

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 VALUE RET OPT; 1b Three-digit plan number (PN): 904; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>MFS VALUE RET OPT</u>	B Three-digit plan number (PN) ▶	<u>904</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BALDWIN, BRISCOE, & STEINMETZ, P.C. 401(K) PLAN	
b	Name of plan sponsor BALDWIN, BRISCOE, & STEINMETZ, P.C.	c EIN-PN 52-1564009-001
a	Plan name EDUCE PROSPERITY PLAN	
b	Name of plan sponsor EDUCE SALON	c EIN-PN 45-5491594-001
a	Plan name PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor PLAY IT SAFE PLAYGROUNDS AND PARK EQUIPMENT, INC.	c EIN-PN 46-0775994-001
a	Plan name EQUITY INVESTMENT MORTGAGE, LLC 401(K) PLAN	
b	Name of plan sponsor EQUITY INVESTMENT MORTGAGE, LLC	c EIN-PN 88-1901818-001
a	Plan name PROFESSIONAL ELECTRIC LLC 401(K)	
b	Name of plan sponsor PROFESSIONAL ELECTRIC LLC	c EIN-PN 26-4645592-001
a	Plan name FAIRFIELD GLADE COMMUNITY CLUB RETIREMENT PLAN	
b	Name of plan sponsor FAIRFIELD GLADE COMMUNITY CLUB	c EIN-PN 71-0425507-001
a	Plan name BLUE TOP STEERING GEARS, INC. 401K	
b	Name of plan sponsor BLUE TOP STEERING GEARS, INC.	c EIN-PN 80-0336991-001
a	Plan name LAUREL EYE CLINIC GROUP RETIREMENT PLAN AND TRUST AGREEMENT	
b	Name of plan sponsor LAUREL EYE CLINIC GROUP	c EIN-PN 25-1375158-002
a	Plan name LAUZEN ACCOUNTING 401(K) SAVINGS PLAN	
b	Name of plan sponsor JOSEPH D. LAUZEN, INC. DBA LAUZEN ACCOUNTING	c EIN-PN 26-1157436-001
a	Plan name TIMS TRUCK CAPITAL & AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor TIM'S TRUCK CAPITAL & AUTO SALES, INC.	c EIN-PN 02-0468466-001
a	Plan name TK JAMS DRYWALL 401(K) PLAN	
b	Name of plan sponsor TK JAMS DRYWALL COMPANY	c EIN-PN 26-4725394-001
a	Plan name TURBONETICS ENGINEERING & SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TURBONETICS ENGINEERING & SERVICES, INC.	c EIN-PN 74-2999395-001

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 FREEDOM CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor FREEDOM CREDIT UNION	c EIN-PN 87-0253260-002
a	Plan name M2G VENTURES 401(K) PLAN	
b	Name of plan sponsor M2G VENTURES, LLC	c EIN-PN 46-2390264-001
a	Plan name REVOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor REVOLOGY, INC.	c EIN-PN 87-3441512-001
a	Plan name CANOPY ROADS ADVISORS RETIREMENT PLAN	
b	Name of plan sponsor CANOPY ROADS ADVISORS, LLC	c EIN-PN 88-2788599-001
a	Plan name CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANTOR BIOCONNECT, LLC	c EIN-PN 37-1837234-001
a	Plan name MARLEYS MONSTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARLEYS MONSTERS, LLC	c EIN-PN 47-4495374-001
a	Plan name GRAFFEN BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor GRAFFEN BUSINESS SYSTEMS, INC.	c EIN-PN 23-1908016-001
a	Plan name H&S FIELD SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H & S FIELD SERVICES INC.	c EIN-PN 20-3401221-001
a	Plan name MILLS ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	c EIN-PN 81-1149328-001
a	Plan name MISSION FINANCIAL GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MISSION FINANCIAL GROUP, LLC	c EIN-PN 83-0700995-001
a	Plan name WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name CONSUMER ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor CONSUMER ATTORNEYS PLC	c EIN-PN 86-3781893-001

