

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: FEDERATED MDT SMALL CAP CORE RET OPT
1b Three-digit plan number (PN): 140
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

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>FEDERATED MDT SMALL CAP CORE RET OPT</u>		B Three-digit plan number (PN) ▶	<u>140</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)
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d Entity code

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

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	BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor	BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name	BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BNL INDUSTRIES, INC.	c EIN-PN 06-1226220-001
a	Plan name	CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA INSTITUTE OF ADVANCED MANAGEMENT	c EIN-PN 45-2648658-001
a	Plan name	CAMRETT COMPANIES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CAMRETT LOGISTICS, INC.	c EIN-PN 54-1747281-001
a	Plan name	GORILLA CIRCUITS 401(K) PLAN	
b	Name of plan sponsor	GORILLA CIRCUITS	c EIN-PN 94-1694315-001
a	Plan name	HAUCK BROS, INC. 401(K) PLAN	
b	Name of plan sponsor	HAUCK BROTHERS, INC.	c EIN-PN 31-0599870-001
a	Plan name	HAYNES-EAGLIN-WATERS, LLP 401(K) PLAN	
b	Name of plan sponsor	HAYNES-EAGLIN-WATERS, LLP	c EIN-PN 74-2493879-001
a	Plan name	HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor	WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-222
a	Plan name	J & J HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
b	Name of plan sponsor	J & J HEATING & AIR CONDITIONING, INC.	c EIN-PN 04-2488433-001
a	Plan name	J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J. MCLOUGHLIN ENGINEERING CO., INC.	c EIN-PN 33-0570155-001
a	Plan name	KENNETH O. KARP, MD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KENNETH O. KARP, MD, PA	c EIN-PN 20-0112151-001
a	Plan name	LAW OFFICES OF BRETT R. WISHART 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF BRETT R. WISHART	c EIN-PN 46-5127007-001

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 MERCER COUNTY ELECTRIC 401(K) PLAN	
b	Name of plan sponsor MERCER COUNTY ELECTRIC, INC.	c EIN-PN 34-1278022-001
a	Plan name MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor MONROE URGENT CARE, INC.	c EIN-PN 26-0188188-001
a	Plan name MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOODY PRICE, LLC	c EIN-PN 72-1044462-003
a	Plan name NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401K PROFIT SHA	c EIN-PN 35-1644182-001
a	Plan name NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHWEST EYE CENTER S.C.	c EIN-PN 36-3145951-002
a	Plan name PACIFIC POWER ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-777
a	Plan name PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN	
b	Name of plan sponsor PROPERTY MANAGEMENT OF ANDOVER, INC.	c EIN-PN 04-2978110-001
a	Plan name PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a	Plan name REYNOLDS & ROWELLA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor REYNOLDS & ROWELLA, LLP	c EIN-PN 06-1143555-001
a	Plan name RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIC-MAN INTERNATIONAL, INC.	c EIN-PN 59-2300398-001
a	Plan name SABIAN, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SABIAN, INC.	c EIN-PN 04-2378907-001
a	Plan name SABOT TECHNOLOGIES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor SABOT TECHNOLOGIES, INC.	c EIN-PN 68-0462138-001

