

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 RIDGEWORTH CEREDX MID-CAP VALUE EQUITY RET ACCT, 1b Three-digit plan number (PN) 339, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404, 2b Employer Identification Number (EIN) 36-6071399, 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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>RIDGEWORTH CEREDX MID-CAP VALUE EQUITY RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>339</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**c** EIN-PN

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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AOMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A-O-M-S PLLC	<b>c</b> EIN-PN 81-4839752-001
<b>a</b>	Plan name	CHAMPION WIRE AND CABLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHAMPION WIRE AND CABLE LLC	<b>c</b> EIN-PN 11-3253340-001
<b>a</b>	Plan name	EATWELL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EATWELL ENTERPRISES LP	<b>c</b> EIN-PN 13-3944198-001
<b>a</b>	Plan name	FSC ARCHITECTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FSC ARCHITECTS, LLC	<b>c</b> EIN-PN 27-2031552-001
<b>a</b>	Plan name	FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FULL SERVICE CONTRACTING, INC.	<b>c</b> EIN-PN 11-2601825-001
<b>a</b>	Plan name	GENERAL MICRO SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GENERAL MICRO SYSTEMS	<b>c</b> EIN-PN 95-3668223-003
<b>a</b>	Plan name	JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JOE TANNER & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-2339665-001
<b>a</b>	Plan name	MOORE & JACKSON, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MOORE & JACKSON, LLC	<b>c</b> EIN-PN 52-2336032-001
<b>a</b>	Plan name	PARK EAST CARDIOLOGY ASSOCIATES, P.C. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARK EAST CARDIOLOGY ASSOCIATES, P.C.	<b>c</b> EIN-PN 11-2920020-001
<b>a</b>	Plan name	PATCH HAWAII 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PATCH HAWAII	<b>c</b> EIN-PN 99-0167464-001
<b>a</b>	Plan name	THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THUNDERBIRD SUPPLY COMPANY	<b>c</b> EIN-PN 85-0227746-002
<b>a</b>	Plan name	XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	XL SCREW CORPORATION	<b>c</b> EIN-PN 36-4426811-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	ZAUDERER ASSOCIATES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ZAUDERER ASSOCIATES, INC.	<b>c</b> EIN-PN 13-1820511-001
<b>a</b> Plan name	LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	LEVITT & BOCCIO, LLP	<b>c</b> EIN-PN 47-2210945-001
<b>a</b> Plan name	A-Z BUS SALES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	A-Z BUS SALES, INC.	<b>c</b> EIN-PN 33-0065644-001
<b>a</b> Plan name	ABILITIES FIRST, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ABILITIES FIRST, INC.	<b>c</b> EIN-PN 14-1467427-002
<b>a</b> Plan name	MPRM, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MPRM, LLC	<b>c</b> EIN-PN 95-4676804-001
<b>a</b> Plan name	AIR SYSTEMS LLC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	AIR SYSTEMS LLC	<b>c</b> EIN-PN 61-1497192-001
<b>a</b> Plan name	AIR TREK, INC. 401(K) PLAN & TRUST	
<b>b</b> Name of plan sponsor	AIR TREK, INC.	<b>c</b> EIN-PN 59-9999998-889
<b>a</b> Plan name	ALC STEAKS 401(K) PLAN	
<b>b</b> Name of plan sponsor	AUSTIN STEAKHOUSE, INC.	<b>c</b> EIN-PN 74-2673768-001
<b>a</b> Plan name	ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ALLEVITY, INC.	<b>c</b> EIN-PN 94-2264491-001
<b>a</b> Plan name	NIAGARA LUBRICANT COMPANY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	NIAGARA LUBRICANT COMPANY, INC.	<b>c</b> EIN-PN 16-0570580-001
<b>a</b> Plan name	ARTHUR R. GREN CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ARTHUR R. GREN CO., INC.	<b>c</b> EIN-PN 16-0777488-777
<b>a</b> Plan name	ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
<b>b</b> Name of plan sponsor	ASSISTANCE LEAGUE OF LOS ANGELES	<b>c</b> EIN-PN 95-1641960-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AT DAWN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AT DAWN	<b>c</b> EIN-PN 13-4132349-001
