P

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  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**

<p><b>1a</b> Name of plan <u>TA BLACKROCK LIFEPATH INDEX 2050 RET ACCT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>678</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>36-6071399</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

If "Yes" is checked, complete lines 11b and 11c.

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**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) .....  Yes  No

**11c** Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>TA BLACKROCK LIFEPATH INDEX 2050 RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>678</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CUNNINGHAM ELECTRIC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CUNNINGHAM ELECTRIC	<b>c</b> EIN-PN 26-2171644-001
<b>a</b>	Plan name CUTTRISS & HAMBLETON 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CUTTRISS & HAMBLETON	<b>c</b> EIN-PN 94-3167262-001
<b>a</b>	Plan name ENVIRONET SYSTEMS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ENVIRONET SYSTEMS, LLC	<b>c</b> EIN-PN 13-3851048-001
<b>a</b>	Plan name ERT DESIGN GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ERT DESIGN GROUP LLC	<b>c</b> EIN-PN 46-2799256-001
<b>a</b>	Plan name IRON WORKS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor IRON WORKS INC.	<b>c</b> EIN-PN 45-0524572-001
<b>a</b>	Plan name MADISON AVENUE PHYSICIANS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MADISON AVENUE PHYSICIANS, P.C.	<b>c</b> EIN-PN 13-4177864-001
<b>a</b>	Plan name NELLA MEDIA GROUP, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NELLA MEDIA GROUP, LLC	<b>c</b> EIN-PN 26-2724679-001
<b>a</b>	Plan name TECH VALLEY TALENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TECH VALLEY TALENT LLC	<b>c</b> EIN-PN 26-2582540-001
<b>a</b>	Plan name UNIVERSAL PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNIVERSAL PLUMBING, INC.	<b>c</b> EIN-PN 11-3479636-001
<b>a</b>	Plan name FOCUS HOPE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOCUS HOPE	<b>c</b> EIN-PN 38-1948285-002
<b>a</b>	Plan name GREGORY S. GEFEN, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GREGORY S. GEFEN, P.A.	<b>c</b> EIN-PN 65-0616705-001
<b>a</b>	Plan name HAWAII SHEETMETAL & MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAWAII SHEETMETAL & MECHANICAL, INC.	<b>c</b> EIN-PN 20-4774329-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	POWER DOOR PRODUCTS, INC.	<b>c</b> EIN-PN 13-2746069-001
<b>a</b>	Plan name	ABRAZO HOMES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABRAZO HOMES	<b>c</b> EIN-PN 26-0515234-001
<b>a</b>	Plan name	JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JAY KNIGHT DDS, PLC	<b>c</b> EIN-PN 05-0539009-001
<b>a</b>	Plan name	USG SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	USG SERVICES, LLC	<b>c</b> EIN-PN 45-4658823-001
<b>a</b>	Plan name	NEWSTUDIO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEWSTUDIO ARCHITECTURE, LLC	<b>c</b> EIN-PN 45-1631448-001
<b>a</b>	Plan name	PLATINUM DENTAL SPECIALTIES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLATINUM DENTAL SPECIALTIES LLC	<b>c</b> EIN-PN 27-1385150-001
<b>a</b>	Plan name	POWERBUILD CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POWERBUILD CONSTRUCTION, LLC	<b>c</b> EIN-PN 81-1737022-001
<b>a</b>	Plan name	QUAD CITIES AUTISM CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUAD CITIES AUTISM CENTER	<b>c</b> EIN-PN 20-3768653-001
<b>a</b>	Plan name	BENCHMARK ENGINEERING, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BENCHMARK ENGINEERING, INC.	<b>c</b> EIN-PN 41-1752356-001
<b>a</b>	Plan name	CITY PODIATRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CITY PODIATRY	<b>c</b> EIN-PN 30-0471836-001
<b>a</b>	Plan name	PRIMEGLOBAL SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIMEGLOBAL	<b>c</b> EIN-PN 36-2983725-001
<b>a</b>	Plan name	DELTA-RAY INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DELTA-RAY INDUSTRIES, INC.	<b>c</b> EIN-PN 06-1547159-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">DYKE NELSON ARCHITECTURE LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYKE NELSON ARCHITECTURE LLC</a>	<b>c</b> EIN-PN <a href="#">45-4214031-001</a>