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	SIGNATURE DESTINATION MANAGEMENT 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SIGNATURE DESTINATION MANAGEMENT, LLC	c EIN-PN 72-1409387-001
a	Plan name	SILVER CREEK MODULAR LLC 401(K) PLAN	
b	Name of plan sponsor	SILVER CREEK MODULAR LLC	c EIN-PN 92-3730178-001
a	Plan name	TEXAS BANK 401(K) PLAN	
b	Name of plan sponsor	TEXAS BANK	c EIN-PN 75-1405029-001
a	Plan name	UPHAM OIL & GAS COMPANY 401(K) PLAN	
b	Name of plan sponsor	UPHAM OIL & GAS COMPANY, L. P.	c EIN-PN 75-0960746-001
a	Plan name	MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MORRIS CERULLO WORLD EVANGELISM	c EIN-PN 95-2372233-001
a	Plan name	MORRIS DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	MORRIS DISTRIBUTING	c EIN-PN 68-0301995-001
a	Plan name	NOVO 401(K) PLAN	
b	Name of plan sponsor	NOVO ADVISORS, LLC	c EIN-PN 83-2881830-001
a	Plan name	PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PROVIDENT MANAGEMENT CORPORATION	c EIN-PN 59-1870484-001
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	SKILLINGS & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	SKILLINGS & SONS, INC.	c EIN-PN 04-2491037-001
a	Plan name	TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
b	Name of plan sponsor	TFC MANUFACTURING, INC.	c EIN-PN 91-1951857-001
a	Plan name	ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor	ALBEMARLE ENT, ASTHMA & ALLERGY ASSOCIATES	c EIN-PN 56-2091476-001

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	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name	COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002
a	Plan name	D WUERFEL INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	D WUERFEL INC.	c EIN-PN 20-2121078-001
a	Plan name	MBPIA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MICHIGAN BASIC PROPERTY INSURANCE ASSOCIATION	c EIN-PN 38-1956049-002
a	Plan name	MCCLELLAND LAW GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCCLELLAND LAW GROUP	c EIN-PN 26-0787424-001
a	Plan name	OPPORTUNITY WORKSHOP OF LEXINGTON, INC. RETIREMENT PLAN	
b	Name of plan sponsor	OPPORTUNITY WORKSHOP OF LEXINGTON, INC.	c EIN-PN 61-0593023-001
a	Plan name	AMERICAN HXSYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN HXSYSTEMS LLC	c EIN-PN 93-4817220-001
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	CHILDREN'S RECEIVING HOME OF SACRAMENTO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILDREN'S RECEIVING HOME OF SACRAMENTO	c EIN-PN 94-1322166-001
a	Plan name	DMA HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	DMA HOLDINGS, INC.	c EIN-PN 26-1547833-001
a	Plan name	FSY ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	FSY ARCHITECTS	c EIN-PN 95-4638941-001
a	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	c EIN-PN 13-3592138-001

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	I WOOD DESIGN 401K PLAN	
b	Name of plan sponsor	I WOOD DESIGN, INC.	c EIN-PN 95-4805073-001
a	Plan name	AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	AMICUS ARTHRITIS AND OSTEOPOROSIS CENTER, INC.	c EIN-PN 47-4037872-001
a	Plan name	CHINATOWN PHARMACY 401(K) PLAN	
b	Name of plan sponsor	CHINATOWN PHARMACY	c EIN-PN 47-5552705-001
a	Plan name	CHIRCO TEAM LLC 401(K) PLAN	
b	Name of plan sponsor	CHIRCO TEAM LLC	c EIN-PN 26-3741789-001
a	Plan name	IC BIKE RETIREMENT PLAN	
b	Name of plan sponsor	IC BIKE COMPANY DBA THE FAT TIRE FARM	c EIN-PN 91-1861798-002
a	Plan name	JOHNSON ELECTRIC SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHNSON ELECTRIC SUPPLY, INC.	c EIN-PN 04-3367863-001
a	Plan name	MUSSEY, SARBER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	MUSSEY, SARBER & ASSOCIATES, P.C.	c EIN-PN 75-3025214-001
a	Plan name	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	c EIN-PN 95-1685796-002
a	Plan name	POR-SHUN, INC 401(K) PLAN	
b	Name of plan sponsor	POR-SHUN, INC.	c EIN-PN 04-2785537-001
a	Plan name	PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PORT PUBLICATIONS, INC.	c EIN-PN 39-1017137-001
a	Plan name	PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PORTER KIAKONA KOPPER, LLP	c EIN-PN 99-0210947-001
a	Plan name	SBAC ANIMAL CLINIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SBAC ANIMAL CLINIC, INC	c EIN-PN 33-4162060-001

