

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

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>1a Name of plan <u>GOLDMAN SACHS MID CAP VALUE RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>080</u></p>
<p>2a 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 LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	08/21/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

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

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

A Name of plan <u>GOLDMAN SACHS MID CAP VALUE RET OPT</u>	B Three-digit plan number (PN)	<u>080</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

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

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BLOCK MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor KPB ENTERPRISES, INC.	c EIN-PN 20-2032251-001
a	Plan name BLUEMOUND RESTAURANT CORPORATION 401(K) PLAN	
b	Name of plan sponsor BLUEMOUND RESTAURANT CORPORATION	c EIN-PN 39-1742851-001
a	Plan name CESAR'S WAY, INC. 401(K) PLAN PROFIT SHARING PLAN	
b	Name of plan sponsor CESAR'S WAY, INC.	c EIN-PN 04-3812367-001
a	Plan name COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor COLORADO SURGICAL AFFILIATES, LLC	c EIN-PN 81-3228396-001
a	Plan name COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL WATERPROOFING, INC.	c EIN-PN 23-2589948-001
a	Plan name HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA MONEY PURCHASE RETIREMENT PLAN	
b	Name of plan sponsor HOUSING AUTHORITY OF THE CITY OF DUBOIS, PA	c EIN-PN 02-1234567-001
a	Plan name HTAA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor HTAA HOLDINGS, LLC	c EIN-PN 46-3375948-001
a	Plan name IVANCICH & COSTIS, LLP 401(K) PLAN	
b	Name of plan sponsor IVANCICH & COSTIS, LLP	c EIN-PN 26-2298861-001
a	Plan name J.H. PENCE COMPANY RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor J.H. PENCE COMPANY	c EIN-PN 54-0838544-001
a	Plan name KEITH A. COHRS D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor KEITH A. COHRS D.D.S., P.C.	c EIN-PN 20-2818829-001
a	Plan name LAWRENCE SEMICONDUCTOR RESEARCH LABORATORIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LAWRENCE SEMICONDUCTOR RESEARCH LABORATORY, INC.	c EIN-PN 86-0711627-777
a	Plan name MARATHON ENGINEERING CORP. 401(K) PLAN & TRUST	
b	Name of plan sponsor MARATHON ENGINEERING, INC.	c EIN-PN 94-2259624-001

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 PHOENIX BUSINESS SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor PHOENIX BUSINESS SOLUTIONS, LLC	c EIN-PN 36-4358996-001
a	Plan name PROMAN STAFFING GROUP 401(K) PLAN	
b	Name of plan sponsor PROMAN GROUP, INC	c EIN-PN 82-2540923-001
a	Plan name SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name AZURE GREEN CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor AZURE GREEN CONSULTANTS, LLC	c EIN-PN 20-5174912-001
a	Plan name DIRECT FLOORING, INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DIRECT FLOORING, INC.	c EIN-PN 27-3853454-001
a	Plan name EISENBERG & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EISENBERG & ASSOCIATES, INC.	c EIN-PN 75-1573412-001
a	Plan name FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor FREER MECHANICAL CONTRACTOR'S INC.	c EIN-PN 75-1046142-002
a	Plan name HEFTY SEED COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor AGRONOMY SCIENCES, LLC DBA HEFTY SEED COMPANY	c EIN-PN 20-2149647-001
a	Plan name JAG, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JAG, INC.	c EIN-PN 20-4383697-001
a	Plan name JAH ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAH ENTERPRISES, INC.	c EIN-PN 72-1250656-001
a	Plan name METROLIST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor METROLIST, INC.	c EIN-PN 84-0943682-001
a	Plan name MORRIS DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor MORRIS DISTRIBUTING	c EIN-PN 68-0301995-001

