

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 [X] 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

1a Name of plan: MFS INTERNATIONAL VALUE RET OPT
1b Three-digit plan number (PN): 518
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> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>MFS INTERNATIONAL VALUE RET OPT</u>	B Three-digit plan number (PN) ▶	<u>518</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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	BLAHNIK INVESTMENT GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BLAHNIK INVESTMENT GROUP	c EIN-PN 46-0495940-001
a	Plan name	CAM CONSTRUCTION & PAINTING 401(K) PLAN & TRUST	
b	Name of plan sponsor	CAM CONSTRUCTION & PAINTING INC.	c EIN-PN 45-5255646-001
a	Plan name	DEVINE ORGANICS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DEVINE ORGANICS LLC	c EIN-PN 46-1867921-001
a	Plan name	EDES CUSTOM MEATS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOTTOMLAND PRIME, LLC	c EIN-PN 87-3797281-001
a	Plan name	FALAFEL SOFTWARE 401(K) PLAN & TRUST	
b	Name of plan sponsor	FALAFEL SOFTWARE INC.	c EIN-PN 83-0355417-001
a	Plan name	FOY & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FOY & ASSOCIATES, PC	c EIN-PN 38-3687296-001
a	Plan name	FRANK C. LAWRENCE DAIRY PROFIT SHARING PLAN	
b	Name of plan sponsor	FRANK LAWRENCE DAIRY	c EIN-PN 94-1220748-001
a	Plan name	HAVEN INTERIORS, LTD. 401(K) PLAN	
b	Name of plan sponsor	HAVEN INTERIORS, LTD.	c EIN-PN 20-3608590-001
a	Plan name	HAVIN RED E MIX, LLC 401(K) PLAN	
b	Name of plan sponsor	HAVIN RED E MIX, LLC	c EIN-PN 87-3702291-001
a	Plan name	HOWELL BENEFIT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	HOWELL BENEFIT SERVICES, INC.	c EIN-PN 23-2658991-001
a	Plan name	HSC 401(K) PLAN	
b	Name of plan sponsor	HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	c EIN-PN 22-3789693-001
a	Plan name	MARGUERITE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MARGUERITE CONCRETE, INC.	c EIN-PN 04-3035873-001

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 PACIFIC HEALTHCARE GROUP LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PACIFIC HEALTHCARE GROUP LLC	c EIN-PN 88-4181241-777
a	Plan name PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PROTECTION TECHNOLOGIES, INC.	c EIN-PN 88-0163638-001
a	Plan name THOMAS TRI QUACH, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMAS TRI QUACH, M.D., INC.	c EIN-PN 33-0856862-001
a	Plan name UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
b	Name of plan sponsor UNIVERSITY PAIN MEDICINE CENTER LLC	c EIN-PN 11-3822342-001
a	Plan name WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name YARBROUGH ELECTRONICS SALES, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor YARBROUGH ELECTRONICS SALES	c EIN-PN 86-0911466-001
a	Plan name 1ST LIGHT SALES CORP 401(K) PROFIT SHARING PLAN AND TRUST 3	
b	Name of plan sponsor 1ST LIGHT SALES CORP	c EIN-PN 35-2431013-001
a	Plan name AIR CLEANING TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AIR CLEANING TECHNOLOGIES, INC.	c EIN-PN 54-2003736-001
a	Plan name AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor AIRMAX LLC	c EIN-PN 84-1440204-001
a	Plan name APPLIED AQUATIC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor APPLIED AQUATIC MANAGEMENT, INC.	c EIN-PN 59-2100923-001
a	Plan name AXXIOME USA LLC RETIREMENT PLAN	
b	Name of plan sponsor AXXIOME USA LLC	c EIN-PN 90-1017436-001
a	Plan name AZTECS TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor AZTECS TELECOM, INC.	c EIN-PN 33-0915556-001