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	SCHEER GREEN AND BURKE LPA 401(K) PLAN	
b	Name of plan sponsor	SCHEER GREEN AND BURKE LPA	c EIN-PN 34-1234557-001
a	Plan name	SPRING LAKE DENTAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPRING LAKE DENTAL GROUP	c EIN-PN 56-1957791-001
a	Plan name	SPRINGFIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor	MCCARTHY LEGAL SERVICES, LLC	c EIN-PN 04-3445519-001
a	Plan name	WAY HOLDING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WAY HOLDING, LLC	c EIN-PN 76-0207435-001
a	Plan name	ABSOLUTE ENERGY RETIREMENT PLAN	
b	Name of plan sponsor	ABSOLUTE ENERGY, L.L.C	c EIN-PN 20-3841025-777
a	Plan name	ARNOLD TOOL & DIE CO. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARNOLD TOOL & DIE CO.	c EIN-PN 38-2004956-001
a	Plan name	ARROW TRAILER AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	ARROW TRAILER AND EQUIPMENT CO.	c EIN-PN 37-0755336-001
a	Plan name	BOW CONSTRUCTION MANAGEMENT SERVICES, INC. 401(K) RETIREMENT SAVINGS PLAN (001)	
b	Name of plan sponsor	BOW CONSTRUCTION MANAGEMENT SERVICE, INC.	c EIN-PN 26-3709796-001
a	Plan name	D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN	
b	Name of plan sponsor	D. S. ERICKSON & ASSOCIATES, PLLC	c EIN-PN 20-5957980-001
a	Plan name	D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
a	Plan name	FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FELDMAN & ASSOCIATES, INC.	c EIN-PN 95-4814253-001
a	Plan name	INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor	INDEPENDENT CAPITAL MANAGEMENT LLC	c EIN-PN 26-3029556-001

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	LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001
a	Plan name	LIVING INDEPENDENT IS FOR EVERYONE, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	LIVING INDEPENDENT IS FOR EVERYONE, INC.	c EIN-PN 27-4619816-001
a	Plan name	MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARPLES GEARS, INC.	c EIN-PN 95-4226164-001
a	Plan name	MARRONE'S, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	MARRONE'S, INC.	c EIN-PN 48-0788184-001
a	Plan name	NANIA ENERGY 401(K) PLAN	
b	Name of plan sponsor	NANIA ENERGY	c EIN-PN 36-4273465-001
a	Plan name	OAHU METAL & GLAZING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	OAHU METAL & GLAZING, LLC	c EIN-PN 84-3089701-001
a	Plan name	OAKLAND COMMUNITY NURSERY SCHOOL RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	OAKLAND COMMUNITY NURSING SCHOOL	c EIN-PN 22-2210714-001
a	Plan name	PARAMOUNT REHABILITATION SERVICES 401(K) PLAN	
b	Name of plan sponsor	PARAMOUNT REHABILITATION SERVICES	c EIN-PN 38-3378702-001
a	Plan name	QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALEX MANUFACTURING, LLC	c EIN-PN 61-1273995-001
a	Plan name	RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	RIVERHILLS HEALTHCARE, INC.	c EIN-PN 31-1412447-002
a	Plan name	SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHOOL PORTRAITS BY ADAMS PHOTOGRAPHY, INC.	c EIN-PN 27-2959933-001
a	Plan name	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION	c EIN-PN 84-4786495-001

