

<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 style="text-align: center;"><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: large; text-align: center;"><b>2024</b></p> <hr/> <p style="text-align: center;"><b>This Form is Open to Public Inspection</b></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>BLACKROCK GLOBAL ALLOCATION RET ACCT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>277</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>09/22/2025</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> <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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>BLACKROCK GLOBAL ALLOCATION RET ACCT</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>277</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)
<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)
<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)



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="#">APEX BULK CARRIERS, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">APEX BULK CARRIERS, LLC</a>	<b>c</b> EIN-PN <a href="#">11-3430280-001</a>
<b>a</b>	Plan name <a href="#">GEAUGA MECHANICAL COMPANY, INC. 401(K) &amp; PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GEAUGA MECHANICAL COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1296480-001</a>
<b>a</b>	Plan name <a href="#">JORGE L. GARDYN MD FACP PC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JORGE L. GARDYN, MD, FAC</a>	<b>c</b> EIN-PN <a href="#">11-3277614-001</a>
<b>a</b>	Plan name <a href="#">MOORE &amp; JACKSON, LLC RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MOORE &amp; JACKSON, LLC</a>	<b>c</b> EIN-PN <a href="#">52-2336032-001</a>
<b>a</b>	Plan name <a href="#">PAMPALONE INSURANCE AGENCY PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PAMPALONE INSURANCE AGENCY</a>	<b>c</b> EIN-PN <a href="#">35-0958304-001</a>
<b>a</b>	Plan name <a href="#">PAOLI LAW FIRM, P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PAOLI LAW FIRM, P.C.</a>	<b>c</b> EIN-PN <a href="#">84-1384608-001</a>
<b>a</b>	Plan name <a href="#">PARK STEEL CO, INC. 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARK STEEL, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3535231-001</a>
<b>a</b>	Plan name <a href="#">PARTNERSHIP PROJECT INC. 401(K) / PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PARTNERSHIP PROJECT INC. DBA COMMUNITY BUILDERS</a>	<b>c</b> EIN-PN <a href="#">68-0431719-001</a>
<b>a</b>	Plan name <a href="#">PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PEACHTREE PARK PEDIATRICS, LLP</a>	<b>c</b> EIN-PN <a href="#">58-0966853-001</a>
<b>a</b>	Plan name <a href="#">SEWON AMERICA, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEWON AMERICA, INC.</a>	<b>c</b> EIN-PN <a href="#">26-1971648-001</a>
<b>a</b>	Plan name <a href="#">TKNG TRANSPORTATION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TKNG TRANSPORTATION, INC.</a>	<b>c</b> EIN-PN <a href="#">20-8626215-001</a>
<b>a</b>	Plan name <a href="#">TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOPAZ SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0402671-002</a>

<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	WWL INDUSTRIES, INC. EMPLOYER PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WWL INDUSTRIES, INC.	<b>c</b> EIN-PN 75-2236153-001
<b>a</b>	Plan name	ZAUDERER ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZAUDERER ASSOCIATES, INC.	<b>c</b> EIN-PN 13-1820511-001
<b>a</b>	Plan name	LAW OFFICE OF MARK A. VICKNESS 401K PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF MARK A. VICKNESS	<b>c</b> EIN-PN 86-1126683-001
<b>a</b>	Plan name	LEEMAN ARCHITECTURAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEEMAN CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 58-1793770-001
<b>a</b>	Plan name	LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEGON FODIMAN & SUDDUTH, P.A.	<b>c</b> EIN-PN 65-0520887-001
<b>a</b>	Plan name	401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
<b>b</b>	Name of plan sponsor	C12 CAPITAL MANAGEMENT US LP	<b>c</b> EIN-PN 27-0582841-001
<b>a</b>	Plan name	MRK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MESISCA, RILEY, & KREITENBERG, LLP	<b>c</b> EIN-PN 14-1837873-001
<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	ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	ALAN SCHATZBERG & ASSOCIATES, INC.	<b>c</b> EIN-PN 22-3529223-001
<b>a</b>	Plan name	ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALL IN THE FAMILY DENTAL	<b>c</b> EIN-PN 35-1399233-001
<b>a</b>	Plan name	NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEWBROOK INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 11-2718154-001
<b>a</b>	Plan name	ARTISAN MACHINING, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ARTISAN MACHINING, INC.	<b>c</b> EIN-PN 11-2917010-001