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 XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor XP SERVICES, INC.	c EIN-PN 80-0316734-001
a	Plan name SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
b	Name of plan sponsor SILVER BIRCH SERVICES, LLC	c EIN-PN 82-3479583-001
a	Plan name SILVERDALE PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SILVERDALE PLUMBING & HEATING, INC.	c EIN-PN 91-0970631-001
a	Plan name SIMMONS & GOTTFRIED, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIMMONS & GOTTFRIED, PLLC	c EIN-PN 26-4138362-001
a	Plan name SIMPLE MILLS, INC. 401(K) PLAN	
b	Name of plan sponsor SIMPLE MILLS, INC.	c EIN-PN 47-1100664-001
a	Plan name SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
a	Plan name DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor DC SHEETMETAL, LLC	c EIN-PN 06-1570038-002
a	Plan name OMSUM ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OMSUM ENGINEERING, LLC	c EIN-PN 45-0740346-001
a	Plan name SPINA & LAVELLE 401(K) PLAN	
b	Name of plan sponsor SPINA & LAVELLE, P.C.	c EIN-PN 45-2849454-001
a	Plan name STONE GUYS OF SWFL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STONE GUYS OF SWFL LLC	c EIN-PN 83-3825711-001
a	Plan name STONEHENGE ENERGY RESOURCES II, LP 401(K) PLAN	
b	Name of plan sponsor STONEHENGE ENERGY RESOURCES II, LP	c EIN-PN 90-0841261-001
a	Plan name P3 MARTIAL ARTS 401(K) PLAN	
b	Name of plan sponsor SCOTT BAILEY'S MARTIAL ARTS ACADEMY, INC.	c EIN-PN 47-1694447-001

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 ANACORTES PROSTHETICS & ORTHOTICS - 401(K)	
b	Name of plan sponsor ANACORTES PROSTHETICS & ORTHOTICS	c EIN-PN 47-4195495-001
a	Plan name IPA 401(K) PLAN	
b	Name of plan sponsor INTEGRITY PHARMACEUTICAL ADVISORS, LLC	c EIN-PN 45-3047652-001
a	Plan name ASSETS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSETS, INC.	c EIN-PN 92-0076696-888
a	Plan name TANERA TRANSPORT, LLC 401(K) PLAN	
b	Name of plan sponsor TANERA TRANSPORT, LLC	c EIN-PN 83-2766372-001
a	Plan name UNDERCOVER TOURIST 401(K) PLAN	
b	Name of plan sponsor INSIDERGUIDE, LLC	c EIN-PN 59-3652314-001
a	Plan name UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor UNI-GRIP, INC.	c EIN-PN 34-1108705-001
a	Plan name C.C. BATTERY CO., INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C.C. BATTERY CO., INC.	c EIN-PN 74-1871509-002
a	Plan name RIMROCK ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIMROCK ENERGY PARTNERS LLC	c EIN-PN 82-3731112-001
a	Plan name CARL F. RIEDELL & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARL F. RIEDELL & SON, INC.	c EIN-PN 04-2459660-002
a	Plan name URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor URTHPACT, LLC	c EIN-PN 04-3339273-001
a	Plan name MERAKI SOCIAL, LLC 401(K) PLAN	
b	Name of plan sponsor MERAKI SOCIAL, LLC	c EIN-PN 81-2114618-001
a	Plan name HALEIWA FAMILY DENTAL CENTER, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HALEIWA FAMILY DENTAL CENTER, LTD.	c EIN-PN 99-0322411-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MOBILE IMAGES ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor	MOBILE IMAGES ACQUISITION, LLC	c EIN-PN 62-1868089-001
a	Plan name	CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001
a	Plan name	ZELLWOOD STATION RETIREMENT PLAN	
b	Name of plan sponsor	ZELLWOOD STATION CO-OP, INC.	c EIN-PN 59-3194342-001
a	Plan name	AERO PRECISION 401(K) PLAN	
b	Name of plan sponsor	AERO PRECISION ENGINEERING, INC.	c EIN-PN 95-3922726-001
a	Plan name	CR SVS US LLC 401(K) PLAN	
b	Name of plan sponsor	CR SVS US LLC	c EIN-PN 45-4051399-001
a	Plan name	OPM EARNINGS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	OPM EARNINGS DBA LIMESTONE WEALTH ADVISORS	c EIN-PN 61-1374312-001
a	Plan name	AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001
a	Plan name	DEGRAAF INTERIORS, INC 401K PLAN	
b	Name of plan sponsor	DEGRAAF INTERIORS, INC.	c EIN-PN 38-3313137-001
a	Plan name	AOC LOGISTICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AOC LOGISTICS, LLC	c EIN-PN 27-5136168-001
a	Plan name	IRON EAGLE WELDING ACADEMY 401(K) PLAN	
b	Name of plan sponsor	IRON EAGLE WELDING ACADEMY	c EIN-PN 85-1505205-001
a	Plan name	PENNSYLVANIA MEDICAL TRANSPORT, INC. 401(K) PLAN	
b	Name of plan sponsor	PENNSYLVANIA MEDICAL TRANSPORT, INC.	c EIN-PN 25-1643041-001
a	Plan name	ATKINSON 401(K) PLAN	
b	Name of plan sponsor	ATKINSON LAW P.A.	c EIN-PN 27-0879090-001