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	VALOR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	VALOR, LLC	c EIN-PN 61-1370293-001
a	Plan name	WELL GO USA, INC. 401(K) PLAN	
b	Name of plan sponsor	WELL GO USA, INC.	c EIN-PN 75-2542366-001
a	Plan name	FLOURISH, INC. 401(K) PLAN	
b	Name of plan sponsor	FLOURISH, INC.	c EIN-PN 34-1938082-001
a	Plan name	CEDAR VALLEY ELECTRIC CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CEDAR VALLEY ELECTRIC	c EIN-PN 42-1468881-001
a	Plan name	LABORATORY CERTIFICATION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LABORATORY CERTIFICATION SERVICES, INC.	c EIN-PN 31-1187082-001
a	Plan name	CITRON CLOTHING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CITRON CLOTHING, INC.	c EIN-PN 95-4145110-001
a	Plan name	LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
b	Name of plan sponsor	LPT CPA'S + ADVISORS PLLC	c EIN-PN 75-2618166-001
a	Plan name	PRECISION ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION ELECTRIC, INC.	c EIN-PN 88-0203624-001
a	Plan name	COBCO ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	COBCO ENTERPRISES, LLC	c EIN-PN 31-1718329-001
a	Plan name	COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	COD & CAPERS SEAFOOD	c EIN-PN 59-2349811-001
a	Plan name	GKY DENTAL ARTS 401(K) PLAN	
b	Name of plan sponsor	GKY DENTAL ARTS INC.	c EIN-PN 88-4323547-001
a	Plan name	MAFIAPAPERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAFIAPAPERS, INC.	c EIN-PN 42-1634622-002

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 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 ALLIANCE PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor ALLIANCE PRIMARY CARE ASSOCIATES PLLC DBA ALLIANCE PEDIATRICS	c EIN-PN 45-3459804-001
a	Plan name ALOHA HABILITATION SERVICES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor ALOHA HABILITATION SERVICES, INC.	c EIN-PN 99-0356254-001
a	Plan name CONNOLLY, SWITAJ, FOGLER & CO. LLP 401(K) PLAN	
b	Name of plan sponsor CONNOLLY, SWITAJ, FOGLER & CO. LLP	c EIN-PN 22-2249462-001
a	Plan name MASFAB, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor MASFAB, INC. T/A FORMIT STEEL, INC.	c EIN-PN 23-2065665-002
a	Plan name ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDREWS OIL CO. & GAS SERVICES, INC.	c EIN-PN 06-0812862-001
a	Plan name RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIZZETTA & COMPANY, INC.	c EIN-PN 59-3075187-001
a	Plan name ROBERT L. KRASNEY, A PLC PROFIT SHARING PLAN	
b	Name of plan sponsor ROBERT L. KRASNEY, A PLC	c EIN-PN 95-3996418-001
a	Plan name HOLIDAY FORD LINCOLN-MERCURY, INC. 401(K) PLAN	
b	Name of plan sponsor HOLIDAY FORD LINCOLN-MERCURY, INC.	c EIN-PN 77-0267771-001
a	Plan name ROTHSCHILD DOYNO COLLABORATIVE, P.C. 401(K) PLAN	
b	Name of plan sponsor ROTHSCHILD DOYNO COLLABORATIVE, P.C.	c EIN-PN 25-1802649-777
a	Plan name NATHANIEL LEEDY, DMD, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATHANIEL LEEDY, DMD, PA	c EIN-PN 84-3728355-001
a	Plan name NATIONAL FIELD REPRESENTATIVES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NATIONAL FIELD REPRESENTATIVES, LLC	c EIN-PN 02-0451448-001