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 AT DAWN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AT DAWN	<b>c</b> EIN-PN 13-4132349-001
<b>a</b>	Plan name PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PERSON & COVEY, INC.	<b>c</b> EIN-PN 95-2020861-001
<b>a</b>	Plan name PGF TECHNOLOGY GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PGF TECHNOLOGY GROUP, INC.	<b>c</b> EIN-PN 38-2043637-001
<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 RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	<b>c</b> EIN-PN 27-2566095-001
<b>a</b>	Plan name BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRONX CENTER FOR REHABILITATION AND HEALTHCARE	<b>c</b> EIN-PN 13-4021585-001
<b>a</b>	Plan name SHARFI HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHARFI HOLDINGS, INC.	<b>c</b> EIN-PN 82-3806579-001
<b>a</b>	Plan name SHEATS & BAILEY, PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SHEATS & BAILEY, PLLC	<b>c</b> EIN-PN 90-0781687-001
<b>a</b>	Plan name SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHOUT! FACTORY, LLC	<b>c</b> EIN-PN 55-0888696-001
<b>a</b>	Plan name SILC-NAKFOOR RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor JENNIFER T. SILC DDS MS, LTD.	<b>c</b> EIN-PN 85-1209970-001
<b>a</b>	Plan name SILKEN THOMAS RESTAURANT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SILKEN THOMAS RESTAURANT	<b>c</b> EIN-PN 13-3827327-001
<b>a</b>	Plan name SQUARE ENIX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SQUARE ENIX, INC.	<b>c</b> EIN-PN 91-1442488-001

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 ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	<b>c</b> EIN-PN 38-1859612-777
<b>a</b>	Plan name EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OPPENHEIMER & CO., INC.	<b>c</b> EIN-PN 11-2945779-001
<b>a</b>	Plan name EMPLOY SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor EMPLOY SOURCE, INC.	<b>c</b> EIN-PN 27-0477134-333
<b>a</b>	Plan name TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRUE NORTH CUSTOM PUBLISHING, LLC.	<b>c</b> EIN-PN 62-1764489-001
<b>a</b>	Plan name TURBO EXCHANGE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TURBO EXCHANGE	<b>c</b> EIN-PN 75-1842998-001
<b>a</b>	Plan name VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor VALLEY HUNT CLUB	<b>c</b> EIN-PN 95-1325050-002
<b>a</b>	Plan name VINCO, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor VINCO, INC.	<b>c</b> EIN-PN 41-1874693-001
<b>a</b>	Plan name FARVIEW ASSOCIATES, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FARVIEW ASSOCIATES, LLC	<b>c</b> EIN-PN 46-0695871-001
<b>a</b>	Plan name GLOBAL GATEWAY ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL GATEWAY ADVISORS, LLC	<b>c</b> EIN-PN 27-3295802-001
<b>a</b>	Plan name GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLOBAL SURVEILLANCE ASSOCIATES	<b>c</b> EIN-PN 88-0230434-001
<b>a</b>	Plan name GOLDSMITH GALLERY JEWELERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GOLDSMITH GALLERY JEWELERS, INC.	<b>c</b> EIN-PN 81-0504056-001
<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

