

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 MASSACHUSETTS INVESTORS GROWTH STOCK RET OPT
1b Three-digit plan number (PN): 897
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

<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>MFS MASSACHUSETTS INVESTORS GROWTH STOCK RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>897</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</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)
<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)
<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)
<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)



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 <b>BAKERSFIELD COUNTRY CLUB 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAKERSFIELD COUNTRY CLUB</b>	<b>c</b> EIN-PN <b>95-1615940-001</b>
<b>a</b>	Plan name <b>BALDWIN, BRISCOE, &amp; STEINMETZ, P.C. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BALDWIN, BRISCOE, &amp; STEINMETZ, P.C.</b>	<b>c</b> EIN-PN <b>52-1564009-001</b>
<b>a</b>	Plan name <b>ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECHO PRODUCTION, INC.</b>	<b>c</b> EIN-PN <b>75-1623080-001</b>
<b>a</b>	Plan name <b>ECO LIPS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECO LIPS</b>	<b>c</b> EIN-PN <b>54-2113077-001</b>
<b>a</b>	Plan name <b>EDCO DISTRIBUTING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EDCO DISTRIBUTING, INC.</b>	<b>c</b> EIN-PN <b>33-0488747-001</b>
<b>a</b>	Plan name <b>POLLART MILLER, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POLLART MILLER, LLC</b>	<b>c</b> EIN-PN <b>20-0022305-001</b>
<b>a</b>	Plan name <b>EQUITY INVESTMENT MORTGAGE, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EQUITY INVESTMENT MORTGAGE, LLC</b>	<b>c</b> EIN-PN <b>88-1901818-001</b>
<b>a</b>	Plan name <b>PROFESSIONAL ELECTRIC LLC 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>PROFESSIONAL ELECTRIC LLC</b>	<b>c</b> EIN-PN <b>26-4645592-001</b>
<b>a</b>	Plan name <b>FALCONE &amp; TRUMAN PLUMBING &amp; HEATING INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FALCONE &amp; TRUMAN PLUMBING &amp; HEATING INC.</b>	<b>c</b> EIN-PN <b>23-2386576-001</b>
<b>a</b>	Plan name <b>PUGH HAGAN PRAHM PLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PUGH HAGAN PRAHM PLC</b>	<b>c</b> EIN-PN <b>46-4389694-001</b>
<b>a</b>	Plan name <b>LAVENDER HOME, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAVENDER HOME, INC.</b>	<b>c</b> EIN-PN <b>82-3371982-001</b>
<b>a</b>	Plan name <b>REGULUS 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>REGULUS GROUP, LLC</b>	<b>c</b> EIN-PN <b>33-1009928-002</b>

<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	REHAB 1 LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	REHAB 1 LLC	<b>c</b> EIN-PN 20-5270860-001
<b>a</b>	Plan name	TURKEL, CUVA, BARRIOS, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TURKEL, CUVA, BARRIOS, P.A.	<b>c</b> EIN-PN 86-3329581-001
<b>a</b>	Plan name	BURLEIGH DENTAL, S.C. CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BURLEIGH DENTAL, S.C.	<b>c</b> EIN-PN 39-1170894-001
<b>a</b>	Plan name	FRESH SOURCE PRODUCE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRESH SOURCE PRODUCE, LLC	<b>c</b> EIN-PN 35-2514795-001
<b>a</b>	Plan name	FULLERTON, LEMANN, SCHAEFER & DOMINICK 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FULLERTON, LEMANN, SCHAEFER & DOMINICK LLP	<b>c</b> EIN-PN 95-3346435-001
<b>a</b>	Plan name	MACADAMIA BEAUTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MACADAMIA BEAUTY, LLC	<b>c</b> EIN-PN 46-0560479-001
<b>a</b>	Plan name	MACHINE SHOP & SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MACHINE SHOP & SUPPLY, INC.	<b>c</b> EIN-PN 36-3964791-001
<b>a</b>	Plan name	UPPER CERVICAL CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UPPER CERVICAL CHIROPRACTIC OF MONMOUTH, LLC	<b>c</b> EIN-PN 25-1910563-001
<b>a</b>	Plan name	CAPITAL STEEL ERECTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL STEEL ERECTORS, INC.	<b>c</b> EIN-PN 27-1376167-001
<b>a</b>	Plan name	GOREN, MARCUS, MASINO & MARSH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOREN, MARCUS, MASINO & MARSH, CERTIFIED PUBLIC ACCOUNTANTS, LLP	<b>c</b> EIN-PN 95-4654536-001
<b>a</b>	Plan name	GRAFFEN BUSINESS SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAFFEN BUSINESS SYSTEMS, INC.	<b>c</b> EIN-PN 23-1908016-001
<b>a</b>	Plan name	VMC CLEAR VISION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VMC LLC	<b>c</b> EIN-PN 20-3658210-001

