

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA INTERNATIONAL EQUITY RET ACCT
1b Three-digit plan number (PN): 788
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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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>TRANSAMERICA INTERNATIONAL EQUITY RET ACCT</u>	B Three-digit plan number (PN)	<u>788</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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d Entity
code

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103-12 IE at end of year (see instructions)

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103-12 IE at end of year (see instructions)

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103-12 IE at end of year (see instructions)

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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	CRSG CORPORATE PLAN	
b	Name of plan sponsor	CONSTRUCTION AND REALTY SERVICES GROUP, INC.	c EIN-PN 11-3552134-001
a	Plan name	CUNNINGHAM, FOREHAND, MATHEWS & MOORE, ARCHITECTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	CUNNINGHAM, FOREHAND, MATTHEWS & MOORE ARCHITECTS, INC.	c EIN-PN 58-0871550-001
a	Plan name	ERS PLAN	
b	Name of plan sponsor	UNIVERSAL SITE SERVICES	c EIN-PN 94-1602345-001
a	Plan name	ERT DESIGN GROUP 401(K) PLAN	
b	Name of plan sponsor	ERT DESIGN GROUP LLC	c EIN-PN 46-2799256-001
a	Plan name	GMH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	GMH ASSOCIATES, INC.	c EIN-PN 23-2618889-001
a	Plan name	GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
b	Name of plan sponsor	GODLEY, GLAZER, & FUNK PLLC	c EIN-PN 84-4742362-001
a	Plan name	NEALIS ENGINEERING 401(K) PLAN	
b	Name of plan sponsor	NEALIS ENGINEERING, INC.	c EIN-PN 38-3335420-001
a	Plan name	PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-001
a	Plan name	PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-777
a	Plan name	PHASE GENOMICS, INC. 401(K) PLAN	
b	Name of plan sponsor	PHASE GENOMICS, INC.	c EIN-PN 47-3296977-001
a	Plan name	PHILLIP ANDREWS, LLC 401(K) PLAN	
b	Name of plan sponsor	PHILLIP ANDREWS, LLC	c EIN-PN 39-2074269-001
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	ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001
a	Plan name	D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	D H GRIFFIN OF TEXAS INC	c EIN-PN 76-0455054-001
a	Plan name	EVERLAST SYNTHETIC PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor	EVERLAST SYNTHETIC PRODUCTS, LLC	c EIN-PN 20-3088560-001
a	Plan name	ISR OF LOUISIANA 401(K) PLAN	
b	Name of plan sponsor	ISR OF LOUISIANA	c EIN-PN 46-4028718-001
a	Plan name	LRP MANAGEMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LRP MANAGEMENT NY CORP	c EIN-PN 86-2827816-001
a	Plan name	NELLA MEDIA GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NELLA MEDIA GROUP, LLC	c EIN-PN 26-2724679-001
a	Plan name	RPA 401(K) PLAN	
b	Name of plan sponsor	RADIOLOGICAL PHYSICS ASSOCIATES INC.	c EIN-PN 62-1442497-001
a	Plan name	RUTLEDGE FARMING COMPANY, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	RUTLEDGE FARMING COMPANY, INC.	c EIN-PN 26-2858269-001
a	Plan name	SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SACATE PELLET MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name	TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEALL CAPITAL PARTNERS, LLC	c EIN-PN 83-0591973-222
a	Plan name	TEAMEPS LLC 401(K) PLAN	
b	Name of plan sponsor	TEAMEPS LLC	c EIN-PN 20-4489290-001
a	Plan name	TEAMWORK HUMAN RESOURCES, INC. MEP	
b	Name of plan sponsor	TEAMWORK HUMAN RESOURCES, INC.	c EIN-PN 68-0482464-001