<b>a</b>	Plan name PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	<b>c</b> EIN-PN 27-3841580-001
<b>a</b>	Plan name BRANNON LAW FIRM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRANNON LAW FIRM	<b>c</b> EIN-PN 85-2740348-002
<b>a</b>	Plan name BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRONX CENTER FOR REHABILITATION AND HEALTHCARE	<b>c</b> EIN-PN 13-4021585-001
<b>a</b>	Plan name SHARFI HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHARFI HOLDINGS, INC.	<b>c</b> EIN-PN 82-3806579-001
<b>a</b>	Plan name SILKEN THOMAS RESTAURANT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SILKEN THOMAS RESTAURANT	<b>c</b> EIN-PN 13-3827327-001
<b>a</b>	Plan name ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	<b>c</b> EIN-PN 38-1859612-777
<b>a</b>	Plan name ELECTRIPACK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELECTRIPACK, INC.	<b>c</b> EIN-PN 37-1440638-001
<b>a</b>	Plan name VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor VALLEY HUNT CLUB	<b>c</b> EIN-PN 95-1325050-002
<b>a</b>	Plan name VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 94-2461685-003
<b>a</b>	Plan name VINCO, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor VINCO, INC.	<b>c</b> EIN-PN 41-1874693-001
<b>a</b>	Plan name VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VINERIPE SALES, LLC	<b>c</b> EIN-PN 46-2080161-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name GOURMET SPECIALTY IMPORTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GOURMET SPECIALTY IMPORTS, LLC	<b>c</b> EIN-PN 23-3083089-001
<b>a</b>	Plan name HUDSON VALLEY CHRYSLER DODGE JEEP RAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor HUDSON VLLY AUTOMOTIVE ENTERPRISES LLC DBA HUDSON VALLEY CHRYSLER DO	<b>c</b> EIN-PN 46-3836303-001
<b>a</b>	Plan name KIMBERLITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIMBERLITE CORPORATION	<b>c</b> EIN-PN 77-0444505-001
<b>a</b>	Plan name INTEGRATED LEADERSHIP SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED LEADERSHIP SYSTEMS	<b>c</b> EIN-PN 94-3462501-001
<b>a</b>	Plan name ISLAND PUMP AND TANK, LLC 401(K) EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ISLAND PUMP AND TANK, LLC	<b>c</b> EIN-PN 11-2564960-777
<b>a</b>	Plan name KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor KINGBRIGHT COMPANY, LLC.	<b>c</b> EIN-PN 46-0987944-001
<b>a</b>	Plan name KIRT04 PEO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KIRT04, INC.	<b>c</b> EIN-PN 45-1965930-001
<b>a</b>	Plan name KOVACS SECURITY SYSTEMS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KOVACS SECURITY SYSTEMS INC	<b>c</b> EIN-PN 11-2806156-001
<b>a</b>	Plan name LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LOVEJOY CONTROLS CORPORATION	<b>c</b> EIN-PN 39-1297009-001
<b>a</b>	Plan name ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor ABILITIES FIRST, INC.	<b>c</b> EIN-PN 14-1467427-004
<b>a</b>	Plan name ACADIA HR MEP	
<b>b</b>	Name of plan sponsor HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	<b>c</b> EIN-PN 14-1725479-001
<b>a</b>	Plan name AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ORAL SURGERY GROUP, P.A.	<b>c</b> EIN-PN 22-1996401-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name PINNACLE WALL SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PINNACLE WALL SYSTEMS, INC.	<b>c</b> EIN-PN 26-4353827-001
<b>a</b>	Plan name ROSINA FOOD PRODUCTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROSINA FOOD PRODUCTS, INC.	<b>c</b> EIN-PN 16-0876738-002
<b>a</b>	Plan name RPM ENGINEERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RPM ENGINEERS, INC.	<b>c</b> EIN-PN 33-0725779-001
<b>a</b>	Plan name RUBIN ABRAMSON, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUBIN ABRAMSON, LLP	<b>c</b> EIN-PN 20-2676525-001
<b>a</b>	Plan name COLDEN ENTERPRISES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLDEN ENTERPRISES INC.	<b>c</b> EIN-PN 16-1094409-001
<b>a</b>	Plan name COMMERCIAL ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL ENERGY OF MONTANA, INC.	<b>c</b> EIN-PN 84-1413218-002
<b>a</b>	Plan name SOLON / GWK RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GRAND WEST KIA	<b>c</b> EIN-PN 77-0661943-001
