

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

**A** This return/report is for:  a multiemployer plan  a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan  a DFE (specify) P

**B** This return/report is:  the first return/report  the final return/report

an amended return/report  a short plan year return/report (less than 12 months)

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶

**D** Check box if filing under:  Form 5558  automatic extension  the DFVC program

special extension (enter description)

**E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>MFS MID CAP VALUE RET ACCT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>043</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>83-1098532</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/08/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

<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 MID CAP VALUE RET ACCT</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>043</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>83-1098532</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):		
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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	ARTISTS FIRST, INC. 401(K) PENSION PLAN	
<b>b</b> Name of plan sponsor	ARTISTS FIRST, INC.	<b>c</b> EIN-PN 13-4120908-001
<b>a</b> Plan name	BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	<b>c</b> EIN-PN 91-0906923-001
<b>a</b> Plan name	BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING	
<b>b</b> Name of plan sponsor	BURGE MANAGEMENT GROUP, INC.	<b>c</b> EIN-PN 27-2829648-001
<b>a</b> Plan name	ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	ENTERRA SOLUTIONS, LLC	<b>c</b> EIN-PN 30-0002607-001
<b>a</b> Plan name	ENVIRO-TOTE, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ENVIRO-TOTE, INC.	<b>c</b> EIN-PN 02-0445490-001
<b>a</b> Plan name	ERMA MEP RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	EMPLOYERS' RISK MANAGEMENT ASSOCIATION & ALLIANCE, INC.	<b>c</b> EIN-PN 47-2684619-001
<b>a</b> Plan name	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY 401(K) PLAN	
<b>b</b> Name of plan sponsor	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY LLC	<b>c</b> EIN-PN 45-2581371-001
<b>a</b> Plan name	LOCUS DESIGN COLLABORATIVE 401(K) PLAN	
<b>b</b> Name of plan sponsor	LOCUS DESIGN COLLABORATIVE	<b>c</b> EIN-PN 81-4796699-001
<b>a</b> Plan name	NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN	
<b>b</b> Name of plan sponsor	NARFA	<b>c</b> EIN-PN 04-2279821-001
<b>a</b> Plan name	NATIONAL DOMESTIC WORKERS ALLIANCE 401(K) PLAN	
<b>b</b> Name of plan sponsor	NATIONAL DOMESTIC WORKERS ALLIANCE	<b>c</b> EIN-PN 35-2420942-001
<b>a</b> Plan name	NCA RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	NEVADA CARDIOLOGY ASSOCIATES	<b>c</b> EIN-PN 88-0293130-001
<b>a</b> Plan name	PHASE GENOMICS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	PHASE GENOMICS, INC.	<b>c</b> EIN-PN 47-3296977-001

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 ROY SAKUMA PRODUCTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROY SAKUMA PRODUCTIONS, INC.	<b>c</b> EIN-PN 99-0173485-001
<b>a</b>	Plan name TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 62-1874779-001
<b>a</b>	Plan name TAG WEALTH ENHANCEMENT GROUP 401(K) RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor TAG RESOURCES, LLC	<b>c</b> EIN-PN 62-1874774-012
<b>a</b>	Plan name TAKANO NAKAMURA LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TAKANO NAKAMURA LANDSCAPING, INC.	<b>c</b> EIN-PN 99-0204144-001
<b>a</b>	Plan name TURNER ENGINEERING CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TURNER ENGINEERING CORPORATION	<b>c</b> EIN-PN 20-3882870-002
<b>a</b>	Plan name UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNISAND INCORPORATED	<b>c</b> EIN-PN 34-1658346-001
<b>a</b>	Plan name UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UNISAND INCORPORATED	<b>c</b> EIN-PN 34-1658346-777
<b>a</b>	Plan name A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN	
<b>b</b>	Name of plan sponsor A. COLARUSSO & SON, INC.	<b>c</b> EIN-PN 14-1424400-001
<b>a</b>	Plan name ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSISTED HOME RECOVERY, INC.	<b>c</b> EIN-PN 95-4242428-001
<b>a</b>	Plan name ASSOCIATED TERRAZZO CO., INC. BASIC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED TERRAZZO CO., INC.	<b>c</b> EIN-PN 94-2458894-001
<b>a</b>	Plan name C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor C & S DRAPERIES, INC.	<b>c</b> EIN-PN 77-0072946-001
<b>a</b>	Plan name CVIN, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CVIN, LLC	<b>c</b> EIN-PN 77-0407563-001