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 UNIVERSAL PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNIVERSAL PLUMBING, INC.	c EIN-PN 11-3479636-001
a	Plan name SOLUTIONS HOME MORTGAGE 401(K) PLAN	
b	Name of plan sponsor SOLUTIONS HOME MORTGAGE, INC.	c EIN-PN 14-1837420-001
a	Plan name GREGORY S. GEFEN, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREGORY S. GEFEN, P.A.	c EIN-PN 65-0616705-001
a	Plan name HALLKEEN MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HALLKEEN MANAGEMENT, INC.	c EIN-PN 04-3097814-001
a	Plan name TEXTILES COATED, INC. 401(K) PLAN	
b	Name of plan sponsor TEXTILES COATED, INC.	c EIN-PN 02-0385288-001
a	Plan name THE ONE CLUB FOR CREATIVITY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ONE CLUB FOR CREATIVITY INC.	c EIN-PN 13-2643358-002
a	Plan name THE PARTNERS COMPANIES 401(K) PLAN	
b	Name of plan sponsor THE PARTNER COMPANIES LLC	c EIN-PN 85-2379191-001
a	Plan name THE PRICE COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor THE PRICE COMPANIES, INC.	c EIN-PN 71-0388495-001
a	Plan name ABC OF DELAWARE 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE	c EIN-PN 51-0101352-333
a	Plan name ABO 401(K)	
b	Name of plan sponsor AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001
a	Plan name 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 JAY'S CUSTOM CABINETS 401(K) PLAN	
b	Name of plan sponsor JAY'S CUSTOM CABINETS, INC	c EIN-PN 26-1712172-001

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	V & A INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	V & A INC.	c EIN-PN 26-3968624-001
a	Plan name	VALIANT CONTRACTING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VALIANT CONTRACTING LLC	c EIN-PN 46-0950651-001
a	Plan name	ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	c EIN-PN 63-6049915-555
a	Plan name	ALABAMA GROCERS ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	ALABAMA GROCERS ASSOCIATION	c EIN-PN 63-1025911-333
a	Plan name	JYGA TECH USA 401(K) PLAN	
b	Name of plan sponsor	JYGA TECH USA, INC	c EIN-PN 61-1898802-001
a	Plan name	KAHUA 401(K) PLAN	
b	Name of plan sponsor	KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name	MANASWIS ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	MANASWIS ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC	c EIN-PN 83-1463534-001
a	Plan name	MARIA SCHWARTZ, PC 401(K)	
b	Name of plan sponsor	MARIA SCHWARTZ, PC	c EIN-PN 82-1680509-001
a	Plan name	BALL ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	BALL ENTERPRISES, INC.	c EIN-PN 82-0456920-001
a	Plan name	BARTELS, POWALSKI & WEISSMAN, M.D., P.C. DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor	BARTELS, POWALSKI & WEISSMAN, M.D., P.C.	c EIN-PN 16-1021580-002
a	Plan name	MCCLAIN LABORATORIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MCCLAIN LABORATORIES, LLC	c EIN-PN 42-1600554-001
a	Plan name	CAMAS, LLC 401(K) PLAN	
b	Name of plan sponsor	CAMAS, LLC	c EIN-PN 93-1325105-001

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	CAMRON PUBLIC RELATIONS U.S., LLC 401(K) PLAN	
b	Name of plan sponsor	CAMRON PUBLIC RELATIONS U.S., LLC	c EIN-PN 83-3466137-001
a	Plan name	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	c EIN-PN 51-0306007-001
a	Plan name	PLATINUM DENTAL SPECIALTIES LLC 401(K) PLAN	
b	Name of plan sponsor	PLATINUM DENTAL SPECIALTIES LLC	c EIN-PN 27-1385150-001
a	Plan name	PMI KYOTO 401(K) PLAN	
b	Name of plan sponsor	PMI KYOTO PACKAGING SYSTEMS, INC.	c EIN-PN 36-3900736-001
a	Plan name	DAVID MANCINI & SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID MANCINI & SONS, INC.	c EIN-PN 27-3716806-001
a	Plan name	DBHMS 401(K) PLAN	
b	Name of plan sponsor	NEST BUILDERS, INC D/B/A DBHMS	c EIN-PN 35-2185639-001
a	Plan name	DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DE MATTEI CONSTRUCTION INC.	c EIN-PN 77-0210774-001
a	Plan name	PURPLE USA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PURPLE USA, INC.	c EIN-PN 46-4128782-001
a	Plan name	QUAD CITIES AUTISM CENTER 401(K) PLAN	
b	Name of plan sponsor	QUAD CITIES AUTISM CENTER	c EIN-PN 20-3768653-001
a	Plan name	SC ENVIRONMENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	SC ENVIRONMENTAL SERVICES	c EIN-PN 26-2811552-001
a	Plan name	SCADA PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor	SCADA PRODUCTS, LLC	c EIN-PN 61-1711852-001
a	Plan name	AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTISM SPECTRUM CONSULTANTS, INC.	c EIN-PN 20-0401114-001