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 INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor INFORMATION TECHNOLOGY PARTNERS	<b>c</b> EIN-PN 39-1737556-001
<b>a</b>	Plan name KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
<b>b</b>	Name of plan sponsor KAIKOR CONSTRUCTION GROUP, INC.	<b>c</b> EIN-PN 99-0242255-001
<b>a</b>	Plan name KID-U-NOT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KID-U-NOT, INC.	<b>c</b> EIN-PN 59-2951758-001
<b>a</b>	Plan name KIDS IN MOTION PHYSICAL THERAPY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KIDS IN MOTION PEDIATRIC THERAPY	<b>c</b> EIN-PN 20-2836967-001
<b>a</b>	Plan name GRAVES MCLAIN PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GRAVES MCLAIN PLLC	<b>c</b> EIN-PN 27-3216591-001
<b>a</b>	Plan name GUARDHILL FINANCIAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GUARDHILL FINANCIAL LLC	<b>c</b> EIN-PN 13-3670961-001
<b>a</b>	Plan name INSPIRE PR GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INSPIRE PR GROUP	<b>c</b> EIN-PN 47-1101618-001
<b>a</b>	Plan name INTERNATIONAL MARKETING STRATEGIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL MARKETING STRATEGIES	<b>c</b> EIN-PN 52-1523774-001
<b>a</b>	Plan name ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor ISLAND PALM COMMUNITIES, LLC	<b>c</b> EIN-PN 20-1108750-001
<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 LOCAL UNION 18, IBEW 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOCAL UNION 18, IBEW	<b>c</b> EIN-PN 95-0865960-001
<b>a</b>	Plan name LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LOVEJOY CONTROLS CORPORATION	<b>c</b> EIN-PN 39-1297009-001