<b>a</b>	Plan name SOURCEPOINTEHR, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOURCEPOINTEHR, LLC	<b>c</b> EIN-PN 26-3800519-001
<b>a</b>	Plan name COUNTY CORVETTE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COUNTY CORVETTE SALES, INC.	<b>c</b> EIN-PN 23-2925644-001
<b>a</b>	Plan name CREATIVE SUCCESS ALLIANCE CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CREATIVE SUCCESS ALLIANCE CORP.	<b>c</b> EIN-PN 46-1627458-001
<b>a</b>	Plan name CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CRUICKSHANK, INC.	<b>c</b> EIN-PN 58-1409679-001
<b>a</b>	Plan name SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUBURBAN PSYCHIATRIC ASSOCIATES LLP	<b>c</b> EIN-PN 16-1492077-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	EPIC HEALTHCARE MANAGEMENT, LLC	<b>c</b> EIN-PN 27-4757579-001
<b>a</b> Plan name	W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	W. BRUCE CLARK, M.D., P.C.	<b>c</b> EIN-PN 14-1659231-002
<b>a</b> Plan name	W. J. MAYER & CO. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	W. J. MAYER & CO.	<b>c</b> EIN-PN 06-1331064-002
<b>a</b> Plan name	WALTER'S WEST END SUPPLY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WALTER'S WEST END SUPPLY, INC.	<b>c</b> EIN-PN 11-2909455-001
<b>a</b> Plan name	WASHINGTON MEDICAL PC 401(K) PLAN	
<b>b</b> Name of plan sponsor	WASHINGTON MEDICAL, P.C.	<b>c</b> EIN-PN 13-4323150-001
<b>a</b> Plan name	FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	FIGLIOZZI & COMPANY, PC	<b>c</b> EIN-PN 11-2924109-001
<b>a</b> Plan name	BALDWINVILLE VILLAGE HARDWARE INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BALDWINVILLE VILLAGE HARDWARE INC.	<b>c</b> EIN-PN 16-1185092-001
<b>a</b> Plan name	BEARDOWADAMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BEARDOWADAMS, INC.	<b>c</b> EIN-PN 99-0372789-001
<b>a</b> Plan name	CARPET TIME, INC. 401(K)	
<b>b</b> Name of plan sponsor	CARPET TIME, INC.	<b>c</b> EIN-PN 33-0454234-001
<b>a</b> Plan name	CATSKILL MOUNTAINKEEPER INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	CATSKILL MOUNTAIN KEEPER INC.	<b>c</b> EIN-PN 51-0583769-001
<b>a</b> Plan name	COMPREHENSIVE HEALTHCARE MANAGEMENT SYSTEMS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	COMPREHENSIVE HEALTHCARE MANAGEMENT	<b>c</b> EIN-PN 22-3532069-001
<b>a</b> Plan name	DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	DAVE ARBOGAST GROUP, INC.	<b>c</b> EIN-PN 31-1409301-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">EWI CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">EWI CONSTRUCTION, LLC</a>	<b>c</b> EIN-PN <a href="#">26-0636307-001</a>
<b>a</b>	Plan name <a href="#">FLOW-FX PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC</a>	<b>c</b> EIN-PN <a href="#">37-1650185-001</a>
<b>a</b>	Plan name <a href="#">FORESIGHT WEST SURVEYING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FORESIGHT WEST SURVEYING, INC.</a>	<b>c</b> EIN-PN <a href="#">84-0945722-001</a>
<b>a</b>	Plan name <a href="#">HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HALVORSEN DEVELOPMENT CORPORATION</a>	<b>c</b> EIN-PN <a href="#">65-0445337-001</a>
<b>a</b>	Plan name <a href="#">ISLAND SURGICAL PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ISLAND SURGICAL AND VASCULAR GROUP P.C.</a>	<b>c</b> EIN-PN <a href="#">11-2232585-005</a>
<b>a</b>	Plan name <a href="#">LA PALOMA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LA PALOMA FUNERAL SERVICES</a>	<b>c</b> EIN-PN <a href="#">26-0296007-001</a>
<b>a</b>	Plan name <a href="#">LAKHANI &amp; JORDAN PC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAKHANI &amp; JORDAN ENGINEERS, P.C.</a>	<b>c</b> EIN-PN <a href="#">13-3695218-003</a>
<b>a</b>	Plan name <a href="#">LASTING IMAGE PROMOTIONAL PRODUCTS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LASTING IMAGE PROMOTIONAL PRODUCTS CO.</a>	<b>c</b> EIN-PN <a href="#">23-2872152-001</a>
<b>a</b>	Plan name <a href="#">LUMINUS DIAGNOSTICS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LUMINUS DIAGNOSTICS, LLC</a>	<b>c</b> EIN-PN <a href="#">45-4133635-001</a>
<b>a</b>	Plan name <a href="#">M&amp;J ELECTRICAL CONTRACTORS CORP. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">M&amp;J ELECTRICAL CONTRACTORS CORP.</a>	<b>c</b> EIN-PN <a href="#">11-3128856-001</a>