<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	CW LAW LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CW LAW LLP	<b>c</b> EIN-PN 85-3275179-001
<b>a</b>	Plan name	EVERT & WEATHERSBY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EVERT & WEATHERSBY, LLC	<b>c</b> EIN-PN 58-1830721-001
<b>a</b>	Plan name	EVOLUTION MECHANICAL LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	EVOLUTION MECHANICAL LLC	<b>c</b> EIN-PN 81-4132663-001
<b>a</b>	Plan name	EXECUTIVE 1 HC LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EXECUTIVE 1 HC LLC	<b>c</b> EIN-PN 82-3076130-001
<b>a</b>	Plan name	GRAPHIC COMMUNICATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	<b>c</b> EIN-PN 95-1501502-001
<b>a</b>	Plan name	ISOLVED 401-K PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-310
<b>a</b>	Plan name	LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LYMAN LAW FIRM	<b>c</b> EIN-PN 46-5291861-001
<b>a</b>	Plan name	M & E, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	M & E, LLC DBA CLEVES AND LONNEMANN	<b>c</b> EIN-PN 81-4622672-002
<b>a</b>	Plan name	MAK CHEMICALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAK CHEMICALS, INC.	<b>c</b> EIN-PN 45-4836928-001
<b>a</b>	Plan name	NEHAL CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEHAL CONTRACTING, INC.	<b>c</b> EIN-PN 58-2587356-001
<b>a</b>	Plan name	NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEVYAS EYE ASSOCIATES, P.C.	<b>c</b> EIN-PN 23-1715581-005
<b>a</b>	Plan name	PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PILGRIM CHRISTAKIS LLP	<b>c</b> EIN-PN 26-3175990-001

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 PIPELINE SYSTEM HOLDINGS, LLC	
<b>b</b>	Name of plan sponsor PIPELINE HEALTH SYSTEM, LLC	<b>c</b> EIN-PN 82-3626084-001
<b>a</b>	Plan name PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	<b>c</b> EIN-PN 22-2116608-002
<b>a</b>	Plan name RUTLEDGE FARMING COMPANY, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RUTLEDGE FARMING COMPANY, INC.	<b>c</b> EIN-PN 26-2858269-001
<b>a</b>	Plan name SACKSTEDER WORLAND INSURANCE AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SACKSTEDER WORLAND INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 31-1567830-001
<b>a</b>	Plan name TEAMEPS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEAMEPS LLC	<b>c</b> EIN-PN 20-4489290-001
<b>a</b>	Plan name FLEET DRIVER SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLEET DRIVER SERVICE, INC.	<b>c</b> EIN-PN 45-3685803-333
<b>a</b>	Plan name FORRESTALL PLAN	
<b>b</b>	Name of plan sponsor JEFF FORRESTALL CPA PC	<b>c</b> EIN-PN 58-2514091-333
<b>a</b>	Plan name SOLUTIONS HOME MORTGAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOLUTIONS HOME MORTGAGE, INC.	<b>c</b> EIN-PN 14-1837420-001
<b>a</b>	Plan name GUHROO 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor EXECUTIVE RESOURCE GROUP LLC DBA GUHROO	<b>c</b> EIN-PN 46-4868112-001
<b>a</b>	Plan name TEXTILES COATED, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEXTILES COATED, INC.	<b>c</b> EIN-PN 02-0385288-001
<b>a</b>	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CONGRESS LAKE COMPANY	<b>c</b> EIN-PN 34-0160950-001
<b>a</b>	Plan name HELPSIDE INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HELPSIDE INC.	<b>c</b> EIN-PN 87-0476353-333

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 THE MEDIA CAPTAIN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE MEDIA CAPTAIN, LLC	<b>c</b> EIN-PN 27-3370344-001
<b>a</b>	Plan name THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor WMOG, INC.	<b>c</b> EIN-PN 34-1133357-003
<b>a</b>	Plan name THE NAPOLI GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE NAPOLI GROUP, LLC	<b>c</b> EIN-PN 20-0100132-001
<b>a</b>	Plan name A.M.E. INC. 401(K)	
<b>b</b>	Name of plan sponsor A.M.E. INC.	<b>c</b> EIN-PN 22-3603962-001
<b>a</b>	Plan name ACCURATE INGREDIENTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ACCURATE INGREDIENTS, INC.	<b>c</b> EIN-PN 11-2571863-001
<b>a</b>	Plan name V & A INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor V & A INC.	<b>c</b> EIN-PN 26-3968624-001
<b>a</b>	Plan name VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	<b>c</b> EIN-PN 35-1457294-001
<b>a</b>	Plan name ALABAMA GROCERS ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALABAMA GROCERS ASSOCIATION	<b>c</b> EIN-PN 63-1025911-333
<b>a</b>	Plan name ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor ALAN SCHATZBERG & ASSOCIATES, INC.	<b>c</b> EIN-PN 22-3529223-001
<b>a</b>	Plan name JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	<b>c</b> EIN-PN 38-2380905-001
<b>a</b>	Plan name W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W.L. LOGAN TRUCKING CO.	<b>c</b> EIN-PN 34-1039888-001
<b>a</b>	Plan name W.L. MARKERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor W.L. MARKERS, INC.	<b>c</b> EIN-PN 31-1657131-001