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	PICKERING MANOR HOME 401(K) PLAN	
b	Name of plan sponsor	PICKERING MANOR HOME	c EIN-PN 51-0244585-001
a	Plan name	SANDHILLS STATE BANK 401(K) PLAN	
b	Name of plan sponsor	SANDHILLS STATE BANK	c EIN-PN 47-0130530-001
a	Plan name	STONE REAL ESTATE 401(K) PLAN & TRUST	
b	Name of plan sponsor	STONE REAL ESTATE	c EIN-PN 36-4121806-001
a	Plan name	STREET FACTORY MEDIA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STREET FACTORY MEDIA, INC.	c EIN-PN 20-8005581-001
a	Plan name	TEXAS HEALTHCARE PHARMACY 401(K) PLAN	
b	Name of plan sponsor	TEXAS THCP OPERATIONS, LP	c EIN-PN 26-0058682-001
a	Plan name	THE ARGUS - PRESS 401(K) PLAN	
b	Name of plan sponsor	THE ARGUS - PRESS	c EIN-PN 38-0306980-002
a	Plan name	AKJOHNSTON GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	AKJOHNSTON GROUP, LLC	c EIN-PN 47-4760375-001
a	Plan name	CANYON SPRINGS DENTAL 401(K) PLAN	
b	Name of plan sponsor	CANYON SPRINGS DENTAL	c EIN-PN 20-2396223-001
a	Plan name	COMMUNITY CARE NURSES 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CARE NURSES, INC.	c EIN-PN 05-0410613-001
a	Plan name	CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
b	Name of plan sponsor	CYM AUTO PARTS	c EIN-PN 66-0421766-001
a	Plan name	CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CYPRESS POINT CLUB	c EIN-PN 94-6008058-002
a	Plan name	CYPRESS POINTE SURGICAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	HAMMOND SURGICAL HOSPITAL, L.L.C. DBA CYPRESS POINT SURGICAL HOSPIT	c EIN-PN 27-2765802-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PLAN DE RETIRO 1081.01(D) PARA EMPLEADOS DE GOYA DE PUERTO RICO, INC.	
b	Name of plan sponsor GOYA DE PUERTO RICO, INC.	c EIN-PN 66-0429097-002
a	Plan name RANDY'S FROZEN MEATS 401(K) PLAN	
b	Name of plan sponsor RANDY'S FROZEN MEATS	c EIN-PN 41-0806902-001
a	Plan name SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST	
b	Name of plan sponsor SOUTHWEST NEUROSPINE INSTITUTE, P.A.	c EIN-PN 26-2906915-001
a	Plan name WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name A&G PIPING 401(K) PLAN	
b	Name of plan sponsor A&G PIPING, INC.	c EIN-PN 75-1972619-001
a	Plan name BARBARA E. WHITWORTH, D.D.S. 401(K) PLAN	
b	Name of plan sponsor BARBARA E. WHITWORTH, D.D.S.	c EIN-PN 75-2633818-001
a	Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor BARNARD MANUFACTURING CO., INC.	c EIN-PN 38-1842231-001
a	Plan name CHILDPLACE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHILDPLACE, INC.	c EIN-PN 35-1129180-001
a	Plan name CORPORATE HOLDINGS 401(K) PLAN	
b	Name of plan sponsor CORPORATE HOLDINGS, LP	c EIN-PN 06-1720467-001
a	Plan name DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DIXON AUTOMATIC TOOL, INC.	c EIN-PN 36-2231217-001
a	Plan name EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor EQUINE MEDICAL CENTER OF OCALA	c EIN-PN 20-3993544-001
a	Plan name GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001

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 AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AARON A. ADAOAG, M.D., LTD.	c EIN-PN 26-0880609-001
a	Plan name AMPAC 401(K) PLAN	
b	Name of plan sponsor AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COWBOY DODGE, INC.	c EIN-PN 83-0254068-001
a	Plan name ETOLOGY, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor ETOLOGY, INC.	c EIN-PN 20-2947536-001
a	Plan name LIBERTY GLASS & METAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY GLASS & METAL, INC.	c EIN-PN 20-2134457-001
a	Plan name MCDERMOTT-COSTA, INC. 401(K) PLAN	
b	Name of plan sponsor MCDERMOTT-COSTA CO., INC.	c EIN-PN 94-1375883-002
a	Plan name MCDONALD LIQUOR INC. 401(K) PLAN	
b	Name of plan sponsor MCDONALD LIQUOR INC.	c EIN-PN 41-1833330-001
a	Plan name MULHERN BELTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MULHERN BELTING, INC.	c EIN-PN 22-2142028-001
a	Plan name PONDERA ADVISORS 401(K) PLAN	
b	Name of plan sponsor PONDERA ADVISORS, LLC	c EIN-PN 20-4885252-001
a	Plan name SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAVANT SYSTEMS, INC.	c EIN-PN 85-1002349-777
a	Plan name ABLE SALES COMPANY, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor ABLE SALES COMPANY INC.	c EIN-PN 66-0320315-001
a	Plan name ALL AIR MECHANICAL CONTRACTOR INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor ALL AIR MECHANICAL CONTRACTOR, INC.	c EIN-PN 20-5664372-001