<b>a</b>	Plan name <a href="#">NEFI</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION</a>	<b>c</b> EIN-PN <a href="#">04-2078321-001</a>
<b>a</b>	Plan name <a href="#">PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PNB REMITTANCE CENTERS INC.</a>	<b>c</b> EIN-PN <a href="#">94-3136317-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	POQUET AUTO SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POQUET AUTO SALES, INC.	<b>c</b> EIN-PN 41-1888983-001
<b>a</b>	Plan name	SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SALINAS MANAGEMENT, LLC	<b>c</b> EIN-PN 45-4187623-001
<b>a</b>	Plan name	SC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUNLED COMPANY, LLC.	<b>c</b> EIN-PN 46-0992147-001
<b>a</b>	Plan name	SPJ LIGHTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPJ LIGHTING INC.	<b>c</b> EIN-PN 95-4704234-001
<b>a</b>	Plan name	TABNER, RYAN & KENIRY LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TABNER, RYAN & KENIRY LLP	<b>c</b> EIN-PN 14-1402805-001
<b>a</b>	Plan name	WEG AND MYERS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEG AND MYERS, PC	<b>c</b> EIN-PN 13-2669273-001
<b>a</b>	Plan name	WESTERN REGIONS NECA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN REGIONS NECA	<b>c</b> EIN-PN 33-0670046-333
<b>a</b>	Plan name	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANAN FAIDI MD, INC.	<b>c</b> EIN-PN 68-0285302-001
<b>a</b>	Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	<b>c</b> EIN-PN 94-2744760-002
<b>a</b>	Plan name	CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHAMPION SOLUTIONS GROUP, INC.	<b>c</b> EIN-PN 59-2347579-001
<b>a</b>	Plan name	DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DIPONIO CONTRACTING, INC.	<b>c</b> EIN-PN 20-8039399-001
<b>a</b>	Plan name	DOLLAR DRUG 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JGS PHARMACIES, INC. DBA DOLLAR DRUG	<b>c</b> EIN-PN 02-0544166-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFF WILSON POOL SERVICE, INC.	<b>c</b> EIN-PN 59-2596150-001
<b>a</b>	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	<b>c</b> EIN-PN 36-4052634-777
<b>a</b>	Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.	<b>c</b> EIN-PN 59-1508381-001
<b>a</b>	Plan name	MARAN, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARAN, INC.	<b>c</b> EIN-PN 94-2444640-777
<b>a</b>	Plan name	MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MASTODON DESIGN, LLC	<b>c</b> EIN-PN 46-3846727-001
<b>a</b>	Plan name	PALPILOT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.	<b>c</b> EIN-PN 77-0320008-001
<b>a</b>	Plan name	SEIU HEALTHCARE MICHIGAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEIU HEALTHCARE MICHIGAN	<b>c</b> EIN-PN 01-0897469-001
<b>a</b>	Plan name	SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SELECTRODE INDUSTRIES, INC.	<b>c</b> EIN-PN 11-2677850-002
<b>a</b>	Plan name	THE BENNETT GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BENNETT CHRYSLER, DODGE, JEEP LLC	<b>c</b> EIN-PN 58-2366187-001
<b>a</b>	Plan name	THE ECRM CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	<b>c</b> EIN-PN 34-1752681-001
<b>a</b>	Plan name	THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE GEHR GROUP, INC.	<b>c</b> EIN-PN 80-0822974-001
<b>a</b>	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.	<b>c</b> EIN-PN 94-1433043-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	WILLIAM A. SMITH & SON, INC.	<b>c</b> EIN-PN 14-1433702-002
<b>a</b> Plan name	BENCHMARK ENGINEERING, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	BENCHMARK ENGINEERING, INC.	<b>c</b> EIN-PN 41-1752356-001
<b>a</b> Plan name	HAPPY ROCK MERCHANT SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	HAPPY ROCK MERCHANT SOLUTIONS, LLC	<b>c</b> EIN-PN 26-4074545-001
<b>a</b> Plan name	HARDMAN CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	HARDMAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2236416-001
<b>a</b> Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HARRY WARREN, INC.	<b>c</b> EIN-PN 59-1523664-001