<b>a</b>	Plan name <a href="#">FASHION ANGELS ENTERPRISES 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">M&amp;G PARTNERS, LLP DBA FASHION ANGELS ENTERPRISES</a>	<b>c</b> EIN-PN <a href="#">39-1724800-001</a>
<b>a</b>	Plan name <a href="#">FOWLER ORTHODONTICS, PLLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FOWLER ORTHODONTICS, PLLC</a>	<b>c</b> EIN-PN <a href="#">26-0791169-001</a>
<b>a</b>	Plan name <a href="#">HARBOR POINT REALTY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARBOR POINT REALTY &amp; INVESTMENTS, LLC</a>	<b>c</b> EIN-PN <a href="#">54-2064398-001</a>
<b>a</b>	Plan name <a href="#">THE SINCLAIR GROUP, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE SINCLAIR GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">59-3269797-001</a>
<b>a</b>	Plan name <a href="#">THE WILHELM GROUP RETIREMENT PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE WILHELM GROUP RETIREMENT PLAN &amp; TRUST</a>	<b>c</b> EIN-PN <a href="#">81-5035218-001</a>
<b>a</b>	Plan name <a href="#">THOMAS D. BLORE ARCHITECT PC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THOMAS D. BLORE ARCHITECT PC</a>	<b>c</b> EIN-PN <a href="#">20-8781670-001</a>
<b>a</b>	Plan name <a href="#">ALH 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALEXANDER LANKFORD &amp; HIERS, INC.</a>	<b>c</b> EIN-PN <a href="#">75-1407510-001</a>
<b>a</b>	Plan name <a href="#">KIMBERLITE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KIMBERLITE CORPORATION</a>	<b>c</b> EIN-PN <a href="#">77-0444505-001</a>
<b>a</b>	Plan name <a href="#">ALPHARETTA CONVENTION &amp; VISITORS BUREAU 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALPHARETTA CONVENTION &amp; VISITORS BUREAU</a>	<b>c</b> EIN-PN <a href="#">58-2418260-001</a>
<b>a</b>	Plan name <a href="#">BLUE OPS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BLUE OPS, LLC</a>	<b>c</b> EIN-PN <a href="#">82-5030716-001</a>
<b>a</b>	Plan name <a href="#">DISCLOSURE LAW GROUP RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DISCLOSURE LAW GROUP</a>	<b>c</b> EIN-PN <a href="#">81-1103971-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name HONOLULU BEERWORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HONOLULU BEERWORKS LLC	<b>c</b> EIN-PN 46-0821421-001
<b>a</b>	Plan name NOVA ORAL SURGERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor NOVA ORAL SURGERY AND IMPLANT CENTER	<b>c</b> EIN-PN 20-4040537-001
<b>a</b>	Plan name ODENKIRK PROVISSIERO CONSOLIDATED, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ODENKIRK PROVISSIERO CONSOLIDATED, LLC	<b>c</b> EIN-PN 27-0674406-002
<b>a</b>	Plan name OFFICE FURNITURE DIRECT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor OFFICE FURNITURE DIRECT, INC.	<b>c</b> EIN-PN 11-3620000-001
<b>a</b>	Plan name RATHMANN CHIROPRACTIC CLINIC, L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RATHMANN CHIROPRACTIC CLINIC, L.L.C.	<b>c</b> EIN-PN 14-1891258-001
<b>a</b>	Plan name THE LOUDERMILK COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE LOUDERMILK COMPANIES, LLC	<b>c</b> EIN-PN 45-4095096-001
<b>a</b>	Plan name BOLAND'S NORTH, INC. DAVIS BACON PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor BOLAND'S NORTH, INC.	<b>c</b> EIN-PN 34-2047079-001
<b>a</b>	Plan name HOUSTON MEDICAL CONSULTANTS PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOUSTON MEDICAL CONSULTANTS PC	<b>c</b> EIN-PN 46-0754581-001
<b>a</b>	Plan name HUGO HIGA, M.D., LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HUGO HIGA, M.D., LLC	<b>c</b> EIN-PN 20-1158895-001
<b>a</b>	Plan name L.W. WINSLOW PAINTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor L.W. WINSLOW PAINTING, INC.	<b>c</b> EIN-PN 11-2644812-001
<b>a</b>	Plan name LA PALOMA 401(K) PLAN	
<b>b</b>	Name of plan sponsor LA PALOMA FUNERAL SERVICES	<b>c</b> EIN-PN 26-0296007-001
<b>a</b>	Plan name MOM & POP MUSIC CO. LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MOM & POP MUSIC CO. LLC	<b>c</b> EIN-PN 26-2920997-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name STONY POINT DENTAL, PC	