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 <b>ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>C &amp; G HEALTH SOLUTIONS DBA ASTI'S SOUTH HILLS PHARMACY</b>	<b>c</b> EIN-PN <b>45-5632914-001</b>
<b>a</b>	Plan name <b>ATHERTON &amp; ASSOCIATES LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ATHERTON &amp; ASSOCIATES LLP</b>	<b>c</b> EIN-PN <b>94-1239084-001</b>
<b>a</b>	Plan name <b>ATTAWAY SERVICES CAROLINA, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ATTAWAY SERVICE CAROLINA, INC.</b>	<b>c</b> EIN-PN <b>82-2912532-001</b>
<b>a</b>	Plan name <b>MARCUS, WATANABE &amp; DAVE, LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARCUS, WATANABE &amp; DAVE, LLP</b>	<b>c</b> EIN-PN <b>95-4319447-001</b>
<b>a</b>	Plan name <b>MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MARQUEZ BROTHERS INTERNATIONAL, INC.</b>	<b>c</b> EIN-PN <b>94-2789431-889</b>
<b>a</b>	Plan name <b>BCS CALLPROCESSING, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BCS CALLPROCESSING, INC.</b>	<b>c</b> EIN-PN <b>27-4419289-001</b>
<b>a</b>	Plan name <b>BEL AIR BAY CLUB 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEL AIR BAY CLUB, LTD</b>	<b>c</b> EIN-PN <b>95-0537590-004</b>
<b>a</b>	Plan name <b>MCLEMORE DEVELOPMENT ADVISORS LLC 401(K)</b>	
<b>b</b>	Name of plan sponsor <b>MCLEMORE DEVELOPMENT ADVISORS, LLC</b>	<b>c</b> EIN-PN <b>85-3778474-001</b>
<b>a</b>	Plan name <b>MCMAHON'S OF LUXEMBURG, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MCMAHON'S OF LUXEMBURG, INC.</b>	<b>c</b> EIN-PN <b>39-1164634-001</b>
<b>a</b>	Plan name <b>MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MCR DONUTS, INC.</b>	<b>c</b> EIN-PN <b>06-1432375-001</b>
<b>a</b>	Plan name <b>MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>MCR DONUTS, INC.</b>	<b>c</b> EIN-PN <b>06-1432375-777</b>
<b>a</b>	Plan name <b>CAMAS, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAMAS, LLC</b>	<b>c</b> EIN-PN <b>93-1325105-001</b>

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	CAMRON PUBLIC RELATIONS U.S., LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CAMRON PUBLIC RELATIONS U.S., LLC	<b>c</b> EIN-PN 83-3466137-001
<b>a</b> Plan name	CHARTER SCHOOL 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CHARTER SCHOOL 401(K) RETIREMENT PLAN	<b>c</b> EIN-PN 31-1819379-777
<b>a</b> Plan name	POLLUX SYSTEMS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	POLLUX SYSTEMS, INC.	<b>c</b> EIN-PN 35-1813327-001
<b>a</b> Plan name	DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	DAVE ARBOGAST GROUP, INC.	<b>c</b> EIN-PN 31-1409301-001
<b>a</b> Plan name	DAVID MANCINI & SONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	DAVID MANCINI & SONS, INC.	<b>c</b> EIN-PN 27-3716806-001
<b>a</b> Plan name	DAVID RESTAURANT GROUP PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	DAVID RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 47-4444126-001
<b>a</b> Plan name	DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	DE MATTEI CONSTRUCTION INC.	<b>c</b> EIN-PN 77-0210774-001
<b>a</b> Plan name	PWARE, LLC 401K PLAN	
<b>b</b> Name of plan sponsor	PWARE, LLC	<b>c</b> EIN-PN 83-4410439-001
<b>a</b> Plan name	SCULLY SPORTSWEAR 401(K) PLAN	
<b>b</b> Name of plan sponsor	SCULLY SPORTSWEAR, INC.	<b>c</b> EIN-PN 95-2240766-001
<b>a</b> Plan name	FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	FACILITIES ENGINEERING ASSOCIATES, PC	<b>c</b> EIN-PN 26-1542141-001
<b>a</b> Plan name	FAMILY LIFE ACADEMY CHARTER SCHOOL 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	FAMILY LIFE ACADEMY CHARTER SCHOOL	<b>c</b> EIN-PN 13-4170389-001
<b>a</b> Plan name	AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	AUTISM SPECTRUM CONSULTANTS, INC.	<b>c</b> EIN-PN 20-0401114-001