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	AVMA LIFE TRUST, LLC MEP 401(K) PS PLAN	
b	Name of plan sponsor	AVMA LIFE TRUST, LLC	c EIN-PN 84-2685033-001
a	Plan name	AVOPACIFIC OILS, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	AVOPACIFIC OILS, LLC	c EIN-PN 47-5047002-001
a	Plan name	MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	MASTER SERVICE COMPANIES, LLC	c EIN-PN 26-2874958-001
a	Plan name	MASTERLUBE 401(K) PLAN	
b	Name of plan sponsor	SPUR OIL, INC. DBA MASTERLUBE	c EIN-PN 81-0369842-001
a	Plan name	MATCHSTICK VENTURES LLC 401(K) PLAN	
b	Name of plan sponsor	MATCHSTICK VENTURES LLC	c EIN-PN 47-2994395-001
a	Plan name	BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor	BENCHMARK WIRELINE PRODUCTS, INC.	c EIN-PN 74-2036988-001
a	Plan name	BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETTER NEWSPAPERS, INC.	c EIN-PN 37-1300470-001
a	Plan name	NORTHWEST 401(K) BENEFITS GROUP	
b	Name of plan sponsor	SOUND FORD, INC	c EIN-PN 91-0906207-001
a	Plan name	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	CAPITAL DISTRICT ADVANCED DENTAL ARTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAPITAL DISTRICT ADVANCED DENTAL ARTS	c EIN-PN 27-1404048-001
a	Plan name	CARE MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	CARE MANAGEMENT, INC.	c EIN-PN 11-3117425-001
a	Plan name	CAROLINA DEALERSHIPS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAROLINA DEALERSHIPS, INC.	c EIN-PN 20-0465434-001

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 OPTIMUM THERAPEUTICS PT & OT PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OPTIMUM THERAPEUTICS PT & OT PLLC	c EIN-PN 45-2839564-001
a	Plan name OVERSEAS AIRCRAFT PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor OVERSEAS AIRCRAFT PARTS, INC.	c EIN-PN 65-0251587-001
a	Plan name DEALERDNA	
b	Name of plan sponsor DEALERDNA, INC.	c EIN-PN 46-2762607-001
a	Plan name DECON LABORATORIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DECON LABORATORIES, INC.	c EIN-PN 23-2097317-002
a	Plan name DYKE NELSON ARCHITECTURE LLC 401(K) PLAN	
b	Name of plan sponsor DYKE NELSON ARCHITECTURE LLC	c EIN-PN 45-4214031-001
a	Plan name EARL A. HASEGAWA, D.D.S., M.S., INC. 401(K) PLAN	
b	Name of plan sponsor EARL A. HASEGAWA, D.D.S., M.S., INC.	c EIN-PN 99-0321177-001
a	Plan name SDS STORES & SLS BIG BOY 401K PLAN	
b	Name of plan sponsor SDS STORES & SLS BIG BOY RESTAURANTS	c EIN-PN 20-1759333-001
a	Plan name FASHION ANGELS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor M&G PARTNERS, LLP DBA FASHION ANGELS ENTERPRISES	c EIN-PN 39-1724800-001
a	Plan name SPECIALTY PROPERTY, LTD 401(K) PLAN	
b	Name of plan sponsor SPECIALTY PROPERTY, LTD	c EIN-PN 74-2938057-001
a	Plan name SRC 401(K) PLAN	
b	Name of plan sponsor SRC SERVICES, INC.	c EIN-PN 77-0713955-001
a	Plan name HAMOND SAFETY MANAGEMENT LLC PROFIT SHARING PLAN	
b	Name of plan sponsor HAMOND SAFETY MANAGEMENT, LLC	c EIN-PN 11-3350879-002
a	Plan name HARBOR POINT REALTY 401(K) PLAN	
b	Name of plan sponsor HARBOR POINT REALTY & INVESTMENTS, LLC	c EIN-PN 54-2064398-001