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="#">NAPCO OIL HEAT CORP. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NAPCO OIL HEAT CORP.</a>	<b>c</b> EIN-PN <a href="#">11-2629891-001</a>
<b>a</b>	Plan name <a href="#">NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NASSAU SHORES AUTOMOTIVE INC.</a>	<b>c</b> EIN-PN <a href="#">11-3146542-001</a>
<b>a</b>	Plan name <a href="#">NOEL'S INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NOEL'S, INC.</a>	<b>c</b> EIN-PN <a href="#">85-0206170-001</a>
<b>a</b>	Plan name <a href="#">ATLANTIC CONCRETE COMPANY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATLANTIC CONCRETE COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">51-0171445-001</a>
<b>a</b>	Plan name <a href="#">AVATARLABS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AVATARLABS, INC.</a>	<b>c</b> EIN-PN <a href="#">91-2169053-001</a>
<b>a</b>	Plan name <a href="#">S &amp; S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">S &amp; S INDUSTRIAL SUPPLY, INC.</a>	<b>c</b> EIN-PN <a href="#">38-1914712-001</a>
<b>a</b>	Plan name <a href="#">BUILDERS HARDWARE &amp; SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BUILDERS HARDWARE &amp; SUPPLY CO., INC.</a>	<b>c</b> EIN-PN <a href="#">91-0715362-001</a>
<b>a</b>	Plan name <a href="#">SK USA, INC. 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SK AMERICAS, INC.</a>	<b>c</b> EIN-PN <a href="#">13-4187356-777</a>
<b>a</b>	Plan name <a href="#">SOLON / GWK RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRAND WEST KIA</a>	<b>c</b> EIN-PN <a href="#">77-0661943-001</a>
<b>a</b>	Plan name <a href="#">STRATEGY/PR CONSULTING, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STRATEGY/PR CONSULTING, LLC</a>	<b>c</b> EIN-PN <a href="#">45-3144122-001</a>
<b>a</b>	Plan name <a href="#">TWEEZERMAN INTERNATIONAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TWEEZERMAN INTERNATIONAL, LLC</a>	<b>c</b> EIN-PN <a href="#">20-1872710-001</a>
<b>a</b>	Plan name <a href="#">AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SIGN ACQUISITION LLC</a>	<b>c</b> EIN-PN <a href="#">83-3073945-001</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 AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	<b>c</b> EIN-PN 88-0159433-001
<b>a</b>	Plan name BEEZLEY MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEEZLEY MANAGEMENT LLC	<b>c</b> EIN-PN 71-0938631-001
<b>a</b>	Plan name CAMPBELL UROLOGY, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAMPBELL UROLOGY P.A.	<b>c</b> EIN-PN 75-2712166-001
<b>a</b>	Plan name CEDAR RAPIDS OB-GYN SPECIALISTS, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEDAR RAPIDS OB-GYN SPECIALISTS, PC	<b>c</b> EIN-PN 42-1232291-001
<b>a</b>	Plan name COMSTOCK, CROSSER & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMSTOCK, CROSSER & ASSOCIATES DEVELOPMENT COMPANY, LLC	<b>c</b> EIN-PN 95-4665584-001
<b>a</b>	Plan name CONSOLIDATED PERSONNEL SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CPS, INC.	<b>c</b> EIN-PN 86-0745045-001
<b>a</b>	Plan name DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DAY SECKLER LLP	<b>c</b> EIN-PN 26-2310586-001
<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 EXAKTIME INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EXAKTIME INNOVATIONS, INC.	<b>c</b> EIN-PN 01-0552589-001
<b>a</b>	Plan name FLOW-FX PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	<b>c</b> EIN-PN 37-1650185-001
<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 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>Part II 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	HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	HALVORSEN DEVELOPMENT CORPORATION
<b>c</b>	EIN-PN	65-0445337-001
<b>a</b>	Plan name	JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES
<b>c</b>	EIN-PN	94-2948334-001
<b>a</b>	Plan name	LAKHANI & JORDAN PC 401(K) PLAN
<b>b</b>	Name of plan sponsor	LAKHANI & JORDAN ENGINEERS, P.C.
<b>c</b>	EIN-PN	13-3695218-003
<b>a</b>	Plan name	LANDIVAR 401(K) PLAN
<b>b</b>	Name of plan sponsor	LANDIVAR & ASSOCIATES, LLC
<b>c</b>	EIN-PN	75-3088910-001
<b>a</b>	Plan name	M&J ELECTRICAL CONTRACTORS CORP. 401(K) PLAN
<b>b</b>	Name of plan sponsor	M&J ELECTRICAL CONTRACTORS CORP.
<b>c</b>	EIN-PN	11-3128856-001
<b>a</b>	Plan name	NEFI
<b>b</b>	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION
<b>c</b>	EIN-PN	04-2078321-001
<b>a</b>	Plan name	NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NEW ENGLAND WOODCRAFT, INC.
<b>c</b>	EIN-PN	03-0265306-001
<b>a</b>	Plan name	OHIO VALLEY EYE INSTITUTE 401(K) PLAN
<b>b</b>	Name of plan sponsor	OHIO VALLEY EYE INSTITUTE, P.C.
<b>c</b>	EIN-PN	35-1907178-001
<b>a</b>	Plan name	PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PNB REMITTANCE CENTERS INC.
<b>c</b>	EIN-PN	94-3136317-001
<b>a</b>	Plan name	POLSINELLO FUELS, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	POLSINELLO FUELS, INC.
<b>c</b>	EIN-PN	14-1495096-002
<b>a</b>	Plan name	PORT 401(K) PLAN
<b>b</b>	Name of plan sponsor	THE PORT GROUP
<b>c</b>	EIN-PN	11-2145400-001
<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>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	SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SALINAS MANAGEMENT, LLC	<b>c</b> EIN-PN 45-4187623-001
<b>a</b>	Plan name	SARATOGA CLINICAL RESEARCH, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SARATOGA CLINICAL RESEARCH, LLC	<b>c</b> EIN-PN 54-2194372-001
<b>a</b>	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SBARRO, INC.	<b>c</b> EIN-PN 11-2501939-001
<b>a</b>	Plan name	SPEECH & VOICE SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPEECH & VOICE SOLUTIONS	<b>c</b> EIN-PN 20-8174445-001
<b>a</b>	Plan name	SPENSIERI DIVERSIFIED, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPENSIERI DIVERSIFIED, LLC	<b>c</b> EIN-PN 26-4073098-001
<b>a</b>	Plan name	TBDM LAW PLLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	TBDM LAW PLLC	<b>c</b> EIN-PN 33-1623607-001
<b>a</b>	Plan name	UPSTATE OB/GYN ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UPSTATE OB/GYN ASSOCIATES, P.C.	<b>c</b> EIN-PN 14-1600870-001
<b>a</b>	Plan name	WEST COAST CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST COAST CONSULTING, LLC	<b>c</b> EIN-PN 33-0838176-001
<b>a</b>	Plan name	WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WEST GEORGIA EYE CARE CENTER	<b>c</b> EIN-PN 58-1075293-001
<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	ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON, JULIAN & HULL, LLP	<b>c</b> EIN-PN 82-0504369-001
<b>a</b>	Plan name	ANGELINA COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ANGELINA GROUP, LP	<b>c</b> EIN-PN 20-4299819-001