<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	CLEARLY SPEAKING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEARLY SPEAKING, L.L.C.	<b>c</b> EIN-PN 45-2988436-001
<b>a</b>	Plan name	H&A FINANCING & SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H&A FINANCING & SERVICES CORP	<b>c</b> EIN-PN 01-0961192-001
<b>a</b>	Plan name	MILLER VALVE & CONTROLS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLER VALVE & CONTROLS, LLC	<b>c</b> EIN-PN 85-4352454-001
<b>a</b>	Plan name	MILLS ANIMAL HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	<b>c</b> EIN-PN 81-1149328-001
<b>a</b>	Plan name	MISSION FINANCIAL GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MISSION FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 83-0700995-001
<b>a</b>	Plan name	ACCURATE REGRINDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VAN TUINEN COMPANY DBA ACCURATE REGRINDING SERVICE	<b>c</b> EIN-PN 38-2644484-001
<b>a</b>	Plan name	ACCUTROL COMPLETE HOME SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACCUTROL COMPLETE HOME SERVICES, LLC	<b>c</b> EIN-PN 86-3952569-001
<b>a</b>	Plan name	YANEZ SERVICE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YANEZ SERVICE COMPANY	<b>c</b> EIN-PN 27-0195199-001
<b>a</b>	Plan name	YOUR LOGISTICS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	YOUR LOGISTICS CORP.	<b>c</b> EIN-PN 83-2760497-001
<b>a</b>	Plan name	ADVANCED SHORING & UNDERPINNING 401(K)	
<b>b</b>	Name of plan sponsor	ADVANCED SHORING & UNDERPINNING	<b>c</b> EIN-PN 68-0532733-001
<b>a</b>	Plan name	CORNERSTONE PARKING GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORNERSTONE PARKING GROUP, INC.	<b>c</b> EIN-PN 20-5195370-001
<b>a</b>	Plan name	OMNI-TECH SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OMNI-TECH SOLUTIONS, LLC	<b>c</b> EIN-PN 81-4983507-001

<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	INVESTING TOGETHER IN YOUR FUTURE PLAN	
<b>b</b>	Name of plan sponsor	GREEN PEAK INDUSTRIES, LLC	<b>c</b> EIN-PN 81-4533921-001
<b>a</b>	Plan name	TAKIGAWA CORPORATION AMERICAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAKIGAWA CORPORATION AMERICAN	<b>c</b> EIN-PN 82-0819824-001
<b>a</b>	Plan name	REPI LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	REPI, LLC	<b>c</b> EIN-PN 54-2101581-001
<b>a</b>	Plan name	UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	UNI-GRIP, INC.	<b>c</b> EIN-PN 34-1108705-001
<b>a</b>	Plan name	MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAGNETIC TECHNOLOGIES LTD.	<b>c</b> EIN-PN 04-2836991-005
<b>a</b>	Plan name	GEORGANTAS CLAIMS SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	GEORGANTAS CLAIMS SERVICES, INC.	<b>c</b> EIN-PN 27-0726427-222
<b>a</b>	Plan name	MARS GROUP III, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARS GROUP III, INC.	<b>c</b> EIN-PN 46-2930470-001
<b>a</b>	Plan name	MARS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARS GROUP, INC.	<b>c</b> EIN-PN 82-3629761-001
<b>a</b>	Plan name	MARSHULL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARSHULL, INC.	<b>c</b> EIN-PN 38-1882600-002
<b>a</b>	Plan name	MASK-OFF COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASK-OFF COMPANY, INC.	<b>c</b> EIN-PN 95-1942506-001
<b>a</b>	Plan name	VALLEY OAKS MEDICAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOM-SONANI MANAGEMENT PLLC	<b>c</b> EIN-PN 85-0748921-001
<b>a</b>	Plan name	VALLEY RIDGE DENTAL ARTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VALLEY RIDGE DENTAL ARTS LLC	<b>c</b> EIN-PN 81-4150951-001