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 ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name JKA WELL DRILLING 401(K) PLAN	
b	Name of plan sponsor JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	c EIN-PN 91-1893642-001
a	Plan name KENECT RETIREMENT PLAN	
b	Name of plan sponsor KENECT, LLC	c EIN-PN 82-1997153-777
a	Plan name THE COLIBRI COLLECTIVE, LLC. 401(K) PLAN	
b	Name of plan sponsor THE COLIBRI COLLECTIVE, LLC	c EIN-PN 82-1629463-001
a	Plan name BIRD-KULTGEN, INC. 401(K) PLAN	
b	Name of plan sponsor BIRD-KULTGEN, INC.	c EIN-PN 74-1053237-001
a	Plan name LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor LABRASCA PLASTIC SURGERY, INC.	c EIN-PN 46-4013077-001
a	Plan name LAMMEY & GIORGIO 401(K) PLAN	
b	Name of plan sponsor LAMMEY & GIORGIO, P.A.	c EIN-PN 22-2433653-001
a	Plan name BOXCAST, INC. 401(K) PLAN	
b	Name of plan sponsor BOXCAST, INC.	c EIN-PN 47-2276606-001
a	Plan name FELBRO DISPLAYS, INC. 401(K) PLAN	
b	Name of plan sponsor FELBRO DISPLAYS, INC.	c EIN-PN 95-3018320-003
a	Plan name LAWSON HUCK GONZALEZ, PLLC 401(K) PLAN	
b	Name of plan sponsor LAWSON HUCK GONZALEZ, PLLC	c EIN-PN 92-1760240-001
a	Plan name TOM CALVIN INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor TOM CALVIN INSURANCE AGENCY, INC.	c EIN-PN 20-3249017-001
a	Plan name LEEWARD FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor LEEWARD FINANCIAL GROUP	c EIN-PN 92-3762975-001

