

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: MFS INTERNATIONAL DIVERSIFICATIONSM FUND CLASS R6 SHARES
1b Three-digit plan number (PN): 124
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): 82-5217478
2c Plan Sponsor's telephone number
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.

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 DIVERSIFICATIONSM FUND CLASS R6 SHARES</u>	B Three-digit plan number (PN)	<u>124</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>82-5217478</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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)	
<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	CIRCLE MEDICAL CARE OF CALIFORNIA 401(K) PLAN	
b	Name of plan sponsor	CIRCLE MEDICAL CARE OF CALIFORNIA	c EIN-PN 47-4883537-001
a	Plan name	CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor	CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
a	Plan name	CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY	c EIN-PN 31-1541953-001
a	Plan name	HARKERS HOLLOW GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor	HARKER'S HOLLOW GOLF CLUB	c EIN-PN 82-3107421-001
a	Plan name	HEART & HANDS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE	c EIN-PN 46-5257926-001
a	Plan name	MY FIRST MONTESSORI, INC. 401(K) PLAN	
b	Name of plan sponsor	MY FIRST MONTESSORI, INC.	c EIN-PN 80-0770264-001
a	Plan name	SERENITY CARE RESOURCES LLC 401(K) PLAN	
b	Name of plan sponsor	SERENITY CARE RESOURCES, LLC	c EIN-PN 81-1594721-001
a	Plan name	SERTOMA CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	SERTOMA CENTER INCORPORATED	c EIN-PN 62-0818599-002
a	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name	SHEN-PACO INDUSTRIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SHEN-PACO INDUSTRIES, INC.	c EIN-PN 54-0972487-001
a	Plan name	401(K) ADVANTAGE, 401(K) PLAN	
b	Name of plan sponsor	TAG RESOURCES	c EIN-PN 62-1874771-002

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	ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABERDEEN CAPTIONING, INC.	c EIN-PN 33-0983867-001
a	Plan name	COMMUNITY STAR CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY STAR CREDIT UNION	c EIN-PN 34-0728231-002
a	Plan name	CONCIERGE PHYSICAL THERAPY, INC. 401(K) PLAN	
b	Name of plan sponsor	CONCIERGE PHYSICAL THERAPY, INC.	c EIN-PN 47-4420844-001
a	Plan name	CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001
a	Plan name	NATIONAL WATER SERVICES 401(K) PLAN	
b	Name of plan sponsor	NATIONAL WATER SERVICES	c EIN-PN 35-2158046-001
a	Plan name	NEW DIMENSIONS FEDERAL CREDIT UNION PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	NEW DIMENSIONS FEDERAL CREDIT UNION	c EIN-PN 01-0244585-001
a	Plan name	NEW HOPE OF ARIZONA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW HOPE OF ARIZONA INC.	c EIN-PN 26-2624451-001
a	Plan name	NHVT COMPUTER SERVICES, CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NHVT COMPUTER SERVICES	c EIN-PN 83-2677351-001
a	Plan name	SMI AUTOMOTIVE REPAIR 401(K) PLAN	
b	Name of plan sponsor	KH AUTOMOTIVE, LLC	c EIN-PN 84-4729796-001
a	Plan name	SMITH CURRY 401(K) PLAN	
b	Name of plan sponsor	SMITH CURRY	c EIN-PN 56-2145650-001
a	Plan name	SNYDER-MARK DRUGS, INC. 401(K) PLAN	
b	Name of plan sponsor	SNYDER MARK DRUGS ROSELLE, INC.	c EIN-PN 36-3716454-001
a	Plan name	SOCCER SHOTS SACRAMENTO, LLC 401(K) PLAN	
b	Name of plan sponsor	SOCCER SHOTS SACRAMENTO, LLC	c EIN-PN 47-0976792-001