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	ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name	CARDIOLOGY & VASCULAR ASSOCIATES, P.C. 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	CARDIOLOGY & VASCULAR ASSOCIATES, P.C.	c EIN-PN 38-3468933-001
a	Plan name	DAKEM & ASSOCIATES, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAKEM & ASSOCIATES, LLC.	c EIN-PN 86-0864545-001
a	Plan name	ELATERAL INC. 401(K) PLAN	
b	Name of plan sponsor	ELATERAL INC. DBA BRANDGILITY	c EIN-PN 51-0396708-001
a	Plan name	GAYLORD MANUFACTURING CO., A DIVISION OF ENOVA, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GAYLORD MANUFATURING CO., A DIVISION OF ENOVA ENGINEERING, LLC	c EIN-PN 77-0489033-001
a	Plan name	IMPAC SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	IMPAC SALES, INC.	c EIN-PN 20-8221129-001
a	Plan name	KIM & LAVOY, S.C. 401(K) PLAN	
b	Name of plan sponsor	KIM & LAVOY, S.C.	c EIN-PN 20-0771810-001
a	Plan name	KIMBERLY PARK DENTAL ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIMBERLY PARK DENTAL ASSOCIATES, P.C.	c EIN-PN 42-1049323-001
a	Plan name	MY OFFICE, INC. 401(K) PLAN	
b	Name of plan sponsor	MY OFFICE, INC.	c EIN-PN 48-1289900-001
a	Plan name	O2 SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	O2 SOLUTIONS, LLC	c EIN-PN 14-1964996-001
a	Plan name	PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PYRAMID SOLUTIONS, INC.	c EIN-PN 38-2951993-001
a	Plan name	QMSI 401(K) PLAN	
b	Name of plan sponsor	QMSI	c EIN-PN 62-1539705-001

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 RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name SCHOOL MANAGEMENT SERVICES RETIREMENT PLAN	
b	Name of plan sponsor SCHOOL MANAGEMENT SERVICES, LLC	c EIN-PN 56-2545979-001
a	Plan name SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a	Plan name SUBURBAN & TRI-STATE SUBARU 401(K) PLAN	
b	Name of plan sponsor SUBURBAN & TRI-STATE SUBARU, INC.	c EIN-PN 06-1210980-001
a	Plan name WEINBERG & COMPANY 401K PLAN	
b	Name of plan sponsor WEINBERG & COMPANY, LLP	c EIN-PN 05-0401635-001
a	Plan name FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FLOWMASTER, INC.	c EIN-PN 46-4050504-002
a	Plan name GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENESEE HEMATOLOGY-ONCOLOGY, P.C.	c EIN-PN 38-2278871-001
a	Plan name PRECIOUS MOMENTS FOUNDATION EMPLOYEES 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor PRECIOUS MOMENTS FOUNDATION	c EIN-PN 31-1721271-001
a	Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a	Plan name THE FUN KIDS DENTIST, S.C. 401(K) PLAN	
b	Name of plan sponsor THE FUN KIDS DENTIST, S.C.	c EIN-PN 39-1238470-001
a	Plan name ADVANCED CARGO CORPORATION 401(K) P/S PLAN	
b	Name of plan sponsor ADVANCED CARGO CORPORATION	c EIN-PN 41-1663563-001
a	Plan name MACIA AND MARIN PROFIT SHARING PLAN	
b	Name of plan sponsor MACIA AND MARIN	c EIN-PN 65-0920438-001