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 HARD SAFARI CORP 401(K)	
b	Name of plan sponsor HARD SAFARI CORP.	c EIN-PN 47-1919954-001
a	Plan name HARDLINE EQUIPMENT LLC 401(K) PLAN	
b	Name of plan sponsor HARDLINE EQUIPMENT LLC	c EIN-PN 27-2085949-001
a	Plan name THE PRISM GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PRISM GROUP, LLC	c EIN-PN 80-0329401-001
a	Plan name THE WILHELM GROUP RETIREMENT PLAN & TRUST	
b	Name of plan sponsor THE WILHELM GROUP RETIREMENT PLAN & TRUST	c EIN-PN 81-5035218-001
a	Plan name THOMAS D. BLORE ARCHITECT PC 401(K) PLAN	
b	Name of plan sponsor THOMAS D. BLORE ARCHITECT PC	c EIN-PN 20-8781670-001
a	Plan name ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor ACQUIS CONSULTING GROUP, LLC	c EIN-PN 13-3990791-002
a	Plan name ADVANCE VALVE INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCE VALVE INC.	c EIN-PN 43-1040049-002
a	Plan name JEFF'S PRESCRIPTION SHOP 401(K) PLAN	
b	Name of plan sponsor JEFF'S PRESCRIPTION SHOP	c EIN-PN 61-1051036-001
a	Plan name JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-777
a	Plan name ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor ALLEGRO CONSULTANTS, INC.	c EIN-PN 94-2932628-002
a	Plan name KESTREL TELLEVATE LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor KESTREL TELLEVATE LLC	c EIN-PN 45-2180090-001
a	Plan name KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001

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	WALLER SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALLER SALES CORPORATION	c EIN-PN 62-1624316-001
a	Plan name	ADVANCED TEXTILES ASSOCIATION	
b	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	c EIN-PN 41-0434683-001
a	Plan name	AMERICA'S HR DEPT. 401(K) PLAN	
b	Name of plan sponsor	AMERICAS HR DEPT. EMPLOYEES ONLY III, INC.	c EIN-PN 82-4338934-001
a	Plan name	BLUE OPS, LLC 401(K) PLAN	
b	Name of plan sponsor	BLUE OPS, LLC	c EIN-PN 82-5030716-001
a	Plan name	CATARACT STEEL INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor	COSTANZO'S WELDING INC. DBA CATARACT STEEL INDUSTRIES	c EIN-PN 16-1095041-001
a	Plan name	CLARKE VENEERS AND PLYWOOD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLARKE VENEERS & PLYWOOD	c EIN-PN 64-0365220-001
a	Plan name	CLEAR CAR CONCEPTS 401(K) PLAN	
b	Name of plan sponsor	CLEAR CAR CONCEPTS, LLC	c EIN-PN 47-2483599-001
a	Plan name	DISCLOSURE LAW GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DISCLOSURE LAW GROUP	c EIN-PN 81-1103971-001
a	Plan name	DISTRIBUTION-PUBLICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	DISTRIBUTION-PUBLICATIONS, INC.	c EIN-PN 68-0448262-001
a	Plan name	DIXIE SEAL AND STAMP COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIXIE SEAL AND STAMP COMPANY, INC.	c EIN-PN 58-0222270-001
a	Plan name	EDGE CONCRETE CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	EDGE CONCRETE CONSTRUCTION, LLC	c EIN-PN 91-2140958-001
a	Plan name	EGGSHELL LIGHTING COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EGGSHELL LIGHTING COMPANY, INC.	c EIN-PN 99-0284485-001