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 SONNEN, INC. 401(K) PLAN	
b	Name of plan sponsor SONNEN, INC.	c EIN-PN 47-3043045-001
a	Plan name ACADIA.IO LLC 401(K) PLAN	
b	Name of plan sponsor ACADIA.IO LLC	c EIN-PN 86-2788877-001
a	Plan name ACCURATE REGRINDING 401(K) PLAN	
b	Name of plan sponsor VAN TUINEN COMPANY DBA ACCURATE REGRINDING SERVICE	c EIN-PN 38-2644484-001
a	Plan name ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name ADITYA CHHIBBER BDS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADITYA CHHIBBER BDS LLC DBA AC ORTHODONTICS	c EIN-PN 81-1939042-002
a	Plan name CRANE REHAB CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor CRANE REHAB CENTER, LLC	c EIN-PN 72-1409970-001
a	Plan name CROFT COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor CROFT POWER EQUIPMENT, LLC	c EIN-PN 87-0620719-001
a	Plan name HIX AIR CONDITIONING SERVICE 401(K) PLAN	
b	Name of plan sponsor HIX AIR CONDITIONING SERVICE, INC.	c EIN-PN 73-1513785-001
a	Plan name HP WORKFORCE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor HP WORKFORCE SOLUTIONS, LLC	c EIN-PN 82-1218028-001
a	Plan name HUMBLE SEA BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor HUMBLE SEA, INC.	c EIN-PN 47-4082461-001
a	Plan name HUNTINGTON SURF & SPORT 401(K) PLAN	
b	Name of plan sponsor HUNTINGTON SURF & SPORT, INC.	c EIN-PN 33-0342360-001
a	Plan name HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001

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 NORTHEAST INDIANA WORKS INC. 401(K) PLAN	
b	Name of plan sponsor NORTHEAST INDIANA WORKS INC.	c EIN-PN 27-4700166-001
a	Plan name O'BRIEN'S RENT-ALL & SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor O'BRIEN'S RENT-ALL & SALES, INC.	c EIN-PN 55-0587710-001
a	Plan name SPARK INNOVATION RETIREMENT PLAN	
b	Name of plan sponsor SPARK INNOVATION, LLC	c EIN-PN 47-2039601-001
a	Plan name SPIRALCOOL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SPIRALCOOL COMPANY INC.	c EIN-PN 34-1229751-001
a	Plan name STAR SEAL OF MINNESOTA, INC. 401(K) PLAN	
b	Name of plan sponsor STAR SEAL OF MINNESOTA, INC.	c EIN-PN 20-8742594-001
a	Plan name REGULUS 401(K)	
b	Name of plan sponsor REGULUS GROUP, LLC	c EIN-PN 33-1009928-002
a	Plan name ADVANCED COSMETIC RESEARCH LABORATORIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED COSMETIC RESEARCH LABORATORIES, INC	c EIN-PN 95-4493756-001
a	Plan name AERO PRECISION 401(K) PLAN	
b	Name of plan sponsor AERO PRECISION ENGINEERING, INC.	c EIN-PN 95-3922726-001
a	Plan name AHEAD ENGINEERING LLC LIBERTY 401(K) PLAN	
b	Name of plan sponsor AHEAD ENGINEERING LLC	c EIN-PN 82-3826108-001
a	Plan name T J & M SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor T J & M SERVICES, INC.	c EIN-PN 26-3380349-001
a	Plan name ARTEX LABEL & GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor ARTEX LABEL & GRAPHICS, INC.	c EIN-PN 38-3470303-001
a	Plan name ASPEN TREE EXPERT CO INC 401(K) PLAN	
b	Name of plan sponsor ASPEN TREE EXPERT CO INC	c EIN-PN 22-2817065-001