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	MAETZOLD HOMES, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	MAETZOLD HOMES, INC.
c	EIN-PN	41-2009271-001
a	Plan name	TTI LOGISTICS, LLC PROFIT SHARING 401(K) PLAN AND TRUST
b	Name of plan sponsor	TTI LOGISTICS, LLC
c	EIN-PN	22-3461921-002
a	Plan name	ASHLEY HUONG HO, DMD, INC. DEFINED BENEFIT PENSION PLAN
b	Name of plan sponsor	ASHLEY HUONG HO, DMD, INC.
c	EIN-PN	26-0631507-001
a	Plan name	DATA PATH, INC. 401(K) P/S PLAN
b	Name of plan sponsor	DATA PATH, INC.
c	EIN-PN	90-0242296-001
a	Plan name	MID-SOUTH INDUSTRIES 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	MID-SOUTH INDUSTRIES, INC.
c	EIN-PN	63-0495884-001
a	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.
c	EIN-PN	26-1365260-001
a	Plan name	ATLAS LABOR ILLINOIS LLC RETIREMENT PLAN
b	Name of plan sponsor	ATLAS LABOR ILLINOIS LLC
c	EIN-PN	83-3804981-001
a	Plan name	DEGRAFFENRIED & COMPANY RETIREMENT PLAN
b	Name of plan sponsor	DEGRAFFENRIED & COMPANY
c	EIN-PN	72-1349735-001
a	Plan name	HK HOLBEIN, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HK HOLBEIN, INC.
c	EIN-PN	03-0271444-001
a	Plan name	MISKO, INC. 401(K) PLAN
b	Name of plan sponsor	MISKO, INC.
c	EIN-PN	23-2506409-001
a	Plan name	NATIONAL WELDING, INC. 401(K) PLAN
b	Name of plan sponsor	NATIONAL WELDING, INC.
c	EIN-PN	56-2396369-001
a	Plan name	BECK COMPANIES INC. 401(K) PLAN & TRUST
b	Name of plan sponsor	BECK READYMIX CONCRETE COMPANY, INC.
c	EIN-PN	74-2341756-001

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 WEST JERSEY AC & HEATING 401(K) PLAN & TRUST	
b	Name of plan sponsor WEST JERSEY AC & HEATING COMPANY	c EIN-PN 26-0003283-001
a	Plan name NEWS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NEWS	c EIN-PN 94-2745889-001
a	Plan name WILLIAM L. FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAM L FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES	c EIN-PN 34-1760741-001
a	Plan name BREEZWAY THRIFTY GLASS 401(K) PLAN	
b	Name of plan sponsor JOJO ENTERPRISES, INC. DBA BREEZWAY THRIFTY GLASS	c EIN-PN 33-0433751-001
a	Plan name ELEVATE GROUP, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ELEVATE GROUP, LLC	c EIN-PN 26-4319131-001
a	Plan name SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SNRA COMMODITIES, INC.	c EIN-PN 46-3031744-001
a	Plan name OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OUR HOME PHARMACY, INC.	c EIN-PN 27-2618187-001
a	Plan name OUTSOURCING HUB, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor OUTSOURCING HUB, LLC	c EIN-PN 27-0819786-001
a	Plan name BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 88-0401243-002
a	Plan name JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	c EIN-PN 94-2346172-001
a	Plan name STADLER PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor STADLER PLUMBING & HEATING, INC.	c EIN-PN 38-3295246-001
a	Plan name PATHMARK HR, INC. 401(K) PSP	
b	Name of plan sponsor PATHMARK HR, INC.	c EIN-PN 81-4987330-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name THE LENTZ COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LENTZ COMPANIES, INC.	c EIN-PN 75-2750789-001
a	Plan name CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001
a	Plan name ADVERTISING CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVERTISING CONSULTANTS, INC.	c EIN-PN 95-2465409-001
a	Plan name PROFESSIONAL BROKERAGE WEST, INC. 401(K) PLAN	
b	Name of plan sponsor PROFESSIONAL BROKERAGE WEST, INC.	c EIN-PN 88-0222304-001
a	Plan name CONSOLIDATED DOORS, INC. 401(K) PLAN	
b	Name of plan sponsor CONSOLIDATED DOORS, INC.	c EIN-PN 39-1757450-001
a	Plan name GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name QUIVX 401(K) PLAN & TRUST	
b	Name of plan sponsor QUIVX	c EIN-PN 26-4736334-001
a	Plan name R. BRET CAMPBELL, DO, PLLC RETIREMENT PLAN	
b	Name of plan sponsor R. BRET CAMPBELL, DO, PLLC	c EIN-PN 80-0111632-001
a	Plan name MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MEDALLION MANAGEMENT, INC.	c EIN-PN 38-2033680-001
a	Plan name ANTHONY JUDD ANDERSON, MD, PLLC 401(K) PLAN	
b	Name of plan sponsor ANTHONY JUDD ANDERSON, MD, PLLC	c EIN-PN 58-2685551-001
a	Plan name CREATIVE RETIREMENT SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CREATIVE RETIREMENT SYSTEMS, INC.	c EIN-PN 31-1299207-001
a	Plan name HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001