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	FINISHING EDGE 401(K) PLAN	
b	Name of plan sponsor	FINISHING EDGE CURB & SIDEWALK, LLC	c EIN-PN 91-1658323-001
a	Plan name	HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	HATTERAS PRESS, INC.	c EIN-PN 22-2491250-001
a	Plan name	HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
b	Name of plan sponsor	HAWAII HEALTH & HARM REDUCTION CENTER	c EIN-PN 99-0284222-001
a	Plan name	HINSHAW, MARSH, STILL & HINSHAW, LLP PROFIT SHARING AND TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	HINSHAW, MARSH, STILL & HINSHAW, LLP	c EIN-PN 35-2447620-001
a	Plan name	HONOLULU BEERWORKS 401(K) PLAN	
b	Name of plan sponsor	HONOLULU BEERWORKS LLC	c EIN-PN 46-0821421-001
a	Plan name	KINGSTON AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor	KINGSTON AUTOMOTIVE, LLC	c EIN-PN 20-2954547-001
a	Plan name	KITCO LOGISTICS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KITCO LOGISTICS INC.	c EIN-PN 04-3845329-001
a	Plan name	KJM DESIGN 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KJM DESIGN	c EIN-PN 82-4415458-001
a	Plan name	KNEGO CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	DAN KNEGO CONSTRUCTION, INC.	c EIN-PN 27-4440861-001
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	MAX SALES GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAX SALES GROUP, INC.	c EIN-PN 20-3694079-001
a	Plan name	MIA 401(K) PLAN	
b	Name of plan sponsor	MALAIS INSURANCE AGENCY, INC.	c EIN-PN 90-0181266-001

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	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	MICHEL & ASSOCIATES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MICHEL & ASSOCIATES, A PROFESSIONAL CORPORATION
c	EIN-PN	27-0313611-001
a	Plan name	MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MIDWAY TRAILERS, INC.
c	EIN-PN	43-1204852-002
a	Plan name	NYFTA INC. 401(K) PLAN
b	Name of plan sponsor	NYFTA INC.
c	EIN-PN	81-4187517-001
a	Plan name	O.B. BUILDERS, INC. 401(K) PLAN
b	Name of plan sponsor	O.B. BUILDERS, INC.
c	EIN-PN	56-2095163-001
a	Plan name	OBERTS GALASSO LAW GROUP 401(K) PLAN
b	Name of plan sponsor	OG LAW GROUP
c	EIN-PN	99-2233943-001
a	Plan name	ODENKIRK PROVISSIERO CONSOLIDATED, LLC 401(K) PLAN
b	Name of plan sponsor	ODENKIRK PROVISSIERO CONSOLIDATED, LLC
c	EIN-PN	27-0674406-002
a	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN
b	Name of plan sponsor	PALM BEACH HEALTH CONSULTING
c	EIN-PN	92-1435276-001
a	Plan name	STERLING HEALTHCARE LOGISTICS, LLC 401(K) PLAN
b	Name of plan sponsor	STERLING HEALTHCARE LOGISTICS, LLC
c	EIN-PN	46-1843222-001
a	Plan name	THE HOYT ORGANIZATION, INC. 401(K) PLAN
b	Name of plan sponsor	THE HOYT ORGANIZATION, INC.
c	EIN-PN	33-0414128-001
a	Plan name	THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	JOE N. GUY COMPANY, INCORPORATED
c	EIN-PN	58-1048254-001
a	Plan name	THE LOUDERMILK COMPANIES, LLC 401(K) PLAN
b	Name of plan sponsor	THE LOUDERMILK COMPANIES, LLC
c	EIN-PN	45-4095096-001

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	THOMPSON BROS PLUMBING 401K PLAN	
b	Name of plan sponsor	THOMPSON BROS PLUMBING	c EIN-PN 37-1458920-001
a	Plan name	THOMPSON MEDICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMPSON MEDICAL P.C.	c EIN-PN 45-4601631-001
a	Plan name	VIKING ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	VIKING ROOFING, INC.	c EIN-PN 02-0525250-001
a	Plan name	WEINSTEIN CARNEGIE PHILANTHROPIC GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEINSTEIN CARNEGIE PHILANTHROPIC GROUP LLC	c EIN-PN 47-2616650-001
a	Plan name	AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor	SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name	AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-004
a	Plan name	COLLINSON LAW, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLLINSON LAW, A PROFESSIONAL CORPORATION	c EIN-PN 26-2250142-001
a	Plan name	ELEMENT DESIGN GROUP 401(K) PLAN	
b	Name of plan sponsor	EDC, INC.	c EIN-PN 03-0546249-001
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	GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	GANDEE & ASSOCIATES, INC.	c EIN-PN 31-1080359-001
a	Plan name	HUDDLE HOUSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HUDDLE HOUSE, INC.	c EIN-PN 58-0916623-003
a	Plan name	HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	HUDSON COMMUNITY ENTERPRISES, INC.	c EIN-PN 22-1629147-001