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 NORTH JACKSON PRIMARY CARE, LLC 401(K) PLAN	
b	Name of plan sponsor NORTH JACKSON PRIMARY CARE, LLC	c EIN-PN 20-5560539-001
a	Plan name ORION PROTECTIVE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor ORION PROTECTIVE SERVICES, INC.	c EIN-PN 27-2623687-001
a	Plan name OUR COUNTRY HOME ENTERPRISES, INC CUSTOM RETIREMENT PLAN	
b	Name of plan sponsor OUR COUNTRY HOME ENTERPRISES, INC.	c EIN-PN 34-1524285-001
a	Plan name PROTERIS 401(K) PLAN	
b	Name of plan sponsor PROTERIS COMPLIANCE SOLUTIONS, INC.	c EIN-PN 92-1583768-001
a	Plan name QRM 401(K) PLAN	
b	Name of plan sponsor QUALITY REHAB MANAGEMENT, LLC DBA QRM	c EIN-PN 83-1973171-001
a	Plan name RETINA CENTER OF TEXAS, LLC 401(K) PLAN	
b	Name of plan sponsor RETINA CENTER OF TEXAS, LLC	c EIN-PN 84-4798276-001
a	Plan name RIVER MARKET 401(K) PLAN	
b	Name of plan sponsor RIVER MARKET COMMUNITY CO-OP	c EIN-PN 41-1335460-001
a	Plan name RYAN'S HIGHWAY AUTO PARTS, INC. EMPLOYEE SAVINGS TRUST	
b	Name of plan sponsor RYAN'S HIGHWAY AUTO PARTS, INC.	c EIN-PN 45-4830452-001
a	Plan name SCHLOSSER ORTHODONTICS401(K) RETIREMENT PLAN	
b	Name of plan sponsor SCHLOSSER ORTHODONTICS, L.L.C.	c EIN-PN 85-1521677-001
a	Plan name SCOBELL COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SCOBELL COMPANY INC	c EIN-PN 25-0929359-001
a	Plan name STATE-OF-THE-ART PHYSICAL THERAPY, INC. 401(K) PLAN	
b	Name of plan sponsor STATE-OF-THE-ART PHYSICAL THERAPY, INC.	c EIN-PN 33-0542970-001
a	Plan name STEP UP FAMILY SERVICE LLC- 401(K)	
b	Name of plan sponsor STEP UP FAMILY SERVICES LLC	c EIN-PN 83-4093830-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TED GROB CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TED GROB CORPORATION	c EIN-PN 39-1027921-001
a	Plan name	THE DOVE AGENCY 401(K) PLAN	
b	Name of plan sponsor	THE DOVE AGENCY, LLC	c EIN-PN 82-2809327-001
a	Plan name	THE FORTUNA & CARTELLI, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FORTUNA & CARTELLI, P.C.	c EIN-PN 06-0887135-001
a	Plan name	TORQBUDDY, LLC. 401(K) PLAN	
b	Name of plan sponsor	TORQBUDDY LLC	c EIN-PN 37-1620889-001
a	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	c EIN-PN 56-1970120-001
a	Plan name	WASATCH DISTRIBUTING COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WASATCH DISTRIBUTING COMPANY, INC.	c EIN-PN 87-0206345-001
a	Plan name	WATERMAN BROTHERS CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WATERMAN BROTHERS CONSTRUCTION, INC.	c EIN-PN 36-3713511-001
a	Plan name	WILKERSON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	WILKERSON ENTERPRISES	c EIN-PN 32-0046340-001
a	Plan name	A PLUS BOOKKEEPING 401(K) PLAN	
b	Name of plan sponsor	NOT OUR PROBLEM LLC DBA A PLUS BOOKKEEPING & TAX SERVICE	c EIN-PN 93-1497760-001
a	Plan name	A TO Z SPEECH THERAPY 401(K) PLAN	
b	Name of plan sponsor	A TO Z SPEECH THERAPY	c EIN-PN 81-4796737-001
a	Plan name	AGRICAPTURE 401(K) PLAN	
b	Name of plan sponsor	AGRICAPTURE, INC.	c EIN-PN 86-3882425-001
a	Plan name	APOLLO HEALTHCARE, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	APOLLO HEALTHCARE, LLC	c EIN-PN 27-3107108-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AUSTIN PX 401(K) PLAN	
b	Name of plan sponsor AUSTIN PX, LLC	c EIN-PN 26-0769754-001
a	Plan name CARPE DIEM RECON RETIREMENT PLAN	
b	Name of plan sponsor CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	c EIN-PN 81-4451244-001
a	Plan name CASSILL MOTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CASSILL MOTORS, INC.	c EIN-PN 42-1375775-001
a	Plan name DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor DIRSEC, INC.	c EIN-PN 84-1595959-001
a	Plan name DURA PEOPLE 401(K) PLAN	
b	Name of plan sponsor DURA SOFTWARE, INC.	c EIN-PN 83-3229458-777
a	Plan name EL PRADO STONE LP 401(K) PLAN	
b	Name of plan sponsor EL PRADO STONE LP	c EIN-PN 47-2747432-001
a	Plan name FIDDLEHEAD BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor FIDDLEHEAD BREWERY	c EIN-PN 27-3621652-001
a	Plan name GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
b	Name of plan sponsor GATEWAY TO PREVENTION AND RECOVERY, INC.	c EIN-PN 73-1215510-001
a	Plan name GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor GAVRILOV LAW CORPORATION	c EIN-PN 27-0151979-001
a	Plan name GREAT OUTDOORS FOUNDATION 401(K) PLAN	
b	Name of plan sponsor GREAT OUTDOORS FOUNDATION	c EIN-PN 42-1441098-001
a	Plan name INTERSTATE COMMERCIAL GLASS & DOOR, INC. 401(K) SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor INTERSTATE COMMERCIAL GLASS & DOOR, INC.	c EIN-PN 38-2822716-001
a	Plan name LANEY LA, INC. 401(K) PLAN	
b	Name of plan sponsor LANEY LA, INC.	c EIN-PN 46-5334241-001