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	RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor	RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name	ULRICHSEN, ROSEN & FREED LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ULRICHSEN ROSEN & FREED LLC	c EIN-PN 20-4413474-001
a	Plan name	DAVID R. KOEHLER, CPA, SOLE PROPRIETOR 401(K) PLAN	
b	Name of plan sponsor	DAVID R. KOEHLER, CPA, SOLE PROPRIETOR	c EIN-PN 77-0420020-001
a	Plan name	HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
a	Plan name	MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name	ROBIN II, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ROBIN II, INC.	c EIN-PN 39-1314862-001
a	Plan name	ROCHESTER TELEPHONE COMPANY INC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	ROCHESTER TELEPHONE COMPANY INC	c EIN-PN 35-0619275-777
a	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 59-2714320-001
a	Plan name	DENTISTRY FOR KIDS AND ADULTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GINA DORFMAN, DDS, A PROFESSIONAL CORPORATION	c EIN-PN 51-0501356-001
a	Plan name	MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MJD TRUCKING, INC.	c EIN-PN 65-0831291-001
a	Plan name	NELSON PHARMACY 401(K) PLAN	
b	Name of plan sponsor	NELSON PHARMACY CONSULTING SERVICES, PLC	c EIN-PN 01-0667577-001
a	Plan name	DR. TODD S. LARSEN DMD PC RETIREMENT PLAN	
b	Name of plan sponsor	DR. TODD S. LARSEN, DMD, PC	c EIN-PN 87-0632806-001

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	BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN
b	Name of plan sponsor	BIO-MED BEHAVIORAL HEALTH CARE, P.C.
c	EIN-PN	38-3469611-001
a	Plan name	EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	EARLEY & ASSOCIATES, INC.
c	EIN-PN	38-3480813-001
a	Plan name	INVESTMENT CENTER 401(K) PLAN
b	Name of plan sponsor	INVESTMENT CENTER
c	EIN-PN	42-1485034-001
a	Plan name	SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY 401(K) PLAN
b	Name of plan sponsor	SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY
c	EIN-PN	46-2385806-001
a	Plan name	SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	SOMERVILLE ACQUISITIONS
c	EIN-PN	22-2950305-001
a	Plan name	STARKE MACHINE COMPANY 401(K) PLAN
b	Name of plan sponsor	STARKE MACHINE COMPANY
c	EIN-PN	75-1710418-001
a	Plan name	KOMET USA, LLC 401(K) PLAN
b	Name of plan sponsor	KOMET USA, LLC
c	EIN-PN	84-1719571-001
a	Plan name	SUPERSTORE 401(K) PLAN
b	Name of plan sponsor	FURNITURE SUPERSTORE LLC
c	EIN-PN	87-0698757-001
a	Plan name	FORT DEARBORN PARTNERS, INC. 401(K) PLAN
b	Name of plan sponsor	FORT DEARBORN PARTNERS
c	EIN-PN	36-3745996-001
a	Plan name	LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	LAKOTA CONTRACTING, INC.
c	EIN-PN	26-0060538-001
a	Plan name	PERM MACHINE & TOOL CO., INC. BASIC PROFIT SHARING PLAN
b	Name of plan sponsor	PERM MACHINE & TOOL CO., INC.
c	EIN-PN	36-2817667-001
a	Plan name	CASTILLO & WEST ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	CASTILLO & WEST ACCOUNTANCY CORPORATION
c	EIN-PN	56-2433686-001

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 CATALYST RETIREMENT PLAN	
b	Name of plan sponsor CATALYST COMMUNICATIONS NETWORK LLC	c EIN-PN 92-1890010-001
a	Plan name CONTRACT TRANSPORT, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CONTRACT TRANSPORT, INC.	c EIN-PN 42-0981821-002
a	Plan name DAWN FOODS PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor DAWN FOODS INTERNATIONAL, INC.	c EIN-PN 66-0234708-001
a	Plan name DB SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor MERTZ ENTERPRISES, INC, DBA DB SALES & SERVICE	c EIN-PN 90-0627040-001
a	Plan name EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY	
b	Name of plan sponsor MEGA HERTZ SALES COMPANY	c EIN-PN 84-0855727-001
a	Plan name FOSTER THOMAS RETIREMENT PLAN	
b	Name of plan sponsor FOSTER THOMAS, INC.	c EIN-PN 52-1826441-001
a	Plan name GLOBAL 401(K) PLAN	
b	Name of plan sponsor GHG HOLDINGS, INC.	c EIN-PN 46-4331213-001
a	Plan name HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001
a	Plan name HARTWIG PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor HARTWIG PLUMBING & HEATING, INC.	c EIN-PN 36-3618206-001
a	Plan name HITV 401(K) PLAN	
b	Name of plan sponsor HITV OPERATING CO., INC.	c EIN-PN 20-8485379-001
a	Plan name HORAN BUILDING COMPANY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor HORAN BUILDING CO., INC.	c EIN-PN 05-0466821-001
a	Plan name HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor HOSTAR MARINE TRANSPORT SYSTEMS, INC.	c EIN-PN 04-2910283-001