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	FAMILY RESOURCE CENTER RETIREMENT PLAN	
b	Name of plan sponsor	FAMILY RESOURCE CENTER	c EIN-PN 36-3532803-001
a	Plan name	HEARTLIGHT PHARMACY SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHAAF DRUGS, LLC.	c EIN-PN 20-0329214-001
a	Plan name	JACK YATES DRYWALL PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK YATES DRYWALL	c EIN-PN 27-1959275-001
a	Plan name	KETTER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	KETTER & ASSOCIATES	c EIN-PN 47-0806233-001
a	Plan name	LAWRENCE TRACTOR COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAWRENCE TRACTOR COMPANY, INC.	c EIN-PN 94-1713405-001
a	Plan name	LEADER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	LEADER ENTERPRISES, INC.	c EIN-PN 59-3754529-001
a	Plan name	MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
a	Plan name	MARK A. PRICE, DDS, MSD, P.C. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARK A. PRICE, DDS, MSD, P.C.	c EIN-PN 03-0352887-001
a	Plan name	METALLIC RECOVERY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	METALLIC RECOVERY GROUP, INC.	c EIN-PN 23-2949661-001
a	Plan name	RICHARD ELSINGER, DMD 401(K) PLAN	
b	Name of plan sponsor	RICHARD ELSINGER, DMD	c EIN-PN 22-3433645-001
a	Plan name	SIMS TRUCKING & BROKERAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMS TRUCKING & BROKERAGE, INC.	c EIN-PN 81-2382075-002
a	Plan name	SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SKL PRIME SERVICES, LLC	c EIN-PN 01-0551573-001

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 VALENSEC INTERNATIONAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor VALENSEC INTERNATIONAL, INC.	c EIN-PN 81-2723561-001
a	Plan name VALLEY AIR CRAFTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MICHAEL SCHOENAU DBA VALLEY AIR CRAFTS	c EIN-PN 33-1129677-001
a	Plan name ARENA EVENT SERVICES SAVINGS PLAN	
b	Name of plan sponsor ARENA EVENT SERVICES	c EIN-PN 30-0766502-001
a	Plan name BOG FARM, INC. PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor BOG FARM, INC.	c EIN-PN 39-1642606-002
a	Plan name CANAM MINERALS, INC. 401(K) PLAN	
b	Name of plan sponsor CANAM MINERALS, INC.	c EIN-PN 94-1535782-001
a	Plan name CANIZARO CAWTHON DAVIS, APA PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor CANIZARO CAWTHON DAVIS, APA	c EIN-PN 64-0651290-001
a	Plan name CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor CANTEX CONTINUING CARE NETWORK, LLC	c EIN-PN 26-1252206-222
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 D R SUMMIT WEALTH MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor D R SUMMIT WEALTH MANAGEMENT, INC.	c EIN-PN 27-1552262-001
a	Plan name MCARDLE LTD. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MCARDLE LTD.	c EIN-PN 36-2949020-333
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 ONEGENERATION 401(K) PLAN	
b	Name of plan sponsor ONEGENERATION	c EIN-PN 95-4066979-001

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	SATHER MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SATHER MANAGEMENT CORPORATION	c EIN-PN 27-1461790-001
a	Plan name	AMERICAN READING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE	c EIN-PN 23-2965253-001
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	BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BUILDERS IRON	c EIN-PN 38-3128186-001
a	Plan name	JOHN R. MADISON, M.D., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN R. MADISON, M.D., INC.	c EIN-PN 34-1080310-002
a	Plan name	BULVERDE GLASS 401(K) PLAN	
b	Name of plan sponsor	BULVERDE GLASS, INC	c EIN-PN 74-2941775-001
a	Plan name	H & R HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	H & R HEALTHCARE	c EIN-PN 22-3324234-001
a	Plan name	MCM 401(K) PLAN	
b	Name of plan sponsor	MCM CONSTRUCTION, INC.	c EIN-PN 31-1223854-001
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	ORION COMMERCIAL PARTNERS, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ORION COMMERCIAL PARTNERS, LLC.	c EIN-PN 27-3247725-001
a	Plan name	POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POINDEXTER NUT COMPANY	c EIN-PN 94-2074522-001
a	Plan name	PONY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	W.C.W. CORPORATION	c EIN-PN 88-0206170-001