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	BCB TRANSPORT, LLC. 401(K) PLAN	
b	Name of plan sponsor	BCB TRANSPORT, LLC.	c EIN-PN 27-5099832-001
a	Plan name	BDG 401(K) PLAN	
b	Name of plan sponsor	BARBARO DENTAL GROUP, LLC	c EIN-PN 38-4060034-001
a	Plan name	BEDFORD DENTAL LLC 401(K) PLAN	
b	Name of plan sponsor	BEDFORD DENTAL, LLC	c EIN-PN 93-4331012-001
a	Plan name	CATHOLIC CHARITIES 401(K) PLAN	
b	Name of plan sponsor	CATHOLIC CHARITIES	c EIN-PN 85-0110070-001
a	Plan name	CSAVC, P.C. DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	c EIN-PN 23-2339055-001
a	Plan name	GLLC 401(K) PLAN	
b	Name of plan sponsor	GREEN LIGHT LAWN CARE	c EIN-PN 26-2036398-001
a	Plan name	GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
b	Name of plan sponsor	GLOBAL RESOURCE ENGINEERING, LTD.	c EIN-PN 61-1843495-001
a	Plan name	HARTLEY'S PROFIT SHARING 40L(K) PLAN	
b	Name of plan sponsor	HARTLEY'S	c EIN-PN 01-0278553-001
a	Plan name	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a	Plan name	JACK PIXLEY SWEEPS 401(K) PLAN	
b	Name of plan sponsor	JACK PIXLEY SWEEPS	c EIN-PN 41-1374763-002
a	Plan name	JACOBY MARKETING 401(K) PLAN	
b	Name of plan sponsor	JACOBY MARKETING, INC. DBA JACO SUPERIOR PRODUCTS	c EIN-PN 47-2028024-001
a	Plan name	KINETIC DESIGN, INC. 401(K) PLAN	
b	Name of plan sponsor	KINETIC DESIGN, INC.	c EIN-PN 82-2375904-001

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 MAYOR'S YOUTH EMPOWERMENT PROGRAM 401(K) PLAN	
b	Name of plan sponsor MAYOR'S YOUTH EMPOWERMENT PROGRAM	c EIN-PN 42-1444335-001
a	Plan name MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b	Name of plan sponsor MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a	Plan name NORTHPOINT CONSTRUCTION MANAGEMENT, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHPOINT CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 20-2902599-001
a	Plan name NORTHWEST CHRISTIAN SCHOOL 401(K) PLAN	
b	Name of plan sponsor NORTHWEST CHRISTIAN SCHOOL	c EIN-PN 86-0445016-001
a	Plan name PARKS JOHNSON AGENCY 401(K) PLAN	
b	Name of plan sponsor PARKS JOHNSON AGENCY	c EIN-PN 85-2713186-001
a	Plan name R.D. KLEINSCHMIDT, INC. 401(K) PLAN	
b	Name of plan sponsor R. D. KLEINSCHMIDT, INC.	c EIN-PN 38-2075748-001
a	Plan name ROBERT A. VIGNERI, MD, PC 401(K) PLAN	
b	Name of plan sponsor ROBERT A. VIGNERI, MD, PC	c EIN-PN 83-0337204-001
a	Plan name ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE 401(K) PSP	
b	Name of plan sponsor ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE CO.	c EIN-PN 33-0197591-001
a	Plan name SMDA 401K PLAN	
b	Name of plan sponsor SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a	Plan name SNYDER-MARK DRUGS, INC. 401(K) PLAN	
b	Name of plan sponsor SNYDER MARK DRUGS ROSELLE, INC.	c EIN-PN 36-3716454-001
a	Plan name THE INCEPTION COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor THE INCEPTION COMPANY LLC	c EIN-PN 20-1885148-001
a	Plan name THE KITCHEN, INC. 401(K) PLAN	
b	Name of plan sponsor THE KITCHEN, INC.	c EIN-PN 38-2716204-001