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 WALLACE ELLIS PROFIT SHARING & RETIREMENT FUND	
<b>b</b>	Name of plan sponsor ELLIS, HEAD, OWENS, JUSTICE, ARNOLD & GRAHAM	<b>c</b> EIN-PN 63-0521098-001
<b>a</b>	Plan name RSA CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor RSA CORPORATION	<b>c</b> EIN-PN 65-1201831-001
<b>a</b>	Plan name RUGS AS ART, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RUGS AS ART, INC.	<b>c</b> EIN-PN 65-0261601-001
<b>a</b>	Plan name RVC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RVC, INC. 401(K) PLAN	<b>c</b> EIN-PN 55-0703498-001
<b>a</b>	Plan name GRAPHIC WEST PACKAGING MACHINERY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRAPHIC WEST PACKAGING MACHINERY, LLC	<b>c</b> EIN-PN 06-1622227-001
<b>a</b>	Plan name CLINTON PREFERRED PEDIATRICS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MACOMB COUNTY PEDIATRICS, P.C. DBA CLINTON PREFERRED PEDIATRICS, P.C.	<b>c</b> EIN-PN 38-3309363-001
<b>a</b>	Plan name HABITAT FOR HUMANITY INLAND VALLEY, INC. 401(K) PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor HABITAT FOR HUMANITY INLAND VALLEY, INC.	<b>c</b> EIN-PN 33-0461804-001
<b>a</b>	Plan name MO-TECH CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MO-TECH CORPORATION	<b>c</b> EIN-PN 47-0884754-001
<b>a</b>	Plan name SHINDLER, ANDERSON, GOPLERUD & WEESE P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHINDLER, ANDERSON, GOPLERUD & WEESE P.C.	<b>c</b> EIN-PN 42-1506318-001
<b>a</b>	Plan name HOLLENBACH-OAKLEY, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HOLLENBACH-OAKLEY, LLC	<b>c</b> EIN-PN 06-1676076-001
<b>a</b>	Plan name HOME INSTEAD SENIOR CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOKKER, INC DBA HOME INSTEAD SENIOR CARE	<b>c</b> EIN-PN 45-2590810-001
<b>a</b>	Plan name SJC DRUMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SJC DRUMS, LLC	<b>c</b> EIN-PN 26-0740110-001

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 SKIENCE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SKIENCE, LLC	<b>c</b> EIN-PN 54-2058238-001
<b>a</b>	Plan name ORIGIN HEALTH 401(K) PLAN	
<b>b</b>	Name of plan sponsor ORIGIN HEALTH	<b>c</b> EIN-PN 84-3463861-001
<b>a</b>	Plan name DEFENSESTORM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEFENSESTORM, INC.	<b>c</b> EIN-PN 46-5598717-001
<b>a</b>	Plan name INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INSTRUMEDICAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 35-1515768-001
<b>a</b>	Plan name INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN	<b>c</b> EIN-PN 82-2382763-001
<b>a</b>	Plan name PAIT GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PAIT GROUP, LLC	<b>c</b> EIN-PN 46-2599194-001
<b>a</b>	Plan name PEMCO, LTD. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PEMCO, LTD.	<b>c</b> EIN-PN 99-0236548-002
<b>a</b>	Plan name ATLANTIC GOLF AND TURF 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC GOLF AND TURF LLC	<b>c</b> EIN-PN 27-1400038-001
<b>a</b>	Plan name DSI RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DESIGN & SOFTWARE INTERNATIONAL, INC.	<b>c</b> EIN-PN 31-1435015-001
<b>a</b>	Plan name TAYLOR HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAYLOR HOLDINGS, INC.	<b>c</b> EIN-PN 61-0680425-001
<b>a</b>	Plan name TEAM CONSULTANTS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TEAM CONSULTANTS, INC.	<b>c</b> EIN-PN 75-2860506-001
<b>a</b>	Plan name THE CARLIN COLLABORATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CARLIN COLLABORATIVE	<b>c</b> EIN-PN 83-2633004-001