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	SPECIALTY ELECTRICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SPECIALTY ELECTRICS, INC.	c EIN-PN 83-0327089-001
a	Plan name	ABEL'S EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor	ABEL'S EXPRESS, INC.	c EIN-PN 23-2245413-001
a	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name	ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN	
b	Name of plan sponsor	ALL SEASONS WINDOW & DOOR MFG. INC.	c EIN-PN 75-1868821-001
a	Plan name	ALLEN'S TREE SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEN'S TREE SERVICE, INC.	c EIN-PN 58-1997275-001
a	Plan name	BOURNE ENTERPRISES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BOURNE ENTERPRISES, INC.	c EIN-PN 04-2489300-001
a	Plan name	CAPRI & ASSOCIATES INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	CAPRI & ASSOCIATES INC.	c EIN-PN 23-3095696-002
a	Plan name	DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DOUGLAS MACHINES CORP	c EIN-PN 59-1906520-001
a	Plan name	DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name	EL PASO HEART CENTER PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	EL PASO HEART CENTER, P.A.	c EIN-PN 45-0508485-002
a	Plan name	FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor	FEDERAL MACHINERY & EQUIPMENT COMPANY	c EIN-PN 34-0811973-001
a	Plan name	GRAYCO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAYCO ENTERPRISES, INC.	c EIN-PN 36-4322896-001

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 INDUSTRIA LECHERA DE PUERTO RICO NON UNION RETIREMENT PLAN	
b	Name of plan sponsor INDUSTRIA LECHERA DE PUERTO RICO	c EIN-PN 66-0211588-002
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 MHS LIFT HOLDINGS INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MHS LIFT HOLDINGS INC.	c EIN-PN 23-1738019-001
a	Plan name PASCARELLA EYE CARE AND CONTACT LENSES 401(K) PLAN	
b	Name of plan sponsor PASCARELLA EYE CARE AND CONTACT LENSES	c EIN-PN 27-1874057-001
a	Plan name POWER FUNDING, LTD. 401(K) PLAN	
b	Name of plan sponsor POWER FUNDING, LTD.	c EIN-PN 75-2952855-001
a	Plan name PWA RETIREMENT PLAN	
b	Name of plan sponsor PERHATS WENSTROM ASSOCIATES, INC.	c EIN-PN 36-3611103-002
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 SCHMIDT & STACY CONSULTING ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor SCHMIDT & STACY CONSULTING ENGINEERS, INC.	c EIN-PN 75-2410170-001
a	Plan name SULLIVANS USA, INC. 401(K) PLAN	
b	Name of plan sponsor SULLIVANS USA, INC. 401(K) PLAN	c EIN-PN 36-3815229-001
a	Plan name ZOULAS 401(K) PLAN	
b	Name of plan sponsor KRISTINA ZOULAS, DDS, INC.	c EIN-PN 74-1856936-001
a	Plan name FONDO FOMENTO INDUSTRIA LECHERA DE P.R. RETIREMENT PLAN	
b	Name of plan sponsor FONDO FORMENTO INDUSTRIA LECHERA	c EIN-PN 66-0220036-001
a	Plan name CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor CEDAR VALLEY PEDIATRIC DENTISTRY	c EIN-PN 27-0521322-001