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 AVOPACIFIC OILS, LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AVOPACIFIC OILS, LLC	<b>c</b> EIN-PN 47-5047002-001
<b>a</b>	Plan name MARSHALL RADIO TELEMETRY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARSHALL RADIO TELEMETRY INC.	<b>c</b> EIN-PN 84-1377195-001
<b>a</b>	Plan name MARY ANN HANLON INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARY ANN HANLON INC.	<b>c</b> EIN-PN 31-1479865-001
<b>a</b>	Plan name MEDICOM TECHNOLOGIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MEDICOM TECHNOLOGIES, INC	<b>c</b> EIN-PN 47-5342804-001
<b>a</b>	Plan name MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor MEEHLEIS MODULAR BUILDINGS, INC.	<b>c</b> EIN-PN 94-2971321-002
<b>a</b>	Plan name BHRS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BE HR STRONG, LLC	<b>c</b> EIN-PN 88-3455524-001
<b>a</b>	Plan name BIAERO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BIAERO, LLC	<b>c</b> EIN-PN 20-1990837-001
<b>a</b>	Plan name NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC.	<b>c</b> EIN-PN 31-1528403-001
<b>a</b>	Plan name CAROLINA DENTAL STUDIO, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAROLINA DENTAL STUDIO, PA	<b>c</b> EIN-PN 57-1089630-001
<b>a</b>	Plan name OPTIMUM THERAPEUTICS PT & OT PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor OPTIMUM THERAPEUTICS PT & OT PLLC	<b>c</b> EIN-PN 45-2839564-001
<b>a</b>	Plan name ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ORCHESTRA MANAGEMENT SOLUTIONS	<b>c</b> EIN-PN 22-3737010-001
<b>a</b>	Plan name PRAIRIE PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor PHARM PROPERTIES, LLC	<b>c</b> EIN-PN 75-3117555-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">PRINT AND GRAPHICS RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRINTING INDUSTRIES ALLIANCE</a>	<b>c</b> EIN-PN <a href="#">16-1037029-001</a>
<b>a</b>	Plan name <a href="#">DELSIGNORE COMPANIES PROFIT SHARING/401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DELSIGNORE BLACKTOP PAVING, INC.</a>	<b>c</b> EIN-PN <a href="#">14-1657140-001</a>
<b>a</b>	Plan name <a href="#">DEPLOYED GLOBAL SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEPLOYED GLOBAL SOLUTIONS, LLC</a>	<b>c</b> EIN-PN <a href="#">87-1779097-001</a>
<b>a</b>	Plan name <a href="#">DEPLOYED SERVICES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEPLOYED SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">84-5019630-001</a>
<b>a</b>	Plan name <a href="#">DYNAMIC RESEARCH, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DYNAMIC RESEARCH</a>	<b>c</b> EIN-PN <a href="#">95-3385947-001</a>
<b>a</b>	Plan name <a href="#">EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAR MEDICAL GROUP, P.A.</a>	<b>c</b> EIN-PN <a href="#">74-2283401-001</a>
<b>a</b>	Plan name <a href="#">EARLY SULLIVAN WRIGHT GIZER &amp; MCRAE, LLP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EARLY SULLIVAN</a>	<b>c</b> EIN-PN <a href="#">27-2410239-001</a>
<b>a</b>	Plan name <a href="#">R W SMITH COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">R W SMITH COMPANY</a>	<b>c</b> EIN-PN <a href="#">58-1909821-001</a>
<b>a</b>	Plan name <a href="#">R&amp;R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">R&amp;R DIRECT MAIL, INC.</a>	<b>c</b> EIN-PN <a href="#">11-2467943-002</a>
<b>a</b>	Plan name <a href="#">RAIDER OUTBOARDS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAIDER OUTBOARDS INC.</a>	<b>c</b> EIN-PN <a href="#">47-3627794-001</a>
<b>a</b>	Plan name <a href="#">SEA REACH, LTD. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEA REACH, LTD</a>	<b>c</b> EIN-PN <a href="#">93-0965673-777</a>
<b>a</b>	Plan name <a href="#">SECRET CHARM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SECRET CHARM</a>	<b>c</b> EIN-PN <a href="#">73-1678960-001</a>

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 FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FERREIRA CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 22-3334957-001
<b>a</b>	Plan name FORTIN WELDING & MANUFACTURING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FORTIN WELDING & MANUFACTURING, INC.	<b>c</b> EIN-PN 31-0873755-002
<b>a</b>	Plan name FOX MANAGEMENT REHABILITATION SERVICES LLC, 401(K) PLAN	
<b>b</b>	Name of plan sponsor FOX MANAGEMENT REHABILITATION SERVICES, LLC	<b>c</b> EIN-PN 22-3729445-001
<b>a</b>	Plan name FPMA 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor FLORIDA PODIATRIC MEDICAL ASSOCIATION	<b>c</b> EIN-PN 59-3134492-333
<b>a</b>	Plan name THE EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORPORATE SOLUTIONS, INC.	<b>c</b> EIN-PN 74-2817774-333
<b>a</b>	Plan name THE VET CLINIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE VET CLINIC	<b>c</b> EIN-PN 88-0671082-001
<b>a</b>	Plan name THERAFIT REHAB 401(K) PLAN	
<b>b</b>	Name of plan sponsor THERAFIT REHAB, INC	<b>c</b> EIN-PN 26-2417596-001
<b>a</b>	Plan name ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ACQUIS CONSULTING GROUP, LLC	<b>c</b> EIN-PN 13-3990791-002
<b>a</b>	Plan name ACTECH RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ADVANCED CRUSHER TECHNOLOGIES, INC. DBA ACTECH, INC.	<b>c</b> EIN-PN 91-1910674-001
<b>a</b>	Plan name ADVANCE VALVE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVANCE VALVE INC.	<b>c</b> EIN-PN 43-1040049-002
<b>a</b>	Plan name ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC.	<b>c</b> EIN-PN 31-1456649-001
<b>a</b>	Plan name JELLYFISH US LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor JELLYFISH ONLINE MARKETING US LTD	<b>c</b> EIN-PN 45-5052905-001