<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	LAMMEY & GIORGIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAMMEY & GIORGIO, P.A.	<b>c</b> EIN-PN 22-2433653-001
<b>a</b>	Plan name	THOMPSON SANITATION INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON SANITATION INC	<b>c</b> EIN-PN 20-5580339-001
<b>a</b>	Plan name	FEDVEL CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEDVEL CONSTRUCTION, INC.	<b>c</b> EIN-PN 82-2603538-001
<b>a</b>	Plan name	FEIGHNER INSURANCE, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	FEIGHNER INSURANCE, INC. DBA INSURANCE MANAGEMENT GROUP	<b>c</b> EIN-PN 35-0943733-002
<b>a</b>	Plan name	TODD STRATEGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	<b>c</b> EIN-PN 46-5566087-001
<b>a</b>	Plan name	TOM CALVIN INSURANCE AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOM CALVIN INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 20-3249017-001
<b>a</b>	Plan name	LEEWARD FINANCIAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEEWARD FINANCIAL GROUP	<b>c</b> EIN-PN 92-3762975-001
<b>a</b>	Plan name	MANHATTAN MECHANICAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANHATTAN MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 27-3969132-001
<b>a</b>	Plan name	MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARC DUTTON IRRIGATION, INC.	<b>c</b> EIN-PN 38-2152186-001
<b>a</b>	Plan name	MASOULEH CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASOULEH CORP.	<b>c</b> EIN-PN 22-3193497-001
<b>a</b>	Plan name	MASTER PLUMBING SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASTER PLUMBING SOLUTIONS LLC	<b>c</b> EIN-PN 46-3187028-001
<b>a</b>	Plan name	MONICA DOBBIN DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MONICA L. DOBBIN DDS, PROFESSIONAL LLC	<b>c</b> EIN-PN 20-3941899-002

<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	MONODE MARKING PRODUCTS, INC. TAX DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MONODE MARKING PRODUCTS, INC.	<b>c</b> EIN-PN 34-0812439-001
<b>a</b>	Plan name	NETWORK OBJECTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NETWORK OBJECTS, INC.	<b>c</b> EIN-PN 56-2633028-001
<b>a</b>	Plan name	NORTHEAST TITLE & TAG INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NORTHEAST TITLE & TAG INC	<b>c</b> EIN-PN 23-3034907-001
<b>a</b>	Plan name	PETOSKEY DENTAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PETOSKEY DENTAL ASSOCIATES	<b>c</b> EIN-PN 83-1942627-001
<b>a</b>	Plan name	PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PETOSKEY SURGEONS, P.C.	<b>c</b> EIN-PN 38-3448511-001
<b>a</b>	Plan name	PRACTICE ALTERNATIVES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRACTICE ALTERNATIVES, INC.	<b>c</b> EIN-PN 22-3575004-001
<b>a</b>	Plan name	RESTLESS SOFTWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESTLESS SOFTWARE LLC	<b>c</b> EIN-PN 83-2568090-001
<b>a</b>	Plan name	SHORELINE PRIVATE WEALTH MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOSTON LEDGE, LLC	<b>c</b> EIN-PN 87-3066674-001
<b>a</b>	Plan name	SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT SITEWORKS LLC	<b>c</b> EIN-PN 47-0967899-001
<b>a</b>	Plan name	SUN COAST PAIN MANAGEMENT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUN COAST PAIN MANAGEMENT, P.A.	<b>c</b> EIN-PN 64-0888705-001
<b>a</b>	Plan name	SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUNBURY ANIMAL HOSPITAL	<b>c</b> EIN-PN 20-1018098-001
<b>a</b>	Plan name	THE GREATER HOUSTON NEUROSURGERY CENTER, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE GREATER HOUSTON NEUROSURGERY CENTER, P.A.	<b>c</b> EIN-PN 76-0523049-001