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	DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
b Name of plan sponsor	DR. LAURIE A. MULKA, DDS P.C.	c EIN-PN 38-3434258-001
a Plan name	SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	THE SCIENTIFIC CONSULTING GROUP, INC.	c EIN-PN 52-1719423-001
a Plan name	WEST WIND DENTAL 401(K) RETIREMENT PLAN	
b Name of plan sponsor	WEST WIND DENTAL	c EIN-PN 81-4317214-001
a Plan name	SHANACHIE ENTERTAINMENT CORP. 401(K) PLAN	
b Name of plan sponsor	SHANACHIE ENTERTAINMENT CORP.	c EIN-PN 13-2986258-001
a Plan name	INTERNATIONAL PARKING DESIGN, INC. 401(K) PLAN	
b Name of plan sponsor	INTERNATIONAL PARKING DESIGN, INC.	c EIN-PN 95-2696753-003
a Plan name	INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	INTERNATIONAL TANK SERVICE, INC.	c EIN-PN 34-1277387-001
a Plan name	NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NEW HAMPSHIRE HYDRAULICS, INC.	c EIN-PN 02-0338098-001
a Plan name	NEW STAR FRESH FOODS, LLC 401(K) PLAN	
b Name of plan sponsor	NEWSTAR FRESH FOODS, LLC	c EIN-PN 77-0442617-001
a Plan name	BRETON VILLAGE TRAVEL SERVICES INC. 401(K) PLAN	
b Name of plan sponsor	BRETON VILLAGE TRAVEL SERVICES INC.	c EIN-PN 38-2017934-001
a Plan name	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM 401(K) PLAN	
b Name of plan sponsor	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM	c EIN-PN 31-1529369-001
a Plan name	JCFA 401(K) RETIREMENT PLAN	
b Name of plan sponsor	JCFA	c EIN-PN 27-1822983-001
a Plan name	SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	SNAPPY SPORT SENTER, INC.	c EIN-PN 81-0426659-001

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	STAFF CONNECTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	MIPRO STAFFING, LLC	c EIN-PN 20-3309316-001
a	Plan name	PATTIS PRESCHOOL, INC. 401(K) PLAN	
b	Name of plan sponsor	PATTIS PRESCHOOL, INC.	c EIN-PN 30-0143660-001
a	Plan name	CARLIN SALES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CARLIN SALES CORPORATION	c EIN-PN 39-1171459-001
a	Plan name	FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name	SUNLAND PARK RACETRACK AND CASINO 401(K) PLAN	
b	Name of plan sponsor	MY WAY HOLDINGS, LLC	c EIN-PN 88-0475995-001
a	Plan name	ACOUSTICAL SURFACES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACOUSTICAL SURFACES, INC.	c EIN-PN 81-0664002-001
a	Plan name	CJ15 LLC 401(K) PLAN	
b	Name of plan sponsor	CJ15 LLC	c EIN-PN 47-4824628-001
a	Plan name	GENESIS ENVIRONMENTAL SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	GENESIS ENVIRONMENTAL SOLUTIONS, INC.	c EIN-PN 20-1763158-001
a	Plan name	MAGELLAN MEDICAL 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MAGELLAN MEDICAL TECHNOLOGY CONSULTANTS, INC.	c EIN-PN 41-1817386-002
a	Plan name	GLENWOOD HOT SPRINGS LODGE AND POOL SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	GLENWOOD HOT SPRINGS LODGE AND POOL, INC.	c EIN-PN 84-0457400-001
a	Plan name	ALPHA ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	ALPHA ENGINEERING OF INDIANA, INC. DBA ALPHA ENGINEERING, INC.	c EIN-PN 35-1463178-001
a	Plan name	ALVEO HEALTH LLC FKA THE CONSULT, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ALVEO HEALTH LLC FKA THE CONSULT	c EIN-PN 31-1237647-001

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 DAVID FELKER, MD, P.A. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor DAVID FELKER, MD, P.A.	c EIN-PN 65-0932108-001
a	Plan name DAVIDSEN EXCAVATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVIDSEN EXCAVATING, INC.	c EIN-PN 26-2880639-001
a	Plan name HIGROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE HAWAII GROUP, INC.	c EIN-PN 27-3129236-001
a	Plan name HILLSON CONTRACTORS, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor HILLSON CONTRACTORS, INC.	c EIN-PN 02-0503186-001
a	Plan name MODERN DISPLAY SERVICES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MODERN DISPLAY SERVICES, INC.	c EIN-PN 87-0265937-001
a	Plan name RYAN & RYAN CONSTRUCTION, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor RYAN & RYAN CONSTRUCTION, INC.	c EIN-PN 20-2312773-001
a	Plan name VISIT NEWPORT BEACH, INC. 401(K) PLAN	
b	Name of plan sponsor VISIT NEWPORT BEACH, INC.	c EIN-PN 51-0225353-001
a	Plan name VITECH 401(K) PLAN	
b	Name of plan sponsor ZUKEN VITECH, INC.	c EIN-PN 54-1636539-001
a	Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name WESTON PROPERTIES 401K	
b	Name of plan sponsor WESTON PROPERTIES, LC	c EIN-PN 74-2722024-112
a	Plan name BIO MEDIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor MARYLAND PLASTICS, INC.	c EIN-PN 52-1636609-002
a	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001