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 THERMAL SOLUTIONS RESOURCES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor THERMAL SOLUTIONS RESOURCES, LLC D/B/A TSRGROW	c EIN-PN 26-4611654-001
a	Plan name THIRTEEN TWENTY-TWO ADVISORS 401(K) PLAN	
b	Name of plan sponsor THIRTEEN TWENTY-TWO ADVISORS	c EIN-PN 45-5609488-001
a	Plan name THOMPSON ADDISON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor THOMPSON ADDISON, PLLC	c EIN-PN 84-4004313-001
a	Plan name TILLMANN WHOLESALE GROWERS INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TILLMANN WHOLESALE GROWERS INC.	c EIN-PN 39-1090111-002
a	Plan name TILO INDUSTRIES CASH BALANCE PENSION PLAN	
b	Name of plan sponsor TILO INDUSTRIES, LLC	c EIN-PN 46-1678521-001
a	Plan name TOLLEFSEN STEEL & FABRICATION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TOLLEFSEN STEEL & FABRICATION, INC.	c EIN-PN 46-2263667-001
a	Plan name BURNETT TRUCKING, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor BURNETT TRUCKING, INC.	c EIN-PN 27-4114851-001
a	Plan name VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VISUAL WORKPLACE	c EIN-PN 26-4045453-001
a	Plan name VVH CONSULTING ENGINEERS 401(K) PLAN	
b	Name of plan sponsor VVH CONSULTING ENGINEERS	c EIN-PN 27-2604454-001
a	Plan name WALLA WALLA OMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALLA WALLA OMS, LLC	c EIN-PN 45-4061011-001
a	Plan name WARD IMPLEMENT COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor WARD IMPLEMENT COMPANY, INC.	c EIN-PN 61-0870978-001
a	Plan name WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
b	Name of plan sponsor WARSHAUER WOODWARD ATKINS, LLC.	c EIN-PN 88-2972581-001

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	WAYNE SMITH'S AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	WAYNE SMITH'S AUTO SALES, INC.	c EIN-PN 22-2343350-001
a	Plan name	WCMS 401(K) PLAN	
b	Name of plan sponsor	WCMS	c EIN-PN 35-1997542-001
a	Plan name	WELSH FABRICATION & DESIGN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WELSH FABRICATION & DESIGN, INC.	c EIN-PN 26-3962562-001
a	Plan name	CYBERTEK MSSP 401(K) PLAN	
b	Name of plan sponsor	CYBERTEK MSSP	c EIN-PN 86-1221904-001
a	Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DAIOHS U.S.A., INC.	c EIN-PN 95-4746377-001
a	Plan name	DEGRAAF INTERIORS, INC 401K PLAN	
b	Name of plan sponsor	DEGRAAF INTERIORS, INC.	c EIN-PN 38-3313137-001
a	Plan name	DELTA PEANUT, LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA PEANUT, LLC	c EIN-PN 83-2811029-001
a	Plan name	FLOW-LINE CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	FLOW-LINE CONSTRUCTION	c EIN-PN 46-0730116-001
a	Plan name	FOOTHILLS SPEECH & LANGUAGE, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	FOOTHILLS SPEECH & LANGUAGE, INC.	c EIN-PN 26-2545594-001
a	Plan name	FOX VALLEY CAB 401(K) PLAN	
b	Name of plan sponsor	LIR TRANSPORTATION LLC DBA FOX VALLEY CAB	c EIN-PN 46-5234731-001
a	Plan name	FREEDOM CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FREEDOM CREDIT UNION	c EIN-PN 87-0253260-002
a	Plan name	FRESH SOURCE PRODUCE, LLC 401(K) PLAN	
b	Name of plan sponsor	FRESH SOURCE PRODUCE, LLC	c EIN-PN 35-2514795-001