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 THUNDER HEART PERFORMANCE CORP. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THUNDER HEART PERFORMANCE CORP	<b>c</b> EIN-PN 62-1630064-001
<b>a</b>	Plan name UNIQUE LAWN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIQUE LAWN, INC. DBA TRUGREEN	<b>c</b> EIN-PN 41-1346668-001
<b>a</b>	Plan name VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VANS DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 38-2487912-001
<b>a</b>	Plan name WATERCENTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WATERCENTRIC, LLC	<b>c</b> EIN-PN 46-4173970-001
<b>a</b>	Plan name WILL CLARK ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILL CLARK ELECTRIC INC.	<b>c</b> EIN-PN 46-0382827-001
<b>a</b>	Plan name AUSTERE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CARE ADVOCATE INC.	<b>c</b> EIN-PN 36-4567027-001
<b>a</b>	Plan name BAY VIEW SHADE & BLIND, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAY VIEW SHADE & BLIND INC.	<b>c</b> EIN-PN 39-1211655-001
<b>a</b>	Plan name BLUE EARTH DRUG 401(K) PLAN	
<b>b</b>	Name of plan sponsor B.E. DRUG, INC. DBA BLUE EARTH DRUG	<b>c</b> EIN-PN 41-1968188-001
<b>a</b>	Plan name CARMEX PRECISION TOOLS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CARMEX PRECISION TOOLS, LLC	<b>c</b> EIN-PN 11-3730072-001
<b>a</b>	Plan name CHRISTENSEN HSU SIPES LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHRISTENSEN HSU SIPES LLP	<b>c</b> EIN-PN 20-4038082-001
<b>a</b>	Plan name COR 401(K) PLAN	
<b>b</b>	Name of plan sponsor COR CONSTRUCTION SERVICES, INC.	<b>c</b> EIN-PN 11-3742607-001
<b>a</b>	Plan name CORA CONSTRUCTORS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CORA CONSTRUCTORS, INC.	<b>c</b> EIN-PN 20-2005772-001

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 CORNEILLE LAW GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORNEILLE LAW GROUP, LLC	<b>c</b> EIN-PN 39-1927889-001
<b>a</b>	Plan name CROFT COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CROFT POWER EQUIPMENT, LLC	<b>c</b> EIN-PN 87-0620719-001
<b>a</b>	Plan name DIGIOH LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DIGIOH LLC	<b>c</b> EIN-PN 45-2780632-001
<b>a</b>	Plan name ELECTROMAGNETIC SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELECTROMAGNETIC SYSTEMS, INC.	<b>c</b> EIN-PN 95-4596366-001
<b>a</b>	Plan name FIELD SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	<b>c</b> EIN-PN 68-0625733-001
<b>a</b>	Plan name JL LOCAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JL LOCAL, LLC	<b>c</b> EIN-PN 82-3122671-001
<b>a</b>	Plan name JMAC DISTRIBUTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor JMAC DISTRIBUTION, LLC	<b>c</b> EIN-PN 20-4317474-001
<b>a</b>	Plan name KENOSHA ACHIEVEMENT CENTER, INC. EMPLOYEES' PROFIT SHARING TRUST	
<b>b</b>	Name of plan sponsor KENOSHA ACHIEVEMENT CENTER, INC.	<b>c</b> EIN-PN 39-1399101-001
<b>a</b>	Plan name KEVIN GEORGES & ASSOCIATES, P.A. RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEVIN GEORGES & ASSOCIATES, P.A. DBA KGA ARCHITECTS	<b>c</b> EIN-PN 85-0320129-001
<b>a</b>	Plan name LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAND LIFE COMPANY USA, PBC	<b>c</b> EIN-PN 83-1925466-001
<b>a</b>	Plan name APPLEWOOD PLASTERING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor APPLEWOOD PLASTERING SERVICES, INC.	<b>c</b> EIN-PN 20-5274149-001
<b>a</b>	Plan name BEAR RIVER ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEAR RIVER ELECTRIC COMPANY	<b>c</b> EIN-PN 38-3264163-001