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 PEJU PROVINCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PEJU PROVINCE CORPORATION	c EIN-PN 46-1570692-002
a	Plan name PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PELION ACTUARIAL SERVICES, INC.	c EIN-PN 45-2927368-001
a	Plan name GENERA ENERGY 401(K) PLAN	
b	Name of plan sponsor GENERA ENERGY, INC.	c EIN-PN 45-4907881-001
a	Plan name GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
b	Name of plan sponsor GENERAL TRANSERVICE, INC.	c EIN-PN 23-1717902-001
a	Plan name LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LOMONT MOLDING, LLC	c EIN-PN 47-1306587-001
a	Plan name LONE WOLF RESOURCES 401(K) PLAN	
b	Name of plan sponsor LONE WOLF RESOURCES, LLC	c EIN-PN 75-2815928-001
a	Plan name COASTAL BEND WORKFORCE DEVELOPMENT BOARD 401(K) PLAN	
b	Name of plan sponsor COASTAL BEND WORKFORCE DEVELOPMENT BOARD	c EIN-PN 74-2424633-001
a	Plan name GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION 401(K) PLAN	
b	Name of plan sponsor GILBERT C. DOLES, ATTORNEY AT LAW, A LAW CORPORATION	c EIN-PN 99-0359339-001
a	Plan name GILTON SOLID WASTE MANAGEMENT, INC.	
b	Name of plan sponsor GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
a	Plan name M & J LOAN, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor M & J LOAN, LLC/DBA GRIFFIN CAPITAL FUNDING	c EIN-PN 87-0708717-001
a	Plan name THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PRESTWICK GROUP, INC.	c EIN-PN 39-1888813-222
a	Plan name TORRES CONSTRUCTION CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TORRES CONSTRUCTION CORPORATION	c EIN-PN 95-4869961-001

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 ALPHA CONSULTING ENGINEERS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALPHA CONSULTING ENGINEERS, INC.	c EIN-PN 25-1719838-001
a	Plan name GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	c EIN-PN 20-2458255-001
a	Plan name MARZOLF IMPLEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor MARZOLF IMPLEMENT COMPANY	c EIN-PN 41-1347518-001
a	Plan name MASTERS ELECTRICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor MASTERS ELECTRICAL SERVICES, LTD	c EIN-PN 74-2618930-777
a	Plan name TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor TURNBRIDGE CAPITAL MANAGEMENT, LLC	c EIN-PN 47-0963603-001
a	Plan name CRAIG MCMANAMAN, DO, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor CRAIG MCMANAMAN, DO, PLLC	c EIN-PN 61-1410341-001
a	Plan name HAMILTON PARK OPCO 401(K) PLAN	
b	Name of plan sponsor HAMILTON PARK OPCO LLC	c EIN-PN 46-1324162-001
a	Plan name ARTERIOCYTE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARTERIOCYTE, INC.	c EIN-PN 26-1272740-001
a	Plan name DASTON CORPORATION 401(K) PLAN	
b	Name of plan sponsor DASTON CORPORATION	c EIN-PN 54-1638058-001
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 AUBURN CONSTRUCTORS, INC. 401(K)/PW PLAN	
b	Name of plan sponsor AUBURN CONSTRUCTORS, INC.	c EIN-PN 68-0230575-002
a	Plan name MITCHELL CONSTRUCTION CO., INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor MITCHELL CONSTRUCTION CO., INC.	c EIN-PN 57-0521961-001