<b>b</b>	Name of plan sponsor STONY POINT DENTAL, PC	<b>c</b> EIN-PN 27-2392177-002
<b>a</b>	Plan name STRAIGHT LINE GENERAL CONTRACTORS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STRAIGHT LINE GENERAL CONTRACTORS, INC.	<b>c</b> EIN-PN 20-4804992-001
<b>a</b>	Plan name STRATEGY/PR CONSULTING, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STRATEGY/PR CONSULTING, LLC	<b>c</b> EIN-PN 45-3144122-001
<b>a</b>	Plan name STRATFORD CHIROPRACTIC LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STRATFORD CHIROPRACTIC LLC	<b>c</b> EIN-PN 33-0994708-001
<b>a</b>	Plan name TOSA PEDIATRICS, S.C. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TOSA PEDIATRICS, S.C.	<b>c</b> EIN-PN 39-1387768-001
<b>a</b>	Plan name AMTRANS LOGISTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMTRANS LOGISTICS, LLC	<b>c</b> EIN-PN 47-1835727-001
<b>a</b>	Plan name ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANAN FAIDI MD, INC.	<b>c</b> EIN-PN 68-0285302-001
<b>a</b>	Plan name LAW OFFICES OF TRAVIS GAGNIER, INC. P.S. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor LAW OFFICES OF TRAVIS GAGNIER, INC. P.S.	<b>c</b> EIN-PN 91-1904079-001
<b>a</b>	Plan name YONAH MOUNTAIN TIMBER FRAMES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor YONAH MOUNTAIN TIMBER FRAMES, LLC	<b>c</b> EIN-PN 65-1212052-001
<b>a</b>	Plan name MUNOZ ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MUNOZ ENGINEERING & LAND SURVEYING, P.C.	<b>c</b> EIN-PN 13-3241117-001
<b>a</b>	Plan name PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	<b>c</b> EIN-PN 27-3841580-001
<b>a</b>	Plan name TABNER, RYAN & KENIRY LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor TABNER, RYAN & KENIRY LLP	<b>c</b> EIN-PN 14-1402805-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name TRIUMPH HOSPITALITY GROUP PLAN	
<b>b</b>	Name of plan sponsor TRIUMPH HOSPITALITY GROUP, LLC	<b>c</b> EIN-PN 13-4201198-001
<b>a</b>	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AOW CONSTRUCTION LLC	<b>c</b> EIN-PN 83-2875089-001
<b>a</b>	Plan name CORTECH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORTECH, LLC	<b>c</b> EIN-PN 58-2449456-001
<b>a</b>	Plan name INTEGRATED CONTROL SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED CONTROL SYSTEMS	<b>c</b> EIN-PN 62-1538849-002
<b>a</b>	Plan name JOE BENBASSET, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOE BENBASSET INC.	<b>c</b> EIN-PN 13-1583141-001
<b>a</b>	Plan name K & M DISTRIBUTING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor K & M DISTRIBUTING CO., INC.	<b>c</b> EIN-PN 43-0863357-001
<b>a</b>	Plan name MONTANO MOTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONTANO MOTORS, INC.	<b>c</b> EIN-PN 74-2392667-002
<b>a</b>	Plan name SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SELECTRODE INDUSTRIES, INC.	<b>c</b> EIN-PN 11-2677850-002
<b>a</b>	Plan name SEVA RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SOUTHEAST EQUINE VETERINARY ASSOC.	<b>c</b> EIN-PN 65-0377167-001
<b>a</b>	Plan name SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	<b>c</b> EIN-PN 95-3876666-001
<b>a</b>	Plan name TIME STRIPING, INC. 401K	
<b>b</b>	Name of plan sponsor TIME STRIPING, INC.	<b>c</b> EIN-PN 71-0669392-333
<b>a</b>	Plan name TOM HENNES INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TOM HENNES INC.	<b>c</b> EIN-PN 13-3692440-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	XL SCREW CORPORATION	<b>c</b> EIN-PN 36-4426811-001
<b>a</b>	Plan name	LAUNCHPOINT PEO INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUBSIDIUM INC.	<b>c</b> EIN-PN 31-1807891-222
<b>a</b>	Plan name	ASSOCIATION HOUSE OF CHICAGO 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATION HOUSE OF CHICAGO	<b>c</b> EIN-PN 36-2166961-001
<b>a</b>	Plan name	ASSOCIATIONS OF TEXAS MEP	
<b>b</b>	Name of plan sponsor	OMNIFY RETIREMENT LLC	<b>c</b> EIN-PN 74-1018556-002
<b>a</b>	Plan name	PEREGRINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEREGRINE GLOBAL SERVICES CORPORATION	<b>c</b> EIN-PN 84-4298312-001
<b>a</b>	Plan name	SHOWALTER CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHOWALTER CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 56-1525236-001