<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	CATALYST TECHNOLOGY GROUP, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	CATALYST TECHNOLOGY GROUP, LLC
<b>c</b>	EIN-PN	47-0977970-001
<b>a</b>	Plan name	CBD INDUSTRIES, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	CBD INDUSTRIES, LLC
<b>c</b>	EIN-PN	83-2775806-001
<b>a</b>	Plan name	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	JACK MILLIKIN INC.
<b>c</b>	EIN-PN	38-1852235-002
<b>a</b>	Plan name	JACOBY MARKETING 401(K) PLAN
<b>b</b>	Name of plan sponsor	JACOBY MARKETING, INC. DBA JACO SUPERIOR PRODUCTS
<b>c</b>	EIN-PN	47-2028024-001
<b>a</b>	Plan name	MORRISTOWN DRIVERS SERVICE, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	MORRISTOWN DRIVERS SERVICE INC.
<b>c</b>	EIN-PN	62-1156959-001
<b>a</b>	Plan name	PARKS JOHNSON AGENCY 401(K) PLAN
<b>b</b>	Name of plan sponsor	PARKS JOHNSON AGENCY
<b>c</b>	EIN-PN	85-2713186-001
<b>a</b>	Plan name	R.J. GAESTEL, INC. DBA MERCED HONDA 401(K)/PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	R.J. GAESTEL, INC. DBA MERCED HONDA
<b>c</b>	EIN-PN	77-0344466-001
<b>a</b>	Plan name	RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	RJ NOLAN & ASSOCIATES, INC.
<b>c</b>	EIN-PN	39-1090667-001
<b>a</b>	Plan name	SUPERIOR CONTRACTING SERVICES 401(K) PLAN
<b>b</b>	Name of plan sponsor	SUPERIOR CONTRACTING SERVICES, LLC
<b>c</b>	EIN-PN	47-3165305-001
<b>a</b>	Plan name	SUPPLYDEN, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	SUPPLYDEN, INC.
<b>c</b>	EIN-PN	38-3603806-001
<b>a</b>	Plan name	TRADITION GOLF CLUB 401(K) PLAN
<b>b</b>	Name of plan sponsor	TRADITION GOLF CLUB
<b>c</b>	EIN-PN	26-1808354-001
<b>a</b>	Plan name	VASQUEZ DENTAL CORPORATION 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	VASQUEZ DENTAL CORPORATION
<b>c</b>	EIN-PN	45-3857426-001

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 KINGWOOD CENTER GARDENS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KINGWOOD CENTER GARDENS	<b>c</b> EIN-PN 34-0750349-001
<b>a</b>	Plan name KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KLAR, IZSAK, & STENGER LLC	<b>c</b> EIN-PN 43-1844222-001
<b>a</b>	Plan name KLJ-FB 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOUR BOARD WOODWORKS LLC	<b>c</b> EIN-PN 81-2214411-001
<b>a</b>	Plan name MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MCCOLLOUGH SCHOLTEN CONSTRUCTION	<b>c</b> EIN-PN 35-1685271-001
<b>a</b>	Plan name MRK FINANCIAL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SNIEGOCKI WEAVER FINANCIAL SERVICES	<b>c</b> EIN-PN 27-4522792-001
<b>a</b>	Plan name R.L. BODEKER & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor R.L. BODEKER & SONS, INC.	<b>c</b> EIN-PN 41-1379442-001
<b>a</b>	Plan name RABB WATER SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RABB WATER SYSTEMS, INC.	<b>c</b> EIN-PN 35-1750694-001
<b>a</b>	Plan name RADD COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor RADD CAPITAL, LLC	<b>c</b> EIN-PN 82-2026337-001
<b>a</b>	Plan name RADNER DESIGN ASSOCIATES INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RADNER DESIGN ASSOCIATES, INC.	<b>c</b> EIN-PN 45-4513364-001
<b>a</b>	Plan name ROBIN CHIANG & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROBIN CHIANG & COMPANY	<b>c</b> EIN-PN 94-3271917-001
<b>a</b>	Plan name SERCOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCIENTIFIC EQUIPMENT REPAIR COMPANY	<b>c</b> EIN-PN 84-1469712-001
<b>a</b>	Plan name SONNEN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SONNEN, INC.	<b>c</b> EIN-PN 47-3043045-001