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 ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	<b>c</b> EIN-PN 95-4887678-001
<b>a</b>	Plan name CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL PAPER STOCK CO., INC	<b>c</b> EIN-PN 43-1234352-001
<b>a</b>	Plan name DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIPONIO CONTRACTING, INC.	<b>c</b> EIN-PN 20-8039399-001
<b>a</b>	Plan name DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DOCTOR & ASSOCIATES	<b>c</b> EIN-PN 06-0857902-001
<b>a</b>	Plan name FRIEDMAN RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FRIEDMAN RESEARCH CORPORATION	<b>c</b> EIN-PN 77-0514000-002
<b>a</b>	Plan name JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JEFFREY A. WELLER, D.D.S., PC	<b>c</b> EIN-PN 36-4052634-777
<b>a</b>	Plan name JERRY'S GM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JERRY'S GM, LLC	<b>c</b> EIN-PN 36-4623085-001
<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 MARCIA HARRER SOBEK, D.D.S., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARCIA HARRER SOBEK, D.D.S., LLC	<b>c</b> EIN-PN 86-0917714-001
<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 ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC.	<b>c</b> EIN-PN 54-1247912-001
<b>a</b>	Plan name OVERTON, RUSSELL, DOERR AND DONOVAN, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor OVERTON, RUSSELL, DOERR AND DONOVAN, LLP	<b>c</b> EIN-PN 14-1625607-001

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 PALPILOT 401(K) PLAN	
<b>b</b>	Name of plan sponsor PALPILOT INTERNATIONAL CORP.	<b>c</b> EIN-PN 77-0320008-001
<b>a</b>	Plan name SCHULTZ FORD LINCOLN MERCURY INC. & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHULTZ FORD LINCOLN MERCURY INC.	<b>c</b> EIN-PN 13-1730338-001
<b>a</b>	Plan name SEIU HEALTHCARE MICHIGAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SEIU HEALTHCARE MICHIGAN	<b>c</b> EIN-PN 01-0897469-001
<b>a</b>	Plan name THE ECRM CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	<b>c</b> EIN-PN 34-1752681-001
<b>a</b>	Plan name THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE GEHR GROUP, INC.	<b>c</b> EIN-PN 80-0822974-001
<b>a</b>	Plan name WILDER AUTO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WILDER AUTO GROUP, INC. DBA WILDER TOYOTA	<b>c</b> EIN-PN 91-1130065-001
<b>a</b>	Plan name WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLE ELECTRIC SUPPLY CO., INC.	<b>c</b> EIN-PN 94-1433043-001
<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 BERK EYE CARE CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BERK EYE CARE CENTER	<b>c</b> EIN-PN 31-1261693-001
<b>a</b>	Plan name BEVERLY HILLS SPORTS COUNCIL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEVERLY HILLS SPORTS COUNCIL, INC	<b>c</b> EIN-PN 95-4282114-001
<b>a</b>	Plan name HARDMAN CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARDMAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2236416-001
<b>a</b>	Plan name HARRY WARREN OF GEORGIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	<b>c</b> EIN-PN 65-1179808-001