<b>a</b>	Plan name	SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SIGNALS AUDIO VIDEO, INC.	<b>c</b> EIN-PN 95-4602729-001
<b>a</b>	Plan name	STAR PAVING 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STAR PAVING	<b>c</b> EIN-PN 85-0324065-002
<b>a</b>	Plan name	VECTOR MEDIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VECTOR MEDIA	<b>c</b> EIN-PN 81-4079466-001
<b>a</b>	Plan name	HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HUNT ENTERPRISES, INC.	<b>c</b> EIN-PN 11-2236013-001
<b>a</b>	Plan name	INVO PEO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INVO PEO, INC.	<b>c</b> EIN-PN 27-1067748-001
<b>a</b>	Plan name	KNIGHTS PUMPING AND PORTABLE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KNIGHT'S SITE SERVICES, INC. DBA KNIGHT'S PUMPING & PORTABLE SERVICE	<b>c</b> EIN-PN 77-0538076-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name LONG, TUMINELLO, BESSO, SELIGMAN, WERNER & SULLIVAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONG, TUMINELLO, BESSO, SELIGMAN, WERNER & SULLIVAN, LLP	<b>c</b> EIN-PN 11-2476602-001
<b>a</b>	Plan name ACADIA HR MEP	
<b>b</b>	Name of plan sponsor HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	<b>c</b> EIN-PN 14-1725479-001
<b>a</b>	Plan name NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NASSAU SHORES AUTOMOTIVE INC.	<b>c</b> EIN-PN 11-3146542-001
<b>a</b>	Plan name ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ALLEVITY, INC.	<b>c</b> EIN-PN 94-2264491-001
<b>a</b>	Plan name PHI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARAPROFESSIONAL HEALTHCARE INSTITUTE	<b>c</b> EIN-PN 13-3575492-001
<b>a</b>	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	<b>c</b> EIN-PN 91-0906923-001
<b>a</b>	Plan name BUTTONWILLOW WAREHOUSE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BUTTONWILLOW WAREHOUSE COMPANY, INC.	<b>c</b> EIN-PN 95-1582925-001
<b>a</b>	Plan name CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEARPATH WORKFORCE MANAGEMENT, INC.	<b>c</b> EIN-PN 94-3374899-001
<b>a</b>	Plan name COLDEN ENTERPRISES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLDEN ENTERPRISES INC.	<b>c</b> EIN-PN 16-1094409-001
<b>a</b>	Plan name SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUBURBAN PSYCHIATRIC ASSOCIATES LLP	<b>c</b> EIN-PN 16-1492077-001
<b>a</b>	Plan name EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EPIC HEALTHCARE MANAGEMENT, LLC	<b>c</b> EIN-PN 27-4757579-001
<b>a</b>	Plan name TWEEZERMAN INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor TWEEZERMAN INTERNATIONAL, LLC	<b>c</b> 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.)	
<b>a</b>	Plan name U.S. SMALL BUSINESS EXCHANGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor OMNIFY RETIREMENT LLC	<b>c</b> EIN-PN 82-2083836-333
<b>a</b>	Plan name ADVANCED HEALTH INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCED HEALTH INC.	<b>c</b> EIN-PN 82-4473439-001
<b>a</b>	Plan name AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AMIEE LYNN, INC.	<b>c</b> EIN-PN 65-1160566-001
<b>a</b>	Plan name CONFIDENCE PLUMBING COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONFIDENCE PLUMBING COMPANY, INC.	<b>c</b> EIN-PN 84-1073735-001
<b>a</b>	Plan name DEBRINO CAULKING ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEBRINO CAULKING ASSOCIATES, INC.	<b>c</b> EIN-PN 14-1588127-001
<b>a</b>	Plan name HABITAT FOR HUMANITY NEW CASTLE COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HABITAT FOR HUMANITY NEW CASTLE COUNTY	<b>c</b> EIN-PN 51-0294138-001
<b>a</b>	Plan name ISLAND SURGICAL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ISLAND SURGICAL AND VASCULAR GROUP P.C.	<b>c</b> EIN-PN 11-2232585-005
<b>a</b>	Plan name JAGRO CUSTOM BROKERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.	<b>c</b> EIN-PN 13-3009245-002
<b>a</b>	Plan name UNION RESCUE MISSION 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNION RESCUE MISSION	<b>c</b> EIN-PN 95-1709293-001
<b>a</b>	Plan name UNITED TECH 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor UNITED TECH EMPLOYEE MANAGEMENT, INC.	<b>c</b> EIN-PN 47-3252875-333