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 ROTO-ROOTER 401(K) PLAN	
b	Name of plan sponsor ROOTER SEWER CLEANERS, INC.	c EIN-PN 39-0989392-222
a	Plan name VICTOR EMANUEL NATURE TOURS 401(K) PLAN	
b	Name of plan sponsor VICTOR EMANUEL NATURE TOURS, INC.	c EIN-PN 74-1942295-001
a	Plan name VILLAGE GREEN LANDSCAPES 401(K) PLAN	
b	Name of plan sponsor VILLAGE GREEN LAWN MAINTENANCE & LANDSCAPING, INC.	c EIN-PN 41-1933240-001
a	Plan name NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL TECHNOLOGIES, INC.	c EIN-PN 39-0981304-001
a	Plan name INDUSTRIA LECHERA DE PUERTO RICO UNION RETIREMENT PLAN	
b	Name of plan sponsor INDUSTRIA LECHERA DE PUERTO RICO	c EIN-PN 66-0211588-001
a	Plan name JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JARMER ELECTRIC, INC.	c EIN-PN 93-0694887-001
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 FINANCIAL ASSET MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FINANCIAL ASSET MANAGEMENT, LLC	c EIN-PN 27-1609426-001
a	Plan name KING AND MACGREGOR ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KING AND MACGREGOR ENVIRONMENTAL, INC.	c EIN-PN 38-3156488-001
a	Plan name SUNBELT GRAPHICS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SUNBELT GRAPHICS, INC.	c EIN-PN 59-1756030-002
a	Plan name SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-222
a	Plan name SUPERMAX HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor SUPERMAX HEALTHCARE INC.	c EIN-PN 27-2105941-001

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	LUANA GABRIELA BADEA 401(K) PLAN
b	Name of plan sponsor	LUANA GABRIELA BADEA
c	EIN-PN	92-3209762-001
a	Plan name	GEORGIA SPECIALTY CONSTRUCTORS, INC. 401(K) PLAN
b	Name of plan sponsor	GEORGIA SPECIALTY CONSTRUCTORS, INC.
c	EIN-PN	58-1505420-002
a	Plan name	PRECISION SMALL ENGINE CO., INC. 401(K) PLAN
b	Name of plan sponsor	PRECISION SMALL ENGINE CO., INC.
c	EIN-PN	59-1985940-001
a	Plan name	GLEN CARBIDE, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	GLEN CARBIDE, INC.
c	EIN-PN	25-1065069-004
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	THE SPAULDING FOUNDATION 401(K) PLAN
b	Name of plan sponsor	THE SPAULDING FOUNDATION
c	EIN-PN	31-1096254-001
a	Plan name	TOYOBO KUREHA AMERICA CO., LTD. 401(K) PLAN
b	Name of plan sponsor	TOYOBO KUREHA AMERICA CO., LTD.
c	EIN-PN	31-1414533-001
a	Plan name	MED-FAST PHARMACY, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	MED-FAST PHARMACY, INC.
c	EIN-PN	25-1631348-001
a	Plan name	CREW ONE PRODUCTIONS, INC. 401(K) PLAN
b	Name of plan sponsor	CREW ONE PRODUCTIONS, INC.
c	EIN-PN	58-1991864-001
a	Plan name	CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	CROMPION INTERNATIONAL, LLC
c	EIN-PN	72-1468104-001
a	Plan name	U.S. PERMA, INC. RETIREMENT PLAN
b	Name of plan sponsor	U.S. PERMA, INC. DBA CALIFORNIA TILE INSTALLERS
c	EIN-PN	94-2910930-001
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

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 AUTOMATED GIVING SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AUTOMATED GIVING SOLUTIONS, LLC.	c EIN-PN 90-0284345-333
a	Plan name DENALI CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor DENALI CONSTRUCTION SERVICES, LP DBA THERMAL DYNAMIN, DENALI COMFORT	c EIN-PN 20-1036081-001
a	Plan name RUPP SEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor RUPP SEEDS, INC.	c EIN-PN 34-1384132-001
a	Plan name NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN	
b	Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-003
a	Plan name NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
b	Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-002
a	Plan name BELINDA S. GRANADA DDS PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELINDA S. GRANADA DDS PC	c EIN-PN 47-1502317-001
a	Plan name DR. TROY A. HEUER SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor DR. TROY A. HEUER	c EIN-PN 23-2724478-001
a	Plan name INNOVATIVE 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE STAMPING CORP.	c EIN-PN 95-3018165-001
a	Plan name WESTMINSTER CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor WESTMINSTER CAPITAL, INC.	c EIN-PN 95-2157201-001
a	Plan name BIG PINE PAIUTE TRIBE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BIG PINE PAIUTE TRIBE	c EIN-PN 95-3059258-001
a	Plan name BIRKENSTOCK LIGHTING DESIGNS 401(K) PLAN & TRUST	
b	Name of plan sponsor BIRKENSTOCK LIGHTING DESIGNS, INC.	c EIN-PN 45-4475590-001
a	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001