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	INVEST CAST INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INVEST CAST INCORPORATED	c EIN-PN 41-1404239-001
a	Plan name	NEXT DOOR SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	NEXT DOOR FOUNDATION, INC.	c EIN-PN 39-1162969-002
a	Plan name	SHANNON CHEMICAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SHANNON CHEMICAL CORPORATION	c EIN-PN 23-1856793-001
a	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001
a	Plan name	OHIO READY MIX, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OHIO READY MIX, INC.	c EIN-PN 34-1086697-001
a	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor	C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name	KNOWLOGY GOLDMINE	
b	Name of plan sponsor	KNOWLOGY CORPORATION	c EIN-PN 13-3848008-001
a	Plan name	KOPPENHEFFER & SON TRUCKING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	KOPPENHEFFER & SON TRUCKING CO., INC.	c EIN-PN 23-2224832-001
a	Plan name	SW EXCURSION & EDUCATIONAL TOURS, INC 401(K) PLAN	
b	Name of plan sponsor	SW EXCURSION & EDUCATIONAL TOURS, INC	c EIN-PN 20-0128920-001
a	Plan name	FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	FOREWAY TRANSPORTATION, INC.	c EIN-PN 38-2165402-001
a	Plan name	CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC 401(K) PLAN	
b	Name of plan sponsor	CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC	c EIN-PN 06-1485324-001
a	Plan name	TCB 401(K) PLAN	
b	Name of plan sponsor	TYLER CORRUGATED BOX, INC.	c EIN-PN 75-1707434-001

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	TECHNICAL CHEMICAL COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TECHNICAL CHEMICAL COMPANY	c EIN-PN 75-1002472-001
a	Plan name	WHISNANT & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHISNANT & COMPANY, LLC	c EIN-PN 56-1084523-001
a	Plan name	WHITSON HOTEL INVESTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITSON HOTEL INVESTORS, LLC	c EIN-PN 46-2342594-001
a	Plan name	AVMEDICAL, LLC 401(K) PLAN	
b	Name of plan sponsor	AVMEDICAL, LLC	c EIN-PN 83-2573744-001
a	Plan name	AXAR RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AXAR PHARMACEUTICALS, INC.	c EIN-PN 68-0665617-001
a	Plan name	WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name	WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN	
b	Name of plan sponsor	WORKFORCE SOLUTIONS BORDERPLEX, INC.	c EIN-PN 74-2911834-001
a	Plan name	BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	BENJAMIN DEL VENTO, P.A.	c EIN-PN 22-1943968-001
a	Plan name	BITTNER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BITTNER, LLC	c EIN-PN 61-1372128-001
a	Plan name	BRUNNER FUNERAL HOME 401(K) PLAN	
b	Name of plan sponsor	BRUNNER FUNERAL HOME, INC.	c EIN-PN 34-1239396-001
a	Plan name	CENTRA SOTA COOPERATIVE 401(K) PLAN	
b	Name of plan sponsor	CENTRA SOTA COOPERATIVE	c EIN-PN 41-0488480-001
a	Plan name	CERIC FABRICATION COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CERIC FABRICATION COMPANY, INC.	c EIN-PN 04-2838553-001

