

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

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 [X] 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

1a Name of plan: MFS INTERNATIONAL DIVERSIFICATIONSM FUND
1b Three-digit plan number (PN): 123
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 83-1098532
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

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 INTERNATIONAL DIVERSIFICATIONSM FUND</u>	B Three-digit plan number (PN)	<u>123</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>83-1098532</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:		
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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:

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d Entity code

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c EIN-PN

d Entity code

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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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d Entity code

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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:

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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 ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001
a	Plan name BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor BURGE MANAGEMENT GROUP, INC.	c EIN-PN 27-2829648-001
a	Plan name CRAMERS' INC EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CRAMERS' INC	c EIN-PN 34-0671662-001
a	Plan name CRESCENT CITY PARTNERS	
b	Name of plan sponsor CRESCENT CITY PARTNERS	c EIN-PN 20-3238074-001
a	Plan name ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ENTERRA SOLUTIONS, LLC	c EIN-PN 30-0002607-001
a	Plan name ENVIRO-TOTE, INC. 401(K) PLAN	
b	Name of plan sponsor ENVIRO-TOTE, INC.	c EIN-PN 02-0445490-001
a	Plan name GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor GLOBAL SURVEILLANCE ASSOCIATES	c EIN-PN 88-0230434-001
a	Plan name GMH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor GMH ASSOCIATES, INC.	c EIN-PN 23-2618889-001
a	Plan name INTELLIZANT, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INTELLIZANT, LLC	c EIN-PN 26-0672456-002
a	Plan name LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001
a	Plan name NATIONAL FIRE, CHILD & DRUG COUNCILS 401(K) PLAN	
b	Name of plan sponsor NATIONAL CHILD SAFETY COUNCIL	c EIN-PN 38-6035290-001
a	Plan name NATIONAL WATER SERVICES 401(K) PLAN	
b	Name of plan sponsor NATIONAL WATER SERVICES	c EIN-PN 35-2158046-222

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	NATIONS GAS TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONS GAS TECHNOLOGIES, INC.	c EIN-PN 85-0452769-001
a	Plan name	NCA RETIREMENT PLAN	
b	Name of plan sponsor	NEVADA CARDIOLOGY ASSOCIATES	c EIN-PN 88-0293130-001
a	Plan name	NEALIS ENGINEERING 401(K) PLAN	
b	Name of plan sponsor	NEALIS ENGINEERING, INC.	c EIN-PN 38-3335420-001
a	Plan name	PGS/GS DENTISTRY 401K PLAN	
b	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095590-001
a	Plan name	ROTTET STUDIO, LLC 401(K) PLAN	
b	Name of plan sponsor	ROTTET STUDIO LLC	c EIN-PN 26-1648926-001
a	Plan name	ROY SAKUMA PRODUCTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROY SAKUMA PRODUCTIONS, INC.	c EIN-PN 99-0173485-001
a	Plan name	TAG MESIROW RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG MESIROW RETIREMENT PLAN EXCHANGE	c EIN-PN 33-2591376-777
a	Plan name	TAKANO NAKAMURA LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAKANO NAKAMURA LANDSCAPING, INC.	c EIN-PN 99-0204144-001
a	Plan name	TAX FAVORED BENEFITS, INC. RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAX FAVORED BENEFITS, INC.	c EIN-PN 48-0912395-001
a	Plan name	TWIST BRANDS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TWIST BRANDS, LLC	c EIN-PN 85-3689218-001
a	Plan name	U.S. HELICOPTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	US HELICOPTERS, INC.	c EIN-PN 56-1290925-001
a	Plan name	UNIQUE PLUMBING 401(K) PLAN	
b	Name of plan sponsor	UNIQUE PLUMBING	c EIN-PN 82-1924329-001