<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	SYDAPTIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYDAPTIC, INC.	<b>c</b> EIN-PN 74-2898394-001
<b>a</b>	Plan name	SYMETRICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYMETRICA, INC.	<b>c</b> EIN-PN 20-4144926-001
<b>a</b>	Plan name	VERGE THERAPY, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VERGE THERAPY, LLC	<b>c</b> EIN-PN 86-2268804-001
<b>a</b>	Plan name	WLFCO PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WLFCO, LLC	<b>c</b> EIN-PN 83-4272397-001
<b>a</b>	Plan name	BEN Z MIBAB DDS MS PC PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BEN Z MIBAB DDS MS PC	<b>c</b> EIN-PN 58-2080818-099
<b>a</b>	Plan name	BRIDGEVIEW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIDGEVIEW MULTIFAMILY LLC	<b>c</b> EIN-PN 46-5043301-001
<b>a</b>	Plan name	CENTERA BIOSCIENCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTERA BIOSCIENCE INC.	<b>c</b> EIN-PN 46-3097866-001
<b>a</b>	Plan name	EMERGENCY SIGNAL SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMERGENCY SIGNAL SYSTEMS, INC.	<b>c</b> EIN-PN 04-2492046-001
<b>a</b>	Plan name	EMPLOYEE BENEFIT PLAN OF ARC OF DENVER, INC.	
<b>b</b>	Name of plan sponsor	ARC OF DENVER, INC.	<b>c</b> EIN-PN 84-0614525-001
<b>a</b>	Plan name	GMH CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GMH CONSTRUCTION, INC	<b>c</b> EIN-PN 39-2018140-001
<b>a</b>	Plan name	NUOVO SALON & SPA 401(K)PLAN	
<b>b</b>	Name of plan sponsor	NUOVO SALON GROUP	<b>c</b> EIN-PN 59-2737928-001
<b>a</b>	Plan name	PAUL NAFTALI, O.D., P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAUL NAFTALI, O.D., P.A.	<b>c</b> EIN-PN 22-3361281-001

<b>Part II</b>		<b>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	PAVLIC VENDING SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAVLIC VENDING SERVICE, INC.	<b>c</b> EIN-PN 39-1143309-001
<b>a</b>	Plan name	PRO-MEC ENGINEERING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRO-MEC ENGINEERING SERVICES, INC.	<b>c</b> EIN-PN 20-3786112-001
<b>a</b>	Plan name	RAPIDS WHOLESALE & AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DASCOA, INC. D/B/A RAPIDS WHOLESALE EQUIPMENT CO.	<b>c</b> EIN-PN 42-1378309-001
<b>a</b>	Plan name	ROME ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROME ENTERPRISES, INC. D/B/A/ ROME BATH REMODELING	<b>c</b> EIN-PN 23-2651135-001
<b>a</b>	Plan name	SERTOMA CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SERTOMA CENTER INCORPORATED	<b>c</b> EIN-PN 62-0818599-002
<b>a</b>	Plan name	SEVEN CORNERS PRINTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEVEN CORNERS PRINTING COMPANY	<b>c</b> EIN-PN 41-0992291-001
<b>a</b>	Plan name	T K CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	T K CONCRETE, INC.	<b>c</b> EIN-PN 39-1898532-001
<b>a</b>	Plan name	TAG MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAG MANUFACTURING, INC.	<b>c</b> EIN-PN 72-1578630-001
<b>a</b>	Plan name	TRAYER SOLUTIONS, LLC 401(K)	
<b>b</b>	Name of plan sponsor	TRAYER SOLUTIONS, LLC	<b>c</b> EIN-PN 46-4500573-001
<b>a</b>	Plan name	TREASURE IN THE DETAIL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TREASURE IN THE DETAIL, LLC	<b>c</b> EIN-PN 46-3857379-001
<b>a</b>	Plan name	TRENT NEISEN, DDS, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRENT NEISEN, DDS, PLLC	<b>c</b> EIN-PN 85-2718212-001
<b>a</b>	Plan name	TRESTLEWOOD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANNON STRUCTURES, INC. DBA TRESTLEWOOD	<b>c</b> EIN-PN 34-1112308-001