<b>a</b>	Plan name WESTERN REGIONS NECA 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTERN REGIONS NECA	<b>c</b> EIN-PN 33-0670046-333
<b>a</b>	Plan name FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOUTZ & BURSUM CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 85-0115169-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FRANK EVANS CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANK EVANS COMPANY, INC.	<b>c</b> EIN-PN 04-2422078-001
<b>a</b>	Plan name	JIFRAM EXTRUSIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JIFRAM EXTRUSIONS, INC.	<b>c</b> EIN-PN 39-1388044-001
<b>a</b>	Plan name	JMARK BUSINESS SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JMARK BUSINESS SOLUTIONS, INC.	<b>c</b> EIN-PN 43-1918976-001
<b>a</b>	Plan name	MARAN, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARAN, INC.	<b>c</b> EIN-PN 94-2444640-777
<b>a</b>	Plan name	MARONI CUISINE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MARONI CUISINE	<b>c</b> EIN-PN 11-3585206-001
<b>a</b>	Plan name	MCCLAIN LABORATORIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCCLAIN LABORATORIES, LLC	<b>c</b> EIN-PN 42-1600554-001
<b>a</b>	Plan name	THE BROWNSTONE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWNSTONE AGENCY, INC.	<b>c</b> EIN-PN 13-2766983-001
<b>a</b>	Plan name	THE HRB GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRAZAK & ASSOCIATES, LLC	<b>c</b> EIN-PN 81-4386443-201
<b>a</b>	Plan name	WILFRED A. MIYASAKI, D.M.D., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILFRED A. MIYASAKI, D.M.D., INC.	<b>c</b> EIN-PN 99-0201445-004
<b>a</b>	Plan name	BENCHMARK TECHNOLOGY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BENCHMARK TECHNOLOGY GROUP, INC.	<b>c</b> EIN-PN 58-1639110-001
<b>a</b>	Plan name	BENEFIT PROVIDERS MULTIPLE EMPLOYER 401(K) RETIREMENT PROGRAM	
<b>b</b>	Name of plan sponsor	BENEFIT PROVIDERS, LLC	<b>c</b> EIN-PN 52-2010356-333
<b>a</b>	Plan name	HAPPY ROCK MERCHANT SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAPPY ROCK MERCHANT SOLUTIONS, LLC	<b>c</b> EIN-PN 26-4074545-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE ARGENT WEALTH PEP	
<b>b</b>	Name of plan sponsor	ASSOCIATED GENERAL CONTRACTORS OF MISSISSIPPI	<b>c</b> EIN-PN 64-0324725-001
<b>a</b>	Plan name	THE ONE CLUB FOR CREATIVITY INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ONE CLUB FOR CREATIVITY INC.	<b>c</b> EIN-PN 13-2643358-002
<b>a</b>	Plan name	HELPSIDE INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HELPSIDE INC.	<b>c</b> EIN-PN 87-0476353-333
<b>a</b>	Plan name	HERITAGE PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND'S HERITAGE PROPERTIES, INC.	<b>c</b> EIN-PN 04-3585188-001
<b>a</b>	Plan name	MICHAEL'S / MFH, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL'S / MFH, INC.	<b>c</b> EIN-PN 31-1117594-001
<b>a</b>	Plan name	HR, INC. DBA SIMPLE HR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HR, INC. DBA SIMPLE HR	<b>c</b> EIN-PN 81-0583874-333
<b>a</b>	Plan name	MILLENNIUM TECHNOLOGIES, LLC RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor	MILLENNIUM TECHNOLOGIES, LLC	<b>c</b> EIN-PN 39-1895415-001
<b>a</b>	Plan name	MINA METALS COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINA METALS COMPANY, INC.	<b>c</b> EIN-PN 94-2771327-001
<b>a</b>	Plan name	THE RIVER LOFTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE RIVER LOFTS	<b>c</b> EIN-PN 20-3131152-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TA BLACKROCK LIFEPATH INDEX 2050 RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>678</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	14012417
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	21131701
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	14012417	21131701
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	14012417	21131701

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	2140783	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		2140783

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2140783
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		8269871
(2) From this plan .....	<b>2l(2)</b>		3291370

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.