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	401(K) ADVANTAGE EMERGING MARKETS PLAN	
b	Name of plan sponsor	401(K) ADVANTAGE, LLC	c EIN-PN 20-1826961-004
a	Plan name	401(K) ADVANTAGE PARTNERS AGGREGATE I PLAN	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 20-1826895-001
a	Plan name	401(K) ADVANTAGE PARTNERS AGGREGATE PLAN II	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 20-1826891-001
a	Plan name	401(K) ADVANTAGE PLUS PLAN	
b	Name of plan sponsor	401(K) ADVANTAGE, LLC	c EIN-PN 20-1826967-007
a	Plan name	401(K) ADVANTAGE, LLC MICRO PLAN	
b	Name of plan sponsor	TAG RESOURCES	c EIN-PN 62-1874771-003
a	Plan name	ASBESTOS INSTANT RESPONSE INC 401(K) PLAN	
b	Name of plan sponsor	ASBESTOS INSTANT RESPONSE, INC.	c EIN-PN 95-4824758-001
a	Plan name	ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
b	Name of plan sponsor	ASSISTANCE LEAGUE OF LOS ANGELES	c EIN-PN 95-1641960-001
a	Plan name	ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
b	Name of plan sponsor	ASSISTED HOME RECOVERY, INC.	c EIN-PN 95-4242428-001
a	Plan name	ASSOCIATED BUILDERS AND CONTRACTORS, INC. UTAH CHAPTER MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS, INC. - UTAH CHAPTER	c EIN-PN 87-0343604-333
a	Plan name	ASSOCIATED TERRAZZO CO., INC. BASIC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED TERRAZZO CO., INC.	c EIN-PN 94-2458894-001
a	Plan name	CABRILLO HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	CABRILLO HOLDINGS, LLC	c EIN-PN 35-2485780-001
a	Plan name	CVIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CVIN, LLC	c EIN-PN 77-0407563-001

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	CW LAW LLP 401(K) PLAN	
b	Name of plan sponsor	CW LAW LLP	c EIN-PN 85-3275179-001
a	Plan name	EVOLUTION MECHANICAL LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EVOLUTION MECHANICAL LLC	c EIN-PN 81-4132663-001
a	Plan name	F.G. SCHAEFER COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	F.G. SCHAEFER COMPANY, INC.	c EIN-PN 31-0749184-001
a	Plan name	NEHAL CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEHAL CONTRACTING, INC.	c EIN-PN 58-2587356-001
a	Plan name	SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SACATE PELLET MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name	SAMUEL P. MARTIN INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SAMUEL P. MARTIN INSURANCE AGENCY, INC.	c EIN-PN 22-2117154-001
a	Plan name	SAN DIEGO THEATRES, INC. 401(K) PLAN	
b	Name of plan sponsor	SAN DIEGO THEATRES, INC.	c EIN-PN 14-1886373-001
a	Plan name	FL CYCLES	
b	Name of plan sponsor	FL CYCLES	c EIN-PN 47-4856749-001
a	Plan name	THE CALUDA LAW FIRM PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERT J CALUDA APLC	c EIN-PN 72-1004127-002
a	Plan name	HEIN SCHNEIDER & BOND P.C. 401(K) PLAN	
b	Name of plan sponsor	HEIN SCHNEIDER & BOND	c EIN-PN 43-1696065-001
a	Plan name	THE MEDIA CAPTAIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE MEDIA CAPTAIN, LLC	c EIN-PN 27-3370344-001
a	Plan name	THE PARTNERS COMPANIES 401(K) PLAN	
b	Name of plan sponsor	THE PARTNER COMPANIES LLC	c EIN-PN 85-2379191-001

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	AB VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	AB VENTURES, LLC	c EIN-PN 87-3003973-001
a	Plan name	ACE RETAIL SAVINGS PLAN	
b	Name of plan sponsor	ACE HARDWARE	c EIN-PN 36-0700810-001
a	Plan name	UTAH MANUFACTURERS ASSOCIATION MEP 401(K) PLAN	
b	Name of plan sponsor	UTAH MANUFACTURERS ASSOCIATION	c EIN-PN 87-0187660-333
a	Plan name	ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALCON ENTERTAINMENT	c EIN-PN 62-1674411-001
a	Plan name	VORTEX LIQUID COLOR 401(K) SAVINGS PLAN	
b	Name of plan sponsor	VORTEX LIQUID COLOR, INC.	c EIN-PN 81-2044249-001
a	Plan name	W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	c EIN-PN 58-2352698-001
a	Plan name	W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	W. L. PETREY WHOLESALE	c EIN-PN 63-0672324-001
a	Plan name	W.L. LOGAN TRUCKING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	W.L. LOGAN TRUCKING CO.	c EIN-PN 34-1039888-001
a	Plan name	ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor	C & G HEALTH SOLUTIONS DBA ASTI'S SOUTH HILLS PHARMACY	c EIN-PN 45-5632914-001
a	Plan name	MARCUS, WATANABE & DAVE, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARCUS, WATANABE & DAVE, LLP	c EIN-PN 95-4319447-001
a	Plan name	MCGINNIS ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	MCGINNIS ELECTRICAL CONTRACTING COMPANY	c EIN-PN 25-1151382-001
a	Plan name	NEWBURY CONTRACTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWBURY CONTRACTORS, LLC	c EIN-PN 81-3308303-001