<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	VANGUARD ENERGY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	<b>c</b> EIN-PN 26-4685348-002
<b>a</b>	Plan name	VENTERRA REALTY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VENTERRA REALTY INC.	<b>c</b> EIN-PN 52-2351470-001
<b>a</b>	Plan name	ALLEGEANT LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLEGEANT LLC	<b>c</b> EIN-PN 64-0955384-001
<b>a</b>	Plan name	ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALLEGRO CONSULTANTS, INC.	<b>c</b> EIN-PN 94-2932628-002
<b>a</b>	Plan name	ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLIANCE BUS GROUP, INC.	<b>c</b> EIN-PN 27-4466560-001
<b>a</b>	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RETAIL ASSOCIATION OF MAINE	<b>c</b> EIN-PN 01-0165117-334
<b>a</b>	Plan name	ALLRED METAL PRODUCTS INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALLRED METAL PRODUCTS	<b>c</b> EIN-PN 86-0648390-001
<b>a</b>	Plan name	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KETTMANN MACHINING INC.	<b>c</b> EIN-PN 26-4023756-001
<b>a</b>	Plan name	KIDDER LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KIDDER LAW FIRM, LLC	<b>c</b> EIN-PN 47-3161211-002
<b>a</b>	Plan name	KIDS FIRST PEDIATRIC DENTISTRY, PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KIDS FIRST PEDIATRIC DENTISTRY, PLLC	<b>c</b> EIN-PN 26-1449209-001
<b>a</b>	Plan name	WALL TO WALL FLOOR COVERING, LLC 401(K) PROFIT AND SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALL TO WALL FLOOR COVERING, LLC	<b>c</b> EIN-PN 23-2904050-001
<b>a</b>	Plan name	ADVANCED TEXTILES ASSOCIATION	
<b>b</b>	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	<b>c</b> EIN-PN 41-0434683-001