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	NIHC UNION 401(K) PLAN	
b	Name of plan sponsor	METROPOLITAN STEVEDORE I.A.M.	c EIN-PN 95-1002286-004
a	Plan name	ELLENBECKER OIL, INC. 401(K) PLAN	
b	Name of plan sponsor	ELLENBECKER OIL, INC.	c EIN-PN 83-0255240-001
a	Plan name	JEKK TOOLS & FASTENERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JEKK TOOLS & FASTENERS, INC.	c EIN-PN 23-2278532-001
a	Plan name	OLIVEIRA WEALTH PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	OLIVEIRA WEALTH	c EIN-PN 77-0514829-001
a	Plan name	EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor	EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004
a	Plan name	K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	K KERN PAINTING LLC	c EIN-PN 54-2101884-001
a	Plan name	K&S ASSOCIATES, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	K&S ASSOCIATES, INC.	c EIN-PN 43-0986235-001
a	Plan name	KO STONE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KO STONE, INC.	c EIN-PN 46-2842689-001
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	LAMONI LIVESTOCK AUCTION MARKET, LLC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	LAMONI LIVESTOCK AUCTION MARKET, LLC	c EIN-PN 83-1452702-001
a	Plan name	LANDSTONE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	LANDSTONE COMPANIES, LLC	c EIN-PN 27-0392043-001
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

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 PETE'S PLUMBING 401(K) PLAN	
b	Name of plan sponsor PETE'S PLUMBING, INC.	c EIN-PN 20-0937994-001
a	Plan name TEC ELECTRICAL CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor TEC ELECTRICAL CONTRACTING, INC	c EIN-PN 46-0761832-001
a	Plan name AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
b	Name of plan sponsor AXIS FABRICATION & MACHINE COMPANY, LLC	c EIN-PN 26-3961265-001
a	Plan name WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOOD AG MANAGEMENT, INC.	c EIN-PN 81-4829814-001
a	Plan name BRUCE S. HEATER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRUCE S. HEATER, DDS, LLC	c EIN-PN 86-1138955-002
a	Plan name CAHFC 401(K) PLAN	
b	Name of plan sponsor CAPITAL AREA HOUSING FINANCE CORPORATION	c EIN-PN 42-1550637-001
a	Plan name CALIBER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS	c EIN-PN 26-4751651-001
a	Plan name CATALYST RETIREMENT PLAN	
b	Name of plan sponsor CATALYST COMMUNICATIONS NETWORK LLC	c EIN-PN 92-1890010-001
a	Plan name CLEAN FUELS RETIREMENT PLAN	
b	Name of plan sponsor CLEAN FUELS OF INDIANA, INC. DBA CLEAN FUELS NATIONAL	c EIN-PN 35-2144332-001
a	Plan name EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	
b	Name of plan sponsor ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	c EIN-PN 95-3084651-015
a	Plan name FIRST STOP URGENT CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FIRST STOP URGENT CARE	c EIN-PN 84-1649267-001
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