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 HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HARRY WARREN, INC.	<b>c</b> EIN-PN 59-1523664-001
<b>a</b>	Plan name HEAVENLY DENTAL ASSOCIATES, P.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HEAVENLY DENTAL ASSOCIATES, P.C.	<b>c</b> EIN-PN 62-1846051-001
<b>a</b>	Plan name M.L. BAXLEY PAINTING AND DECORATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor M.L. BAXLEY PAINTING AND DECORATING, INC.	<b>c</b> EIN-PN 41-1279522-001
<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 PROVIDENCE CATHOLIC SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROVIDENCE CATHOLIC SCHOOL, INC.	<b>c</b> EIN-PN 74-1222275-001
<b>a</b>	Plan name TEMPTED APPAREL CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TEMPTED APPAREL CORP.	<b>c</b> EIN-PN 95-4561017-001
<b>a</b>	Plan name TERRA NATIONAL REAL ESTATE GROUP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JBRS REALTY, LLC DBA TERRA NATIONAL REAL ESTATE GROUP	<b>c</b> EIN-PN 01-0554308-777
<b>a</b>	Plan name PULMONARY PHYSICIANS OF SARATOGA LLP P/S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PULMONARY PHYSICIANS OF SARATOGA	<b>c</b> EIN-PN 14-1750186-001
<b>a</b>	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	<b>c</b> EIN-PN 16-1597759-001
<b>a</b>	Plan name BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor BK MILL & FIXTURES	<b>c</b> EIN-PN 94-2366234-001
<b>a</b>	Plan name BLACKHAWK CLAIM SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BLACKHAWK CLAIM SERVICES	<b>c</b> EIN-PN 11-3731124-001

<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	DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DURHAM CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 02-0642097-001
<b>a</b>	Plan name	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	<b>c</b> EIN-PN 81-0373761-001
<b>a</b>	Plan name	MEHRAN FOTOVATJAH, DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEHRAN FOTOVATJAH, DDS, INC.	<b>c</b> EIN-PN 77-0516617-002
<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	BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BOONE KARLBERG P.C.	<b>c</b> EIN-PN 81-0522567-001
<b>a</b>	Plan name	EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EARLYBIRDCAPITAL, INC.	<b>c</b> EIN-PN 65-0379410-001
<b>a</b>	Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EASTERN ARMORED SERVICES, INC.	<b>c</b> EIN-PN 22-3193394-001
<b>a</b>	Plan name	EASYCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCGRAYEL COMPANY INC.	<b>c</b> EIN-PN 77-0380138-001
<b>a</b>	Plan name	MMD EQUIPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MMD EQUIPMENT	<b>c</b> EIN-PN 95-4352231-001
<b>a</b>	Plan name	REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	REISCHLING PRESS, INC.	<b>c</b> EIN-PN 91-1013222-001
<b>a</b>	Plan name	RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RENOWN TAG AND LABEL, INC.	<b>c</b> EIN-PN 11-2530597-001
<b>a</b>	Plan name	REPEAT BUSINESS SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REPEAT BUSINESS SYSTEMS, INC.	<b>c</b> EIN-PN 14-1718228-001

**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	RICHARD P. STANKUS, PH.D., M.D. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	RICHARD P. STANKUS, PH.D, MD	<b>c</b> EIN-PN 16-1381451-001

<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>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>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>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>BLACKROCK GLOBAL ALLOCATION RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>277</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.

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<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>	19792610
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	19090675
<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>	19792610	19090675
<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>	19792610	19090675

**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>	1650325	
<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>		1650325

**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>		1650325
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1805274
(2) From this plan .....	<b>2l(2)</b>		4157534

**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 \_\_\_\_\_.