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 ADVANCED VISION CARE 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ADVANCED VISION CARE	<b>c</b> EIN-PN 27-3268070-001
<b>a</b>	Plan name AGILEX BUSINESS SOLUTIONS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AGILEX BUSINESS SOLUTIONS, LLC	<b>c</b> EIN-PN 81-1011017-001
<b>a</b>	Plan name AGRITEK INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AGRITEK INDUSTRIES, INC.	<b>c</b> EIN-PN 38-2742197-001
<b>a</b>	Plan name BLACK OPTICAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLACK OPTICAL LLC	<b>c</b> EIN-PN 86-3692802-001
<b>a</b>	Plan name CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	<b>c</b> EIN-PN 15-0235250-777
<b>a</b>	Plan name CEDAR HILL FURNITURE 401(K) SAFE HARBOR PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GFS CORP; CEDAR HILL COMFORT SHOPPE DBA CEDAR HILL FURNITURE	<b>c</b> EIN-PN 31-0920114-001
<b>a</b>	Plan name CEDAR RAPIDS OB-GYN SPECIALISTS, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEDAR RAPIDS OB-GYN SPECIALISTS, PC	<b>c</b> EIN-PN 42-1232291-001
<b>a</b>	Plan name CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	<b>c</b> EIN-PN 68-0025437-001
<b>a</b>	Plan name EDGE CONCRETE CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor EDGE CONCRETE CONSTRUCTION, LLC	<b>c</b> EIN-PN 91-2140958-001
<b>a</b>	Plan name EDWARD LESKE COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EDWARD LESKE COMPANY	<b>c</b> EIN-PN 22-1506426-001
<b>a</b>	Plan name FINISHING EDGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor FINISHING EDGE CURB & SIDEWALK, LLC	<b>c</b> EIN-PN 91-1658323-001
<b>a</b>	Plan name FISHERIES SUPPLY CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FISHERIES SUPPLY CO.	<b>c</b> EIN-PN 91-0222320-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">FRANK, FRANK, GOLDSTEIN &amp; NAGER, P.C.401(K)PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FRANK, FRANK, GOLDSTEIN &amp; NAGER, PC</a>	<b>c</b> EIN-PN <a href="#">13-2829967-001</a>
<b>a</b>	Plan name <a href="#">FRANKLIN TEMPLETON TOTAL 401(K) GROUP PLAN SOLUTION</a>	
<b>b</b>	Name of plan sponsor <a href="#">DWC ERISA CONSULTANTS (DBA DWC - THE 401(K) EXPERTS)</a>	<b>c</b> EIN-PN <a href="#">24-2091417-006</a>
<b>a</b>	Plan name <a href="#">FUKUDA DENSHI RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FUKUDA DENSHI USA, INC.</a>	<b>c</b> EIN-PN <a href="#">91-1725100-001</a>
<b>a</b>	Plan name <a href="#">HARMS CARPET CENTER, INC. 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARMS CARPET CENTER, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1327861-001</a>
<b>a</b>	Plan name <a href="#">HARVEY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HARVEY &amp; MADDING, INC. DBA DUBLIN HONDA</a>	<b>c</b> EIN-PN <a href="#">94-2435867-003</a>
<b>a</b>	Plan name <a href="#">HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC</a>	<b>c</b> EIN-PN <a href="#">99-0143112-001</a>
<b>a</b>	Plan name <a href="#">JOHN MULLEN &amp; COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOHN MULLEN &amp; COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">99-0109877-001</a>
<b>a</b>	Plan name <a href="#">JOSEPH A. MOTTA, ATTORNEY AT LAW 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOSEPH A. MOTTA, ATTORNEY AT LAW</a>	<b>c</b> EIN-PN <a href="#">82-2722960-001</a>
<b>a</b>	Plan name <a href="#">JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JOSEPH J. SCHIFINI MD, LTD</a>	<b>c</b> EIN-PN <a href="#">88-0424633-001</a>
<b>a</b>	Plan name <a href="#">KINGDOM TITLE SOLUTIONS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KINGDOM TITLE SOLUTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">20-8646472-001</a>
<b>a</b>	Plan name <a href="#">KOSHIBA &amp; PRICE, AAL, ALC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KOSHIBA &amp; PRICE, AAL, ALC</a>	<b>c</b> EIN-PN <a href="#">99-0173346-001</a>
<b>a</b>	Plan name <a href="#">MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAUER CHEVROLET</a>	<b>c</b> EIN-PN <a href="#">26-4600875-777</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MAVERICK MIDWEST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAVERICK MIDWEST LLC	<b>c</b> EIN-PN 82-2181672-001
<b>a</b>	Plan name	MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP	<b>c</b> EIN-PN 11-3481599-001
<b>a</b>	Plan name	MICHELL ENTERPRISES, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHELL ENTERPRISES, LLC	<b>c</b> EIN-PN 20-0354910-001
<b>a</b>	Plan name	NULLABLE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NULLABLE, INC.	<b>c</b> EIN-PN 47-1671054-001
<b>a</b>	Plan name	OHIO FACIAL PLASTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHIO FACIAL PLASTICS	<b>c</b> EIN-PN 81-2875464-001
<b>a</b>	Plan name	PACIFIC TRANSPORTATION LINES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC TRANSPORTATION LINES, INC.	<b>c</b> EIN-PN 99-0269857-001
<b>a</b>	Plan name	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	<b>c</b> EIN-PN 92-1435276-001
<b>a</b>	Plan name	PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PROFILE RACING, INC.	<b>c</b> EIN-PN 22-1921633-001
<b>a</b>	Plan name	RCI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	<b>c</b> EIN-PN 72-1285520-777
<b>a</b>	Plan name	SITE SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SITE SUPPLY, INC.	<b>c</b> EIN-PN 31-1350146-001
<b>a</b>	Plan name	STAG INDUSTRIAL MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STAG INDUSTRIAL MANAGEMENT LLC	<b>c</b> EIN-PN 27-3647617-001
<b>a</b>	Plan name	STALKER & ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STALKER & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2756743-001

<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	STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STONE INSURANCE, INC.	<b>c</b> EIN-PN 72-0799511-001
<b>a</b>	Plan name	THE MASTER WALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MASTER WALL, INC.	<b>c</b> EIN-PN 58-1777823-002
<b>a</b>	Plan name	THRIVE BY 5 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TB5 MANAGEMENT, LLC	<b>c</b> EIN-PN 92-0493249-001
<b>a</b>	Plan name	THRIVE PEO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THRIVE	<b>c</b> EIN-PN 84-4818583-001
<b>a</b>	Plan name	TIL GAMING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TIL GAMING LLC	<b>c</b> EIN-PN 30-0855844-001
<b>a</b>	Plan name	VINTNERS DISTRIBUTORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINTNERS DISTRIBUTORS, INC.	<b>c</b> EIN-PN 94-3023379-005
<b>a</b>	Plan name	VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VIP COMMUNITY MENTAL HEALTH CENTER, INC.	<b>c</b> EIN-PN 30-0017808-001
<b>a</b>	Plan name	VISIONSPARK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VISIONSPARK	<b>c</b> EIN-PN 45-4202552-001
<b>a</b>	Plan name	VOLO'S AUTO SUPPLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOLOS AUTO SUPPLY	<b>c</b> EIN-PN 20-1529129-001
<b>a</b>	Plan name	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	<b>c</b> EIN-PN 86-1091681-001
<b>a</b>	Plan name	WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILD, CARTER AND TIPTON A PROFESSIONAL CORP	<b>c</b> EIN-PN 94-2589967-002
<b>a</b>	Plan name	AMERICAN MARINE SERVICES GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN WORKBOATS, INC.	<b>c</b> EIN-PN 99-0164323-001