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 IMPERIAL ELECTRIC 401(K) PLAN & TRUST	
b	Name of plan sponsor IMPERIAL ELECTRIC CO, LLC	c EIN-PN 84-1793288-001
a	Plan name INFINITI CREATIONS RETIREMENT PLAN	
b	Name of plan sponsor INFINITI CREATIONS, LLC	c EIN-PN 27-2501647-001
a	Plan name INNER CITY MISSION 401(K) PLAN	
b	Name of plan sponsor INNER CITY MISSION OF SPRINGFIELD, INC.	c EIN-PN 37-1156121-001
a	Plan name JONESVILLE TOOL AND MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JONESVILLE TOOL AND MANUFACTURING, INC.	c EIN-PN 84-2214379-001
a	Plan name KDJ SALES & SERVICE 401(K) PLAN	
b	Name of plan sponsor KDJ SALES & SERVICE, INC.	c EIN-PN 37-1131827-001
a	Plan name KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
b	Name of plan sponsor KEAR CIVIL CORPORATION	c EIN-PN 20-8257122-001
a	Plan name KENNIE'S MARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor KENNIE'S MARKETS, INC.	c EIN-PN 23-1579478-001
a	Plan name M2G VENTURES 401(K) PLAN	
b	Name of plan sponsor M2G VENTURES, LLC	c EIN-PN 46-2390264-001
a	Plan name MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	c EIN-PN 20-3910631-001
a	Plan name MANNING, LEAVER, BRUDER & BERBERICH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANNING, LEAVER, BRUDER & BERBERICH	c EIN-PN 95-2129184-001
a	Plan name OMEGA BENEFIT STRATEGIES, INC. 401(K) PLAN	
b	Name of plan sponsor OMEGA BENEFIT STRATEGIES, INC.	c EIN-PN 83-1866543-001
a	Plan name OMSUM ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OMSUM ENGINEERING, LLC	c EIN-PN 45-0740346-001

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 P&C ENTERPRISES OF OHIO LLC 401(K) PLAN	
b	Name of plan sponsor P&C ENTERPRISES OF OHIO, LLC	c EIN-PN 82-4358517-001
a	Plan name P&S COMPRESSOR & SPRAY EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor P&S COMPRESSOR & SPRAY EQUIPMENT, INC.	c EIN-PN 52-1573686-001
a	Plan name KEY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor KEY ENGINEERING, INC.	c EIN-PN 75-3112205-001
a	Plan name KIMBERLY SCHAFFER, LLC 401(K) PLAN	
b	Name of plan sponsor KIMBERLY SCHAFFER, LLC	c EIN-PN 57-1207261-001
a	Plan name KIRKWOOD AUTO CENTER, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor KIRKWOOD AUTO CENTER, LLC	c EIN-PN 52-2063437-001
a	Plan name KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
b	Name of plan sponsor KLAR, IZSAK, & STENGER LLC	c EIN-PN 43-1844222-001
a	Plan name KLEAN WASH 401(K) PLAN	
b	Name of plan sponsor KLEAN WASH	c EIN-PN 81-2505654-001
a	Plan name MASOULEH CORP. 401(K) PLAN	
b	Name of plan sponsor MASOULEH CORP.	c EIN-PN 22-3193497-001
a	Plan name MAYBAR MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor MAYBAR MANUFACTURING CO., INC.	c EIN-PN 39-0842841-001
a	Plan name PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
a	Plan name PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor PROVIDENCE HOSPITALITY PARTNERS LLC	c EIN-PN 84-1610444-001
a	Plan name ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE 401(K) PSP	
b	Name of plan sponsor ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE CO.	c EIN-PN 33-0197591-001