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	TQM NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	TQM NORTH AMERICA, INC.	c EIN-PN 35-2615062-001
a	Plan name	TRADITION GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor	TRADITION GOLF CLUB	c EIN-PN 26-1808354-001
a	Plan name	VAUGHAN & ASSOCIATES LAW OFFICE, APC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VAUGHAN & ASSOCIATES LAW OFFICE, APC	c EIN-PN 86-1656482-001
a	Plan name	HASSAYAMPA INN 401(K) PLAN	
b	Name of plan sponsor	HASSAYAMPA INN, LLC	c EIN-PN 86-1012069-001
a	Plan name	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ICONERGY LTD	c EIN-PN 27-2414344-001
a	Plan name	MRK FINANCIAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SNIEGOCKI WEAVER FINANCIAL SERVICES	c EIN-PN 27-4522792-001
a	Plan name	PAUL MEYER ARCHITECTS, INC. 401(K) PLAN	
b	Name of plan sponsor	PAUL MEYER ARCHITECTS, INC.	c EIN-PN 41-1846160-001
a	Plan name	RABB WATER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	RABB WATER SYSTEMS, INC.	c EIN-PN 35-1750694-001
a	Plan name	RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
a	Plan name	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	c EIN-PN 34-1752737-001
a	Plan name	TRANSPORT SOLUTIONS OF AMERICA 401(K) PLAN	
b	Name of plan sponsor	TRANSPORT SOLUTIONS OF AMERICA, LLC	c EIN-PN 20-4539184-001
a	Plan name	VERRATERRA 401(K) PLAN	
b	Name of plan sponsor	VERRATERRA PROPERTY MANAGEMENT LLC	c EIN-PN 27-3256545-001

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	VETERINARY SURGICAL SPECIALISTS RETIREMENT TRUST	
b	Name of plan sponsor	VETERINARY SURGICAL SPECIALISTS	c EIN-PN 36-4893102-001
a	Plan name	CUKIERSKI & ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	CUKIERSKI & ASSOCIATES, LLC	c EIN-PN 36-4239322-001
a	Plan name	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor	OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA	c EIN-PN 83-3838404-001
a	Plan name	PAV 401(K)	
b	Name of plan sponsor	PERFORMANCE AUDIO VIDEO, INC.	c EIN-PN 43-1988352-001
a	Plan name	SOUND EFFECTS ENTERTAINMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SOUND EFFECTS, LLC DBA SOUND EFFECTS ENTERTAINMENT	c EIN-PN 20-8018181-001
a	Plan name	T K CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	T K CONCRETE, INC.	c EIN-PN 39-1898532-001
a	Plan name	WORKABLE, INC. 401(K) PLAN	
b	Name of plan sponsor	WORKABLE, INC.	c EIN-PN 61-1747677-002
a	Plan name	ABLEMKR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ABLEMKR, LLC	c EIN-PN 85-0890736-001
a	Plan name	ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
b	Name of plan sponsor	ARMSTRONG CARPET & LINOLEUM COMPANY	c EIN-PN 94-1509072-001
a	Plan name	BEST CLEANERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BEST CLEANERS, INC.	c EIN-PN 06-1333413-001
a	Plan name	CET & ASSOCIATES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CET & ASSOCIATES, LLC	c EIN-PN 80-0660613-001
a	Plan name	DOWNS COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOWNS ENERGY	c EIN-PN 77-0445131-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name ENVIRONMENTAL PROJECTS, INC. 401(K) SHARING PLAN	
b	Name of plan sponsor ENVIRONMENTAL PROJECTS, INC.	c EIN-PN 01-0525847-001
a	Plan name FIVE RIVERS BANK 401(K) PLAN	
b	Name of plan sponsor FIVE RIVERS BANK (IN ORG.) FIVE RIVERS INVESTMENT GROUP LLC	c EIN-PN 87-4571225-001
a	Plan name HEARING SOLUTIONS OF INDIANA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INNOVATIVE HEARING SOLUTIONS OF INDIANA, INC.	c EIN-PN 83-2099523-001
a	Plan name HEART & HANDS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE	c EIN-PN 46-5257926-001
a	Plan name JAY HODGE AUTO 401(K) PLAN	
b	Name of plan sponsor JAY HODGE CHEVROLET, INC.	c EIN-PN 75-2466263-001
a	Plan name KNOTTS BUILDERS OF NC 401(K) PLAN	
b	Name of plan sponsor KNOTTS BUILDERS OF NC, INC.	c EIN-PN 82-4670440-001
a	Plan name KONZEL CONSTRUCTION COMPANY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor KONZEL CONSTRUCTION COMPANY, INC.	c EIN-PN 45-3596434-001
a	Plan name ALLEGHENY MILLWORK 401(K) PLAN	
b	Name of plan sponsor ALLEGHENY MILLWORK	c EIN-PN 25-1369567-002
a	Plan name CIPM RETIREMENT PLAN	
b	Name of plan sponsor CUSTOM INTERVENTIONAL PAIN MANAGEMENT, LLC	c EIN-PN 27-2527059-001
a	Plan name CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN	
b	Name of plan sponsor CIRCLE COMPUTER RESOURCES, INC.	c EIN-PN 42-1404024-001
a	Plan name FLUX POWER, INC. 401(K) PLAN	
b	Name of plan sponsor FLUX POWER, INC.	c EIN-PN 27-1142066-001
a	Plan name GREENFIELD DYNAMICS, LLC RETIREMENT PLAN	
b	Name of plan sponsor GREENFIELD DYNAMICS, LLC	c EIN-PN 26-0597299-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	IMPERIAL, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IMPERIAL, LLC	c EIN-PN 73-1310190-001
a	Plan name	IN GOOD TASTE, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IN GOOD TASTE, LLC	c EIN-PN 37-2000641-001
a	Plan name	LONG TERM CARE SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG TERM CARE SPECIALISTS, INC.	c EIN-PN 73-1202515-001
a	Plan name	LOOMIS INTERNATIONAL, LTD. 401(K) PLAN	
b	Name of plan sponsor	LOOMIS INTERNATIONAL, LTD	c EIN-PN 36-3361456-001
a	Plan name	MID THUMB CONTRACTING, LLC 401(K) PLAN	
b	Name of plan sponsor	MID THUMB CONTRACTING	c EIN-PN 32-0337517-001
a	Plan name	RCD DEMOLITION 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RCD DEMOLITION	c EIN-PN 46-3209242-001
a	Plan name	SOUTHWEST BUILDING RESOURCE 401(K) PLAN	
b	Name of plan sponsor	SOUTHWEST BUILDING RESOURCE, LLC	c EIN-PN 47-3852420-001
a	Plan name	TRIANGLE WELLNESS & RECOVERY PLLC 401(K) PLAN	
b	Name of plan sponsor	TRIANGLE WELLNESS & RECOVERY PLLC	c EIN-PN 83-3003224-001
a	Plan name	TRIFECTA NETWORKS, LLC 401(K) PLAN	
b	Name of plan sponsor	TRIFECTA NETWORKS, LLC	c EIN-PN 82-3534139-001
a	Plan name	WCMS 401(K) PLAN	
b	Name of plan sponsor	WCMS	c EIN-PN 35-1997542-001
a	Plan name	B&J'S PIZZA 401(K) PLAN	
b	Name of plan sponsor	JAKC INC. DBA B&J'S PIZZA	c EIN-PN 74-2468849-001
a	Plan name	JOSEPHER & BATTEESE, P.A. 401(K) PLAN	
b	Name of plan sponsor	JOSEPHER & BATTEESE, P.A.	c EIN-PN 59-3502197-001