<b>a</b> Plan name	HEADLINE MEDIA MANAGEMENT, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	HEADLINE MEDIA MANAGEMENT, LLC	<b>c</b> EIN-PN 05-0592046-001
<b>a</b> Plan name	TECH VALLEY TALENT LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TECH VALLEY TALENT LLC	<b>c</b> EIN-PN 26-2582540-001
<b>a</b> Plan name	TEMPTED APPAREL CORP. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TEMPTED APPAREL CORP.	<b>c</b> EIN-PN 95-4561017-001
<b>a</b> Plan name	TEXO MEMBERS 401(K) PLAN	
<b>b</b> Name of plan sponsor	TEXO ABC/AGC, INC.	<b>c</b> EIN-PN 32-0274111-002
<b>a</b> Plan name	PS 260, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	PS 260, INC.	<b>c</b> EIN-PN 13-3413729-777
<b>a</b> Plan name	THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	<b>c</b> EIN-PN 16-1597759-001
<b>a</b> Plan name	DON ENGA INSURANCE AGENCY, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	DON ENGA INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 82-3476569-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DOXON, LLC	<b>c</b> EIN-PN 20-8038249-001
<b>a</b>	Plan name MICHAEL'S / MFH, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MICHAEL'S / MFH, INC.	<b>c</b> EIN-PN 31-1117594-001
<b>a</b>	Plan name BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAHMAN CAPITAL	<b>c</b> EIN-PN 13-3542470-001
<b>a</b>	Plan name EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EAST COAST TILE IMPORTS, INC	<b>c</b> EIN-PN 04-2730786-001
<b>a</b>	Plan name EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EASTERN ARMORED SERVICES, INC.	<b>c</b> EIN-PN 22-3193394-001
<b>a</b>	Plan name EASTERN METAL - USA-SIGN PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EASTERN METAL - USA-SIGN	<b>c</b> EIN-PN 16-0757659-001
<b>a</b>	Plan name EASYCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCGRAYEL COMPANY INC.	<b>c</b> EIN-PN 77-0380138-001
<b>a</b>	Plan name HR, INC. DBA SIMPLE HR 401(K) PLAN	
<b>b</b>	Name of plan sponsor HR, INC. DBA SIMPLE HR	<b>c</b> EIN-PN 81-0583874-333
<b>a</b>	Plan name MILLENNIUM TECHNOLOGIES, LLC RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor MILLENNIUM TECHNOLOGIES, LLC	<b>c</b> EIN-PN 39-1895415-001
<b>a</b>	Plan name MINA METALS COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MINA METALS COMPANY, INC.	<b>c</b> EIN-PN 94-2771327-001
<b>a</b>	Plan name MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MISSISSIPPI MARINE CORPORATION	<b>c</b> EIN-PN 64-0524327-001
<b>a</b>	Plan name RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RENOWN TAG AND LABEL, INC.	<b>c</b> EIN-PN 11-2530597-001

**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 RICHIE & GUERINGER, P.C. 401(K) PROFIT SHARING PLAN

**b** Name of plan sponsor RICHIE & GUERINGER, P.C. **c** EIN-PN 74-2744788-777

**a** Plan name THE SINCLAIR GROUP, INC. 401(K) PROFIT SHARING PLAN

**b** Name of plan sponsor THE SINCLAIR GROUP, INC. **c** EIN-PN 59-3269797-001

**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

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**a** Plan name

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

**a** Plan name

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>RIDGEWORTH CEREDX MID-CAP VALUE EQUITY RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>339</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	8448234
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	7346396
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	8448234	7346396
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		1
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		1
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	8448234	7346396

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	778258	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		778258

**Expenses**

<b>e</b> 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)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> 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)		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		778258
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		695061
(2) From this plan .....	2l(2)		2575158

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.