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	TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TELETRONIC SERVICES, INC.	c EIN-PN 34-1317163-001
a	Plan name	TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS	c EIN-PN 85-3687743-237
a	Plan name	TEXAS SAFFIRE, LLC 401(K) PLAN	
b	Name of plan sponsor	TEXAS SAFFIRE, LLC	c EIN-PN 27-5482729-001
a	Plan name	THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor	THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name	B2B RETIREMENT 401(K) PLAN & TRUST	
b	Name of plan sponsor	B2B STAFFING SERVICES, INC.	c EIN-PN 20-4404038-001
a	Plan name	TOP NOTCH LANDSCAPING & SUPPLY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOP NOTCH LANDSCAPING & SUPPLY, LLC	c EIN-PN 90-1021218-001
a	Plan name	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	c EIN-PN 34-1752737-001
a	Plan name	TRESTLEWOOD 401(K) PLAN	
b	Name of plan sponsor	CANNON STRUCTURES, INC. DBA TRESTLEWOOD	c EIN-PN 34-1112308-001
a	Plan name	CARL F. RIEDELL & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARL F. RIEDELL & SON, INC.	c EIN-PN 04-2459660-002
a	Plan name	WEST VALLEY ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST VALLEY ENDOCRINOLOGY, DIABETES AND METABOLISM CENTER	c EIN-PN 82-2123099-001
a	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name	WINDOW TO RECOVERY 401(K) PLAN	
b	Name of plan sponsor	WINDOW TO RECOVERY	c EIN-PN 82-3124954-001

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 DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor DENNIS SEAMAN CO., L.P.A.	c EIN-PN 34-1207750-001
a	Plan name DESERT VISTA DENTAL WEST, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DESERT VISTA DENTAL WEST, PLLC	c EIN-PN 43-1971397-001
a	Plan name DESIMONE LOGISTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DESIMONE LOGISTICS, LLC	c EIN-PN 84-3096586-001
a	Plan name DEVOLVER DIGITAL 401(K) PLAN	
b	Name of plan sponsor DEVOLVER DIGITAL, INC.	c EIN-PN 26-2326643-001
a	Plan name DIAL-X AUTOMATED EQUIPMENT, INC. 401(K) RETIREMENT PROFIT SHARING PLAN	
b	Name of plan sponsor DIAL-X ACQUISITION COMPANY, INC. DBA DIAL-X AUTOMATED EQUIPMENT	c EIN-PN 46-4936140-001
a	Plan name DIGIOH LLC 401(K) PLAN	
b	Name of plan sponsor DIGIOH LLC	c EIN-PN 45-2780632-001
a	Plan name DIRT POOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HELMS & SONS EXCAVATING, INC.	c EIN-PN 31-1547042-001
a	Plan name DOETSCH ENVIRONMENTAL INC RETIREMENT PLAN	
b	Name of plan sponsor DOETSCH ENVIRONMENTAL, INC.	c EIN-PN 82-0701564-001
a	Plan name EMBRACE RELIEF FOUNDATION INC. 401(K) PLAN	
b	Name of plan sponsor EMBRACE RELIEF FOUNDATION INC.	c EIN-PN 26-2393075-001
a	Plan name ENGOODEN HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor ENGOODEN HEALTH, INC.	c EIN-PN 81-4271866-001
a	Plan name ENTHUSIAST ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor ENTHUSIAST ENTERPRISE	c EIN-PN 46-2378541-001
a	Plan name ENVIRONMENTAL PROJECTS, INC. 401(K) SHARING PLAN	
b	Name of plan sponsor ENVIRONMENTAL PROJECTS, INC.	c EIN-PN 01-0525847-001