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	L.W. WINSLOW PAINTING, INC. 401(K) PLAN	
b Name of plan sponsor	L.W. WINSLOW PAINTING, INC.	c EIN-PN 11-2644812-001
a Plan name	LAKE HILL DENTAL CARE 401(K) PLAN	
b Name of plan sponsor	LAKE HILL DENTAL CARE P.C.	c EIN-PN 83-1908844-001
a Plan name	MOM & POP MUSIC CO. LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MOM & POP MUSIC CO. LLC	c EIN-PN 26-2920997-001
a Plan name	PARKSIDE EQUITIES, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PARKSIDE EQUITIES, LLC	c EIN-PN 81-2783964-001
a Plan name	PASCO SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PASCO SOLUTIONS, INC.	c EIN-PN 83-3733664-001
a Plan name	STRUCTURE VENTURES 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	STRUCTURE VENTURES LLC	c EIN-PN 47-2665838-001
a Plan name	TOSA PEDIATRICS, S.C. EMPLOYEES' RETIREMENT PLAN	
b Name of plan sponsor	TOSA PEDIATRICS, S.C.	c EIN-PN 39-1387768-001
a Plan name	TOTAL SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN AND TRUST	
b Name of plan sponsor	TTL SOLUTIONS, INC. DBA TOTAL SOLUTIONS	c EIN-PN 47-1345914-001
a Plan name	WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
b Name of plan sponsor	WILLIAMS FIRE & HAZARD, LLC	c EIN-PN 93-4675784-001
a Plan name	WILSHIRE HOUSE ASSOCIATION EMPLOYEE 401(K) PLAN	
b Name of plan sponsor	WILSHIRE HOUSE ASSOCIATION	c EIN-PN 95-3593022-001
a Plan name	ANDERSON TRANSPORTATION COMPANY, INC. PROFIT SHARING AND 401(K) PLAN	
b Name of plan sponsor	ANDERSON TRANSPORTATION COMPANY, INC.	c EIN-PN 36-3606920-001
a Plan name	BRADFORD INDEPENDENT INSURANCE AGENCIES, INC. 401(K) PLAN	
b Name of plan sponsor	BRADFORD INDEPENDENT INSURANCE AGENCIES, INC.	c EIN-PN 11-2817906-001

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 BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BRAND FUEL CO. LLC	c EIN-PN 46-4597317-001
a	Plan name CONSTITUTION PARTNERS 401(K) PLAN	
b	Name of plan sponsor CONSTITUTION PARTNERS LLC	c EIN-PN 92-2099552-001
a	Plan name ELSIE DELI PROVISIONS, LLC 401(K) PLAN	
b	Name of plan sponsor ELSIE DELI PROVISIONS, LLC	c EIN-PN 47-1408009-001
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE II	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-302
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE III	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-303
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE IV	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-304
a	Plan name GATEWAY AMP RETIREMENT PLAN EXCHANGE - MFS	
b	Name of plan sponsor AMP	c EIN-PN 85-4019239-005
a	Plan name IAMIC MEMBERSHIP RETIREMENT OPTION	
b	Name of plan sponsor ILLINOIS ASSOCIATION OF MUTUAL INSURANCE COMPANIES	c EIN-PN 36-1252847-002
a	Plan name ICON EQUIPMENT DISTRIBUTORS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor ICON EQUIPMENT DISTRIBUTORS, INC.	c EIN-PN 22-2435580-001
a	Plan name ICON SIGN COMPANY 401(K)	
b	Name of plan sponsor ICON ACQUISTIONS, LLC DBA ICON SIGN COMPANY	c EIN-PN 82-1771476-001
a	Plan name MONKEY WRENCH PLUMBING, HEATING & AIR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GREEN WORLD MAINTENANCE, INC.	c EIN-PN 80-0344055-001
a	Plan name MOONDANCE ADVENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor MOONDANCE ADVENTURES, INC.	c EIN-PN 58-2208578-001