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	CLEAR CREEK SKIING CORP., INC. 401(K) PLAN	
b	Name of plan sponsor	CLEAR CREEK SKIING CORPORATION, INC.	c EIN-PN 84-0619358-001
a	Plan name	CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CLEVELAND CITY FORGE, INC.	c EIN-PN 34-1972972-001
a	Plan name	DEFINITIVE SOLUTIONS COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DEFINITIVE SOLUTIONS COMPANY, INC.	c EIN-PN 31-1490291-001
a	Plan name	DUFF QUARRY, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor	DUFF QUARRY, INC.	c EIN-PN 34-0929698-001
a	Plan name	ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor	ENCORE GLASS	c EIN-PN 45-4333619-001
a	Plan name	FISCHER CUNNANE & ASSOCIATES LTD. TAX FAVORED SAVINGS PLAN	
b	Name of plan sponsor	FISCHER CUNNANE & ASSOCIATES LTD.	c EIN-PN 23-3060583-001
a	Plan name	GROKHALOV FAMILY VENTURES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GROKHALOV FAMILY VENTURES, INC.	c EIN-PN 46-3224549-001
a	Plan name	GROSOUTH 401(K) PLAN	
b	Name of plan sponsor	GROSOUTH OF ALABAMA, INC.	c EIN-PN 63-0464231-001
a	Plan name	GRZECA LAW GROUP, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRZECA LAW GROUP, S.C.	c EIN-PN 39-1822885-001
a	Plan name	HARVEST SUPERMARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor	HARVEST SUPERMARKETS, INC.	c EIN-PN 35-1439567-002
a	Plan name	KAANAPALI OPERATIONS ASSOCIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAANAPALI OPERATIONS ASSOCIATION, INC.	c EIN-PN 99-0323901-001
a	Plan name	KRADLE TO KINDERGARTEN RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	KRADLE TO KINDERGARTEN, INC.	c EIN-PN 22-3406810-001

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 KUNCAI AMERICAS, LLC 401(K) PLAN	
b	Name of plan sponsor KUNCAI AMERICAS LLC	c EIN-PN 47-5443652-001
a	Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-002
a	Plan name LYNXSPRING, INC. 401(K) PLAN	
b	Name of plan sponsor LYNXSPRING, INC.	c EIN-PN 47-0867589-001
a	Plan name MAYHEW STEEL/DEERFIELD PACKAGING RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor MAYHEW STEEL PRODUCTS, INC.	c EIN-PN 04-1595240-777
a	Plan name MIPRO CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIPRO CONSULTING, LLC	c EIN-PN 20-2695598-001
a	Plan name ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES RETIREMENT TRUST	
b	Name of plan sponsor ONE BENEFIT SOURCE DBA OBS INSURANCE SERVICES	c EIN-PN 45-1500375-001
a	Plan name PAC 401(K) PLAN	
b	Name of plan sponsor PACIFIC UPHOLSTERY SUPPLY CORP.	c EIN-PN 95-2147951-001
a	Plan name ROGERS MANTESE & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROGERS MANTESE & ASSOCIATES, PC	c EIN-PN 20-4445973-001
a	Plan name SHOREWOOD ENGINEERING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SHOREWOOD ENGINEERING, INC.	c EIN-PN 41-1620361-002
a	Plan name ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001
a	Plan name ACTION SALES + MARKETING INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ACTION SALES + MARKETING INC.	c EIN-PN 41-1264273-001
a	Plan name AHWATUKEE SPORTS & SPINE, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AHWATUKEE SPORTS & SPINE, PLC	c EIN-PN 86-1002624-001

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 TRAVELERS RENTAL CO., INC. 401(K) PLAN

b Name of plan sponsor PARK SHUTTLE & FLY, INC. **c** EIN-PN 04-2628087-001

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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a Plan name

b Name of plan sponsor **c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FEDERATED MDT SMALL CAP CORE RET OPT	B Three-digit plan number (PN) ▶ 140
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	20236134
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	16241900
(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	20236134	16241900
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	20236133	16241899

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)	57588	
(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)	2401288	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2458876

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)	28091	
(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)		28091
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		28091

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2430785
l Transfers of assets:			
(1) To this plan.....	2l(1)		1293420
(2) From this plan	2l(2)		7718439

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 _____.