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 AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN PILE AND FOUNDATION, LLC	<b>c</b> EIN-PN 32-0400145-001
<b>a</b>	Plan name ELEVATE PROPERTY MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ELEVATE PROPERTY MANAGEMENT LLC	<b>c</b> EIN-PN 27-3695592-001
<b>a</b>	Plan name ELEVATED TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELEVATED TECHNOLOGIES INC.	<b>c</b> EIN-PN 38-3146138-001
<b>a</b>	Plan name ELITE PLUMBING, INC. 401(K) & P/S	
<b>b</b>	Name of plan sponsor ELITE PLUMBING, INC.	<b>c</b> EIN-PN 33-0595835-001
<b>a</b>	Plan name ELITE SALES AND SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELITE SALES AND SOLUTIONS, INC.	<b>c</b> EIN-PN 46-2503930-001
<b>a</b>	Plan name FURMAN & HAUSWIRTH 401 (K) PLAN	
<b>b</b>	Name of plan sponsor FURMAN & HAUSWIRTH CPA'S	<b>c</b> EIN-PN 11-3134883-001
<b>a</b>	Plan name GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GANDEE & ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1080359-001
<b>a</b>	Plan name KUHANA ASSOCIATES, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor KUHANA ASSOCIATES, LLC	<b>c</b> EIN-PN 99-0335219-001
<b>a</b>	Plan name LAKE COUNTRY EYE CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAKE COUNTRY EYE CARE, LLC	<b>c</b> EIN-PN 47-2254444-001
<b>a</b>	Plan name PATRICKS GLASS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PATRICK'S GLASS, INC.	<b>c</b> EIN-PN 27-5286958-001
<b>a</b>	Plan name RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RESA POWER, LLC	<b>c</b> EIN-PN 45-2810331-001
<b>a</b>	Plan name STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STORMS DWORAK, LLC	<b>c</b> EIN-PN 46-2104644-001

<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	STRATA SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STRATA SYSTEMS, LLC	<b>c</b> EIN-PN 92-1336363-001
<b>a</b>	Plan name	SUMMIT VETERINARY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE WORLDWIDE VETERINARY SERVICES, LLC	<b>c</b> EIN-PN 88-2882796-777
<b>a</b>	Plan name	TOP HAT UNIFORM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOP HAT UNIFORM, INC.	<b>c</b> EIN-PN 11-1979505-001
<b>a</b>	Plan name	TOTAL SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TTL SOLUTIONS, INC. DBA TOTAL SOLUTIONS	<b>c</b> EIN-PN 47-1345914-001
<b>a</b>	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.	<b>c</b> EIN-PN 94-1433043-001
<b>a</b>	Plan name	ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANDERSON, JULIAN & HULL, LLP	<b>c</b> EIN-PN 82-0504369-001
<b>a</b>	Plan name	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	<b>c</b> EIN-PN 95-4887678-001
<b>a</b>	Plan name	BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAND FUEL CO. LLC	<b>c</b> EIN-PN 46-4597317-001
<b>a</b>	Plan name	BRAUN RESEARCH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRAUN RESEARCH	<b>c</b> EIN-PN 22-3408940-001
<b>a</b>	Plan name	COMPTON CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COMPTON CONSTRUCTION	<b>c</b> EIN-PN 27-5155259-001
<b>a</b>	Plan name	CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSOLIDATED EMPLOYER SERVICES, INC.	<b>c</b> EIN-PN 47-2468992-001
<b>a</b>	Plan name	CONSTRUCTION INDUSTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS EXCHANGE OF SOUTHERN TIER, INC.	<b>c</b> EIN-PN 16-0820649-333

<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	ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELM MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 82-2104879-001
<b>a</b>	Plan name	EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ONONDAGA LEASING SERVICES	<b>c</b> EIN-PN 16-1254312-001
<b>a</b>	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE I	
<b>b</b>	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-301
<b>a</b>	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE II	
<b>b</b>	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-302
<b>a</b>	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE III	
<b>b</b>	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-303
<b>a</b>	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE IV	
<b>b</b>	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-304
<b>a</b>	Plan name	GATEWAY AMP RETIREMENT PLAN EXCHANGE - ACTIVE	
<b>b</b>	Name of plan sponsor	AMP	<b>c</b> EIN-PN 85-4019239-002
<b>a</b>	Plan name	GATEWAY AMP RETIREMENT PLAN EXCHANGE - MFS	
<b>b</b>	Name of plan sponsor	AMP	<b>c</b> EIN-PN 85-4019239-005
<b>a</b>	Plan name	ICON EQUIPMENT DISTRIBUTORS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ICON EQUIPMENT DISTRIBUTORS, INC.	<b>c</b> EIN-PN 22-2435580-001
<b>a</b>	Plan name	PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PATRIOT HEALTH PARTNERS INC.	<b>c</b> EIN-PN 84-1755108-001
<b>a</b>	Plan name	RICE ENTERPRISES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICE ENTERPRISES, LLC	<b>c</b> EIN-PN 27-1171330-002
<b>a</b>	Plan name	RICHARDSON WAYLAND FERREIRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHARDSON-WAYLAND FERREIRA, LLC	<b>c</b> EIN-PN 93-4818877-001