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	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	HARRY MILLER CORP. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	HARRY MILLER CORP.	c EIN-PN 23-0663030-001
a	Plan name	HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name	INTELLETRACE, INC. 401(K) PLAN	
b	Name of plan sponsor	INTELLETRACE, INC.	c EIN-PN 37-1514242-001
a	Plan name	ITC INFOTECH USA, INC. 401(K) PLAN	
b	Name of plan sponsor	ITC INFOTECH USA, INC.	c EIN-PN 22-3239723-001
a	Plan name	JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	JIM CRAWFORD CONSTRUCTION COMPANY, INC.	c EIN-PN 77-0072198-001
a	Plan name	LYNXSPRING, INC. 401(K) PLAN	
b	Name of plan sponsor	LYNXSPRING, INC.	c EIN-PN 47-0867589-001
a	Plan name	MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MANTUCKET CAPITAL MANAGEMENT CORPORATION	c EIN-PN 47-0880782-001
a	Plan name	MAURER HEATING & COOLING CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MAURER HEATING & COOLING CO.	c EIN-PN 38-1869455-002
a	Plan name	MEL LANZER COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	MEL LANZER COMPANY	c EIN-PN 34-0965107-001
a	Plan name	MILLER'S PAVING, LLC 401(K) PLAN	
b	Name of plan sponsor	MILLER'S PAVING, LLC	c EIN-PN 20-4161953-001
a	Plan name	MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MOHS CONSTRUCTION COMPANY, INC.	c EIN-PN 46-1727385-001

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	MOJO SOLO 401(K) PLAN	
b	Name of plan sponsor	MOJO SOLO, INC.	c EIN-PN 20-1101717-001
a	Plan name	NORTH AMERICAN MONTESSORI CHILD CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTH AMERICAN MONTESSORI CHILD CARE INC.	c EIN-PN 43-1296220-001
a	Plan name	ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ONE SEMICONDUCTOR, LLC	c EIN-PN 45-2992076-001
a	Plan name	P.L.P.S. 401(K) PLAN	
b	Name of plan sponsor	P.L.P.S. INC.	c EIN-PN 76-0471058-001
a	Plan name	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	c EIN-PN 54-1850850-001
a	Plan name	PRIEST AMISTADI PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PRIEST AMISTADI	c EIN-PN 94-2507389-001
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	REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	REPUBLICAN ATTORNEYS GENERAL ASSOCIATION	c EIN-PN 46-4501717-001
a	Plan name	SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SENECA PETROLEUM COMPANY, INC.	c EIN-PN 36-1755250-002
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	SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SHEPHERD DATA SERVICES, INC.	c EIN-PN 46-0469044-001
a	Plan name	SIAGEL PRODUCTIONS 401(K) PLAN	
b	Name of plan sponsor	SIAGEL PRODUCTIONS, INC.	c EIN-PN 04-2999213-001

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	STEEL - FAB, INC. 401(K) PLAN	
b	Name of plan sponsor	STEEL-FAB, INC.	c EIN-PN 04-2396722-004
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	T K GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T K GROUP, INC.	c EIN-PN 36-3489575-001
a	Plan name	THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name	AH FACILITIES 401(K) PLAN	
b	Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC	c EIN-PN 22-3789700-001
a	Plan name	AMALGA COMPOSITES RETIREMENT READINESS PLAN	
b	Name of plan sponsor	AUTANA COMPOSITES, LLC.	c EIN-PN 92-0822225-001
a	Plan name	AON RISK SOLUTIONS OF PUERTO RICO, INC. 1081.01(D) PLAN	
b	Name of plan sponsor	AON RISK SOLUTIONS OF PUERTO RICO, INC.	c EIN-PN 66-0274215-002
a	Plan name	APEX GLOBAL LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APEX GLOBAL LOGISTICS, INC.	c EIN-PN 94-3343037-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
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 MFS INTERNATIONAL VALUE RET OPT	B Three-digit plan number (PN) ▶ 518
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)	26478765	22217974
(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	26478765	22217974
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	26478765	22217974

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)	396312	
(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)	-739309	
(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)		2208859
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1865862

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)	77067	
(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)		77067
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		77067

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1788795
l Transfers of assets:			
(1) To this plan.....	2l(1)		2017142
(2) From this plan	2l(2)		8066728

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 _____.