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	G&Z MEEKER, INC. 401 (K) PLAN	
b	Name of plan sponsor	G&Z MEEKER, INC.	c EIN-PN 45-2096735-001
a	Plan name	GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NANALU INDUSTRIES, LLC	c EIN-PN 26-4532527-001
a	Plan name	INTERMODAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERMODAL SERVICES, INC.	c EIN-PN 82-2126201-001
a	Plan name	IRONCLAD STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IRONCLAD STRATEGIES, LLC	c EIN-PN 82-5506108-001
a	Plan name	IRONMAN PIZZA 401(K) PLAN	
b	Name of plan sponsor	IRONMAN PIZZA, INC.	c EIN-PN 46-1786435-001
a	Plan name	JADT FOOD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	JADT FOOD GROUP, LLC	c EIN-PN 41-1891521-001
a	Plan name	JAY HODGE AUTO 401(K) PLAN	
b	Name of plan sponsor	JAY HODGE CHEVROLET, INC.	c EIN-PN 75-2466263-001
a	Plan name	AMERICAN ACE SUPPLY ANAHEIM, INC. 401K PLAN	
b	Name of plan sponsor	AMERICAN ACE SUPPLY ANAHEIM INC	c EIN-PN 26-0250304-001
a	Plan name	AMERICAN RELIANCE INDUSTRIES COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN RELIANCE INDUSTRIES COMPANY	c EIN-PN 35-2131825-001
a	Plan name	AMERICAN STRUCTURAL CONCRETE 401(K) PLAN	
b	Name of plan sponsor	AMERICAN STRUCTURAL CONCRETE	c EIN-PN 46-5535836-003
a	Plan name	AMI SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	ASSOCIATION MANAGEMENT, INC.	c EIN-PN 38-2134786-001
a	Plan name	ANACORTES PROSTHETICS & ORTHOTICS - 401(K)	
b	Name of plan sponsor	ANACORTES PROSTHETICS & ORTHOTICS	c EIN-PN 47-4195495-001

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	APEX ENDODONTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	APEX ENDODONTICS	c EIN-PN 87-1558706-001
a	Plan name	APLIN MASONRY 401(K) PLAN	
b	Name of plan sponsor	APLIN MASONRY OF TELLURIDE, INC.	c EIN-PN 84-1586727-001
a	Plan name	BAY AREA/GENERAL CRANE SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	BAY AREA/GENERAL CRANE SERVICE, INC.	c EIN-PN 74-1869552-001
a	Plan name	BERGERT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BERGERT GROUP LTD.	c EIN-PN 81-0777309-001
a	Plan name	BERKS FIRE WATER RESTORATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	BERKS FIRE WATER RESTORATIONS, INC.	c EIN-PN 23-3048910-001
a	Plan name	BIG SKY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	BIG SKY ENGINEERING, INC	c EIN-PN 39-1940162-001
a	Plan name	BIRD-KULTGEN, INC. 401(K) PLAN	
b	Name of plan sponsor	BIRD-KULTGEN, INC.	c EIN-PN 74-1053237-001
a	Plan name	BLAIR RETIREMENT PLAN	
b	Name of plan sponsor	BLAIR ELECTRA SOUTHWEST, LLC	c EIN-PN 87-1439781-001
a	Plan name	CARROLL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	CARROLL INSURANCE AGENCY, LTD	c EIN-PN 76-0297522-001
a	Plan name	CATHOLIC CHARITIES 401(K) PLAN	
b	Name of plan sponsor	CATHOLIC CHARITIES	c EIN-PN 85-0110070-001
a	Plan name	CENTERA BIOSCIENCE 401(K) PLAN	
b	Name of plan sponsor	CENTERA BIOSCIENCE INC.	c EIN-PN 46-3097866-001
a	Plan name	DRIVEN TO GIVE BACK MEDIA 401(K) PLAN	
b	Name of plan sponsor	DRIVEN TO GIVE BACK MEDIA, LLC	c EIN-PN 84-3674774-001