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	MORAN INDUSTRIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MORAN INDUSTRIES INC	c EIN-PN 23-2711171-001
a	Plan name	MORNINGSIDE ELITE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	MORNINGSIDE ELITE MANAGEMENT, LLC	c EIN-PN 85-3197674-001
a	Plan name	PAUL ANDERSON 401(K) PLAN	
b	Name of plan sponsor	PAUL ANDERSON YOUTH HOME, INC.	c EIN-PN 58-6041868-001
a	Plan name	RETIREMENT PLAN FOR THE EMPLOYEES OF BUFFALO VALLEY, INC.	
b	Name of plan sponsor	BUFFALO VALLEY, INC.	c EIN-PN 58-1374964-001
a	Plan name	RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 62-1874774-013
a	Plan name	SURDYK'S 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SURDYK'S LIQUOR, INC.	c EIN-PN 41-0878398-001
a	Plan name	TRAVEL YESTERDAY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAVEL YESTERDAY INC DBA FISCHER TRAVEL ENTERPRISES	c EIN-PN 13-2768026-001
a	Plan name	WINTER PARK IMPORTS, INC. 401K PLAN	
b	Name of plan sponsor	WINTER PARK IMPORTS, INC.	c EIN-PN 59-2955009-001
a	Plan name	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	YONAH MOUNTAIN TIMBER FRAMES, LLC 401(K) PLAN	
b	Name of plan sponsor	YONAH MOUNTAIN TIMBER FRAMES, LLC	c EIN-PN 65-1212052-001
a	Plan name	NATIONAL AUTO CARE 401(K) PLAN	
b	Name of plan sponsor	NATIONAL AUTO CARE CORP.	c EIN-PN 31-1115893-001
a	Plan name	PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	c EIN-PN 72-0885035-001

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	PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERSON & COVEY, INC.	c EIN-PN 95-2020861-001
a	Plan name	RICHLINE GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHLINE GROUP, INC.	c EIN-PN 26-0232774-001
a	Plan name	SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	C SYSTEMS, LLC	c EIN-PN 20-1820942-001
a	Plan name	TRI STAR SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	TRI STAR SERVICES, LLC	c EIN-PN 62-1828852-001
a	Plan name	TRI-STATE VETERINARY GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRI-STATE VETERINARY GROUP	c EIN-PN 14-1800585-001
a	Plan name	TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	TRUE NORTH CUSTOM PUBLISHING, LLC.	c EIN-PN 62-1764489-001
a	Plan name	ANTHEM TAX SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	ANTHEM TAX SERVICES LLC	c EIN-PN 81-5160059-001
a	Plan name	APPIAN WAY ASSET MANAGEMENT LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APPIAN WAY ASSET MANAGEMENT LP	c EIN-PN 84-2833996-002
a	Plan name	AR-BEE TRANSPARENT PRODUCTS CORP. 401(K) PLAN	
b	Name of plan sponsor	AR-BEE TRANSPARENT PRODUCTS CORP.	c EIN-PN 36-2437269-001
a	Plan name	BRBC I, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRBC I, LLC	c EIN-PN 13-4246539-001
a	Plan name	BRO-TEX CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRO-TEX CO., INC.	c EIN-PN 41-0801968-002
a	Plan name	CRAIG S. DONN, D.D.S., P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAIG S. DONN, D.D.S., P.C.	c EIN-PN 22-2735455-002

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 TRANSAMERICA INTERNATIONAL EQUITY RET ACCT	B Three-digit plan number (PN) ▶ 788
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

Part I	Asset and Liability Statement
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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)	18336811
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13660635
(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	18336811	13660635
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	18336811	13660635

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)	796335	
(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		796335

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		796335
l Transfers of assets:			
(1) To this plan.....	2l(1)		4241008
(2) From this plan	2l(2)		9713519

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 _____.