<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	TRI CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 04-2786413-001
<b>a</b>	Plan name	TRI-RIVERS HEALTHCARE, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRI-RIVERS HEALTHCARE, PLLC	<b>c</b> EIN-PN 61-1357247-001
<b>a</b>	Plan name	VISKOTEPAK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISKOTEPAK, LLC	<b>c</b> EIN-PN 20-1267287-001
<b>a</b>	Plan name	ABLEMKR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ABLEMKR, LLC	<b>c</b> EIN-PN 85-0890736-001
<b>a</b>	Plan name	ABRAMS PLUMBING AND HEATING LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABRAMS PLUMBING AND HEATING LLC	<b>c</b> EIN-PN 87-3493856-001
<b>a</b>	Plan name	COMPLETELY FLOORED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLAIGE CORPORATION DBA COMPLETELY FLOORED	<b>c</b> EIN-PN 20-3680924-001
<b>a</b>	Plan name	CONCIERGE PHYSICAL THERAPY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONCIERGE PHYSICAL THERAPY, INC.	<b>c</b> EIN-PN 47-4420844-001
<b>a</b>	Plan name	HEART & HANDS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE	<b>c</b> EIN-PN 46-5257926-001
<b>a</b>	Plan name	IDEAL LEGAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IDEAL LEGAL GROUP	<b>c</b> EIN-PN 27-0318536-001
<b>a</b>	Plan name	KMW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KELLER, MELCHIORRE AND WALSH, PLLC	<b>c</b> EIN-PN 83-2864534-001
<b>a</b>	Plan name	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP	<b>c</b> EIN-PN 47-0395621-002
<b>a</b>	Plan name	CIRCLE FCU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CIRCLE FEDERAL CREDIT UNION	<b>c</b> EIN-PN 38-1565948-001

<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	JON CHASE AGENCY 401K PLAN	
<b>b</b>	Name of plan sponsor	JON CHASE AGENCY	<b>c</b> EIN-PN 30-0695620-001
<b>a</b>	Plan name	JOSEPH CHAPDELAIN & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH CHAPDELAIN & SONS, INC.	<b>c</b> EIN-PN 04-2257082-001
<b>a</b>	Plan name	LONGVIEW NOR-JAY, LTD. CASH OR DEFERRED PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LONGVIEW NOR-JAY, LTD. DBA DIAMOND SHOWCASE	<b>c</b> EIN-PN 91-1294382-001
<b>a</b>	Plan name	MIDWEST ATC SERVICE 401(K) & PENSION PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST AIR TRAFFIC CONTROL SERVICE, INC.	<b>c</b> EIN-PN 48-0872931-001
<b>a</b>	Plan name	RCD DEMOLITION 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RCD DEMOLITION	<b>c</b> EIN-PN 46-3209242-001
<b>a</b>	Plan name	RCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	<b>c</b> EIN-PN 72-1285520-001
<b>a</b>	Plan name	S.C. SWIDERSKI MANAGEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	S.C. SWIDERSKI MANAGEMENT, INC.	<b>c</b> EIN-PN 47-2837847-001
<b>a</b>	Plan name	SOUTHERN CALIFORNIA EMERGENCY MEDICINE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN CALIFORNIA EMERGENCY MEDICINE, A MEDICAL CORPORATION	<b>c</b> EIN-PN 87-0698478-001
<b>a</b>	Plan name	B & G HVAC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B & G HVAC, INC.	<b>c</b> EIN-PN 20-4345115-001
<b>a</b>	Plan name	CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITYWIDE HOME HEALTH SERVICES, INC.	<b>c</b> EIN-PN 26-1920951-001
<b>a</b>	Plan name	MIKE'S TREE COMPANY LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MIKE'S TREE COMPANY LLC	<b>c</b> EIN-PN 20-1018080-001
<b>a</b>	Plan name	OLE SOUTH PROPERTIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OLE SOUTH PROPERTIES, INC.	<b>c</b> EIN-PN 62-1336679-001

**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	OMEGA BENEFIT STRATEGIES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	OMEGA BENEFIT STRATEGIES, INC.	<b>c</b> EIN-PN 83-1866543-001

<b>a</b> Plan name	WENTWORTH BUILDERS, INC. SAFE HARBOR PLAN	
<b>b</b> Name of plan sponsor	WENTWORTH BUILDERS, INC.	<b>c</b> EIN-PN 38-2620809-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> 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>MFS MASSACHUSETTS INVESTORS GROWTH STOCK RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>897</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</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>	52269761
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	59073999
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(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>	52269761	59073999
<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>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	52269761	59073999

**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>		(a) Amount	(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>	294380	
<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>	3969607	
<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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		4324611
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		8588598

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		8588598
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		6598011
(2) From this plan .....	<b>2l(2)</b>		8382371

**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 \_\_\_\_\_.