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	EVERGREEN ENVIRONMENTAL CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EVERGREEN ENVIRONMENTAL CORPORATION	c EIN-PN 34-1816433-001
a	Plan name	FALCONE & TRUMAN PLUMBING & HEATING INC. 401(K) PLAN	
b	Name of plan sponsor	FALCONE & TRUMAN PLUMBING & HEATING INC.	c EIN-PN 23-2386576-001
a	Plan name	GKBK 401(K) PLAN	
b	Name of plan sponsor	GAUNTT KOEN BINNEY & KIDD, LLP	c EIN-PN 76-0574603-001
a	Plan name	GONYEA HOMES & REMODELING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GONYEA HOMES AND REMODELING	c EIN-PN 41-1641699-001
a	Plan name	JKA WELL DRILLING 401(K) PLAN	
b	Name of plan sponsor	JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	c EIN-PN 91-1893642-001
a	Plan name	LANSING ICE AND FUEL COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	LANSING ICE AND FUEL	c EIN-PN 38-0745480-001
a	Plan name	MERAKI SOCIAL, LLC 401(K) PLAN	
b	Name of plan sponsor	MERAKI SOCIAL, LLC	c EIN-PN 81-2114618-001
a	Plan name	MIDDLETOWN KITCHEN AND BATH LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDDLETOWN KITCHEN AND BATH LLC	c EIN-PN 47-2871462-001
a	Plan name	PENINSULA PLASTIC SURGERY MEDICAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PENINSULA PLASTIC SURGERY MEDICAL GROUP, INC.	c EIN-PN 94-1703121-002
a	Plan name	PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001
a	Plan name	PINNACLE ACADEMY 401(K) PLAN	
b	Name of plan sponsor	PINNACLE EDUCATION SERVICES INC.	c EIN-PN 26-3143155-001
a	Plan name	PSGM LAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACE SELDEN GILMAN MARKS, PLLC DBA PSGM LAW	c EIN-PN 93-2786572-001

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	PUMP SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	PUMP SUPPLY INCORPORATED	c EIN-PN 20-2415627-334
a	Plan name	QUALITY ENVIRONMENTAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	QUALITY ENVIRONMENTAL SERVICES	c EIN-PN 31-1372155-001
a	Plan name	QUALITY FABRICATION & DESIGN 401(K) PLAN	
b	Name of plan sponsor	QUALITY FABRICATION & DESIGN	c EIN-PN 75-2191833-001
a	Plan name	QUERREY & HARROW LTD. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	QUERREY & HARROW, LTD.	c EIN-PN 36-2777440-001
a	Plan name	RON HAMMES REFRIGERATION 401(K) PLAN	
b	Name of plan sponsor	RON HAMMES REFRIGERATION CO., INC.	c EIN-PN 39-1350539-001
a	Plan name	RUSSELL PETROLEUM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	RUSSELL PETROLEUM CORP.	c EIN-PN 27-1487169-002
a	Plan name	S&S PACKAGING PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	S&S PACKAGING PRODUCTS, INC.	c EIN-PN 23-2940069-001
a	Plan name	SALT DEVELOPMENT 401(K) PLAN	
b	Name of plan sponsor	SALT DEVELOPMENT, LLC	c EIN-PN 47-1957056-001
a	Plan name	THE GLEN ECHO GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLEN ECHO GROUP, LLC	c EIN-PN 27-3932996-001
a	Plan name	U.S. GOT PEOPLE RETIREMENT PLAN	
b	Name of plan sponsor	DILLIGAS CORP. DBA U.S. GOT PEOPLE	c EIN-PN 26-2968177-001
a	Plan name	UNITED GRANITE PENNA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNITED GRANITE PENNA, LLC	c EIN-PN 84-4073225-001
a	Plan name	WOMEN'S WELLNESS INSTITUTE OF DALLAS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WOMEN'S WELLNESS INSTITUTE	c EIN-PN 20-5451389-001