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 INTERNAL MEDICINE PRIMARY CARE, INC. 401(K) PLAN	
b	Name of plan sponsor INTERNAL MEDICINE PRIMARY CARE, INC.	c EIN-PN 34-1712938-001
a	Plan name INTERNATIONAL AEROSPACE COATINGS 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL AEROSPACE COATINGS, INC.	c EIN-PN 91-1517966-002
a	Plan name ISOVOLTA, INC. 401(K) PLAN	
b	Name of plan sponsor ISOVOLTA, INC.	c EIN-PN 13-4263768-001
a	Plan name LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC. 401(K) PLAN	
b	Name of plan sponsor LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC.	c EIN-PN 36-4594126-001
a	Plan name MANNING LUMBER & MARINE, LLC 401(K) PLAN	
b	Name of plan sponsor MANNING LUMBER & MARINE, LLC	c EIN-PN 46-2084718-001
a	Plan name MOHRFELD ELECTRIC 401(K) PLAN	
b	Name of plan sponsor MOHRFELD ELECTRIC	c EIN-PN 27-1617896-001
a	Plan name NORKING/MATRIX 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor MATRIX METAL PRODUCTS/ THE NORKING COMPANY	c EIN-PN 04-2855070-001
a	Plan name NORTHEAST FLORIDA AIDS NETWORK 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NORTHEAST FLORIDA AIDS NETWORK	c EIN-PN 59-2974694-001
a	Plan name PETROVAL, INC. 401(K) PLAN	
b	Name of plan sponsor PETROVAL, INC.	c EIN-PN 72-1559851-001
a	Plan name PRIMECARE HOME CARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor PRIMECARE HOME CARE SERVICES, INC.	c EIN-PN 65-1317901-001
a	Plan name PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROGRESSIVE PACKAGING, INC.	c EIN-PN 41-1701839-001
a	Plan name RADWELL INTERNATIONAL LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RADWELL INTERNATIONAL LLC	c EIN-PN 23-2106278-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	S & W ELECTRIC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	S & W ELECTRIC COMPANY, INC.	c EIN-PN 63-0833028-001
a	Plan name	S4, INC. 401(K) PLAN	
b	Name of plan sponsor	S4 INC.	c EIN-PN 04-3309384-001
a	Plan name	SAA LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHATZ, ANDERSON & ASSOCIATES LLC	c EIN-PN 05-0565472-001
a	Plan name	SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 401(K) PLAN	
b	Name of plan sponsor	SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY	c EIN-PN 23-1659451-002
a	Plan name	SOUTHERN MACHINE AND FABRICATION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN MACHINE AND FABRICATION COMPANY, INC.	c EIN-PN 58-1329156-002
a	Plan name	STELLAR VETERINARY SERVICES 401(K) PLAN	
b	Name of plan sponsor	STELLAR VETERINARY SERVICES, LLC	c EIN-PN 47-2964550-001
a	Plan name	STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor	STERLING BV, INC.	c EIN-PN 81-1791939-001
a	Plan name	STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	STERLING ENERGY OPERATIONS, LLC	c EIN-PN 33-0969595-001
a	Plan name	SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name	THE MIRAZON GROUP LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE MIRAZON GROUP, LLC	c EIN-PN 61-1363720-001
a	Plan name	ADDED DIMENSIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ADDED DIMENSIONS, INC.	c EIN-PN 94-3257729-001
a	Plan name	ADJ OF STAMFORD, INC. 401(K) PLAN	
b	Name of plan sponsor	ADJ OF STAMFORD, INC.	c EIN-PN 13-7562991-004

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

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GOLDMAN SACHS MID CAP VALUE RET OPT	B Three-digit plan number (PN) ▶ 080
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

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

		(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)	14115753	12104406
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	14115753	12104406
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	14115753	12104406

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)	72275	
(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)	646728	
(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)		754937
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1473940

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)	7197	
(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)		7197
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7197

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1466743
l Transfers of assets:			
(1) To this plan	2l(1)		1491790
(2) From this plan	2l(2)		4969880

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 _____.