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	PIMMEX CONTRACTING RETIREMENT PLAN	c	EIN-PN	26-4017964-001
b	Name of plan sponsor	PIMMEX CONTRACTING CORPORATION	c	EIN-PN	26-4017964-001
a	Plan name	REALEFLOW, LLC 401(K) RETIREMENT PLAN	c	EIN-PN	20-8679477-001
b	Name of plan sponsor	REALEFLOW, LLC	c	EIN-PN	20-8679477-001
a	Plan name	REALOGIC SOLUTIONS LLC 401(K) PLAN	c	EIN-PN	46-4805391-001
b	Name of plan sponsor	REALSCAPE GROUP LLC DBA REALOGIC SOLUTIONS	c	EIN-PN	46-4805391-001
a	Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	c	EIN-PN	87-3746346-001
b	Name of plan sponsor	REASON CONSULTING CORPORATION	c	EIN-PN	87-3746346-001
a	Plan name	RED FERN PET LODGE, LLC 401(K) PLAN	c	EIN-PN	47-3467265-001
b	Name of plan sponsor	RED FERN PET LODGE, LLC	c	EIN-PN	47-3467265-001
a	Plan name	SALT DEVELOPMENT 401(K) PLAN	c	EIN-PN	47-1957056-001
b	Name of plan sponsor	SALT DEVELOPMENT, LLC	c	EIN-PN	47-1957056-001
a	Plan name	TFG TREE FREE, INC. 401 K PROFIT SHARING PLAN	c	EIN-PN	56-2628897-001
b	Name of plan sponsor	TFG TREE FREE, INC.	c	EIN-PN	56-2628897-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MFS VALUE RET OPT	B Three-digit plan number (PN) ► 904
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	26643135
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	30310223
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	26643135	30310223
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26643135	30310223

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	557775	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	558436	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		2135735
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3251946

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3251946
l Transfers of assets:			
(1) To this plan.....	2l(1)		7316743
(2) From this plan	2l(2)		6901601

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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