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	WSA USA 401(K) PLAN	
b	Name of plan sponsor	WSA USA	c EIN-PN 27-4503720-001
a	Plan name	BOS MANUFACTURING, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	BOS MANUFACTURING, L.L.C.	c EIN-PN 20-1152345-001
a	Plan name	BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
b	Name of plan sponsor	BREVARD MEDICAL DERMATOLOGY	c EIN-PN 36-4796769-001
a	Plan name	BRINKERHOFF EXCAVATING 401(K) PLAN	
b	Name of plan sponsor	BRINKERHOFF EXCAVATING AND CONSTRUCTION, LNC.	c EIN-PN 87-0560259-001
a	Plan name	FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	FALLBROOK FAMILY HEALTH CENTER, LLC	c EIN-PN 45-2548037-001
a	Plan name	FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FG HOLDINGS, LLC	c EIN-PN 87-4171809-001
a	Plan name	FIFTH WHEEL FREIGHT 401(K) PLAN	
b	Name of plan sponsor	B&L SYSTEMS LLC DBA FIFTH WHEEL FREIGHT	c EIN-PN 46-1122501-001
a	Plan name	LAW OFFICES OF LAWRENCE ROHLFING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF LAWRENCE ROHLFING	c EIN-PN 22-8046503-001
a	Plan name	LEEWARD FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor	LEEWARD FINANCIAL GROUP	c EIN-PN 92-3762975-001
a	Plan name	LG AUDIOLOGICAL ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor	LG AUDIOLOGICAL ENTERPRISES LLC	c EIN-PN 26-3982693-001
a	Plan name	R.D. KLEINSCHMIDT, INC. 401(K) PLAN	
b	Name of plan sponsor	R. D. KLEINSCHMIDT, INC.	c EIN-PN 38-2075748-001
a	Plan name	RAYNOR OVERHEAD DOORS AND GATE INC 401(K) PLAN	
b	Name of plan sponsor	RAYNOR OVERHEAD DOORS AND GATE INC	c EIN-PN 47-2927611-001

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 REDROC AUSTIN 401(K) PLAN	
b	Name of plan sponsor ERNEST J CORDER DBA REDROC AUSTIN	c EIN-PN 04-3709976-001
a	Plan name URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor URTHPACT, LLC	c EIN-PN 04-3339273-001
a	Plan name VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VANS DELIVERY SERVICE, INC.	c EIN-PN 38-2487912-001
a	Plan name VENZA LEARNING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor VENZA LEARNING SOLUTIONS, INC. D/B/A VENZA, INC.	c EIN-PN 26-2343444-002
a	Plan name VERRATERRA 401(K) PLAN	
b	Name of plan sponsor VERRATERRA PROPERTY MANAGEMENT LLC	c EIN-PN 27-3256545-001
a	Plan name GRAPHIC WEST PACKAGING MACHINERY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRAPHIC WEST PACKAGING MACHINERY, LLC	c EIN-PN 06-1622227-001
a	Plan name MIKE-TELL-CHAR, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MIKE-TELL-CHAR, INC. DBA BASSETTS MARKET	c EIN-PN 34-1489585-001
a	Plan name MILK SOURCE COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor MILK SOURCE, LLC	c EIN-PN 39-1954636-001
a	Plan name MILKMAID GOODS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILKMAID GOODS	c EIN-PN 47-4478047-001
a	Plan name MILKYWAY EDUCATION CENTER INC. 401(K) PLAN	
b	Name of plan sponsor MILKYWAY EDUCATION CENTER INC.	c EIN-PN 22-3261282-001
a	Plan name MONICA DOBBIN DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MONICA L. DOBBIN DDS, PROFESSIONAL LLC	c EIN-PN 20-3941899-002
a	Plan name MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor MOOSE INTERNATIONAL, INC.	c EIN-PN 36-1408120-005

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	SANARA MEDTECH INC. 401(K) PLAN	
b Name of plan sponsor	SANARA MEDTECH INC.	c EIN-PN 59-2219994-001

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		
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 MFS INTERNATIONAL DIVERSIFICATIONSM FUND CLASS R6 SHARES	B Three-digit plan number (PN) ▶ 124
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 82-5217478

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)	73825584
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	74726303
(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	73825584	74726303
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	73825584	74726303

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)	1899495	
(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)	2197847	
(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)		705471
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4802813

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4802813
l Transfers of assets:			
(1) To this plan.....	2l(1)		15475114
(2) From this plan	2l(2)		19377208

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 _____.