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 SURGICAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SURGICAL ASSOCIATES, INC.	<b>c</b> EIN-PN 99-0287995-002
<b>a</b>	Plan name SUSTAINABLEHR RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUSTAINABLEHR PEO, LLC	<b>c</b> EIN-PN 84-2747571-001
<b>a</b>	Plan name SYSTEM RESOURCES TELECOM 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYSTEM RESOURCES TELECOM, LLC	<b>c</b> EIN-PN 72-1432916-001
<b>a</b>	Plan name TOYOTA BOSHOKU AKI USA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOYOTA BOSHOKU AKI USA, LLC	<b>c</b> EIN-PN 84-2857865-001
<b>a</b>	Plan name TRANSMET CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRANSMET CORPORATION	<b>c</b> EIN-PN 31-0960153-001
<b>a</b>	Plan name WITMER'S, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WITMER'S, INC.	<b>c</b> EIN-PN 34-1016582-001
<b>a</b>	Plan name WOLF'S RIDGE BREWING 401(K)	
<b>b</b>	Name of plan sponsor WOLF'S RIDGE BREWING	<b>c</b> EIN-PN 45-4011666-001
<b>a</b>	Plan name MULBERRY COLLABORATIVE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MULBERRY COLLABORATIVE CONSTRUCTION	<b>c</b> EIN-PN 82-3595383-001
<b>a</b>	Plan name NATIONAL AUTO CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL AUTO CARE CORP.	<b>c</b> EIN-PN 31-1115893-001
<b>a</b>	Plan name PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	<b>c</b> EIN-PN 72-0885035-001
<b>a</b>	Plan name RJ HEALTHCARE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RJ HEALTHCARE SERVICES, LLC	<b>c</b> EIN-PN 22-3755890-001
<b>a</b>	Plan name RKPL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RKPL INC.	<b>c</b> EIN-PN 34-1728279-001

<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	T & D MACHINE HANDLING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	T & D MACHINE HANDLING, INC.	<b>c</b> EIN-PN 58-1630426-001
<b>a</b>	Plan name	TAB LAW FIRM 401(K)	
<b>b</b>	Name of plan sponsor	TAB LAW FIRM	<b>c</b> EIN-PN 20-5864838-001
<b>a</b>	Plan name	TRIHIX ATHLETIC APPAREL LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	TRIHIX ATHLETIC APPAREL LLC	<b>c</b> EIN-PN 46-4045923-001
<b>a</b>	Plan name	TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TRIUNITY ENGINEERING AND MANAGEMENT INC.	<b>c</b> EIN-PN 76-0747545-001
<b>a</b>	Plan name	ZYNERGIA HR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SYNERGY HR LLC	<b>c</b> EIN-PN 81-3943870-002
<b>a</b>	Plan name	APERION CARE 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APERION CARE, INC.	<b>c</b> EIN-PN 46-5646073-002
<b>a</b>	Plan name	BREEDLOVE, DENNIS, & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BREEDLOVE, DENNIS, & ASSOCIATES, INC.	<b>c</b> EIN-PN 59-1694414-001
<b>a</b>	Plan name	CONTRACT ENVIRONMENTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONTRACT ENVIRONMENTS, INC.	<b>c</b> EIN-PN 51-0301181-001
<b>a</b>	Plan name	CORPORATE BUILDING SERVICES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORPORATE BUILDING SERVICES INC	<b>c</b> EIN-PN 14-1732520-001
<b>a</b>	Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC	<b>c</b> EIN-PN 43-1506960-001
<b>a</b>	Plan name	CRAMERS' INC EMPLOYEE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CRAMERS' INC	<b>c</b> EIN-PN 34-0671662-001
<b>a</b>	Plan name	EMPLOYERS RESOURCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYERS RESOURCE	<b>c</b> EIN-PN 33-0688056-002

**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.)

<b>a</b> Plan name	EMPOWER HR RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	EMPOWER HR	<b>c</b> EIN-PN 36-4115383-333

<b>a</b> Plan name	ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN	
<b>b</b> Name of plan sponsor	ENERGY MANAGEMENT COLLABORATIVE, LLC	<b>c</b> EIN-PN 20-0029039-001

<b>a</b> Plan name	LIEBERMAN LEBOVIT, PLLC INCENTIVE SAVINGS PLAN	
<b>b</b> Name of plan sponsor	LIEBERMAN LEBOVIT, PLLC	<b>c</b> EIN-PN 84-2449886-001

<b>a</b> Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	<b>c</b> EIN-PN 36-3584029-002

<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 MID CAP VALUE RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>043</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>83-1098532</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>	31252431
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	27247100	31252431
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	27247100	31252431

**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: (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>b Earnings on investments:</b>			
(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)		
(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)	3795857	
(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)	
<b>c</b> Other income .....	2c	
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d	3795857

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k	3795857
<b>l</b> Transfers of assets:		
(1) To this plan .....	2l(1)	6295861
(2) From this plan .....	2l(2)	6086387

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