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	NEWELL MACHINERY COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWELL MACHINERY COMPANY, INC.	c EIN-PN 42-0646297-002
a	Plan name	ONEPATH 401(K) GPS	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-007
a	Plan name	POWER QUALITY INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	POWER QUALITY INTERNATIONAL, LLC	c EIN-PN 46-3119531-001
a	Plan name	DAYTON BEHAVIORAL CARE, LLC 401(K) PLAN	
b	Name of plan sponsor	DAYTON BEHAVIORAL CARE, LLC	c EIN-PN 20-0273590-001
a	Plan name	DWC EXCHANGE 401(K) PLAN	
b	Name of plan sponsor	DWC ERISA CONSULTANTS (DBA DWC - THE 401(K) EXPERTS)	c EIN-PN 24-2091417-001
a	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name	AXIOM ACQUISITION VENTURES MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	AXIOM ACQUISITION VENTURES MANAGEMENT, LLC	c EIN-PN 85-3091143-001
a	Plan name	MEDICOM TECHNOLOGIES RETIREMENT PLAN	
b	Name of plan sponsor	MEDICOM TECHNOLOGIES, INC	c EIN-PN 47-5342804-001
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name	BEST BRANDS 401(K) PLAN	
b	Name of plan sponsor	BEST BRANDS INC.	c EIN-PN 62-1177514-001
a	Plan name	CAPITAL AUTO BODY 401(K) PLAN	
b	Name of plan sponsor	CAPITAL AUTO BODY DBA FIX AUTO COLUMBUS	c EIN-PN 47-3943596-222
a	Plan name	CARSON, CLELLAND & SCHREDER, PLLP 401(K) PLAN	
b	Name of plan sponsor	CARSON, CLELLAND & SCHREDER, PLLP	c EIN-PN 41-1356458-003

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	OVERHEAD DOOR COMPANY OF COVINGTON, INC. 401(K) PLAN	
b	Name of plan sponsor	OVERHEAD DOOR COMPANY OF COVINGTON, INC.	c EIN-PN 61-0718497-001
a	Plan name	CHARTER SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHARTER SCHOOL 401(K) RETIREMENT PLAN	c EIN-PN 31-1819379-777
a	Plan name	CHD PARTNERS	
b	Name of plan sponsor	CHD PARTNERS	c EIN-PN 45-4169093-001
a	Plan name	CINGULAR HR 401(K) PLAN	
b	Name of plan sponsor	CINGULAR HR	c EIN-PN 46-1128124-001
a	Plan name	CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLARK BROTHERS, INC.	c EIN-PN 94-1572305-002
a	Plan name	POWERS GENERATOR 401(K) PLAN	
b	Name of plan sponsor	POWERS GENERATOR	c EIN-PN 02-0523661-001
a	Plan name	PREPARING 4 TOMORROW 401(K) PLAN	
b	Name of plan sponsor	MARRICK MEDICAL FINANCE, LLC	c EIN-PN 20-8059557-001
a	Plan name	E&E EXHIBITS, INC. DBA E&E EXHIBITSOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	E&E EXHIBITS, INC. DBA E&E EXHIBITSOLUTIONS	c EIN-PN 86-0839030-001
a	Plan name	EARLY SULLIVAN WRIGHT GIZER & MCRAE, LLP 401(K) PLAN	
b	Name of plan sponsor	EARLY SULLIVAN	c EIN-PN 27-2410239-001
a	Plan name	RAIDER OUTBOARDS 401(K) PLAN	
b	Name of plan sponsor	RAIDER OUTBOARDS INC.	c EIN-PN 47-3627794-001
a	Plan name	SECURENET SYSTEMS DESIGN CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SECURENET SYSTEMS DESIGN CORP	c EIN-PN 11-3587122-001
a	Plan name	SERVPRO OF WINOOSKI/STOWE 401(K) PLAN	
b	Name of plan sponsor	JJL-9572INC. DBA SERVPRO OF WINOOSKI/STOWE	c EIN-PN 26-1573431-001

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 SHIMA SEIKI U.S.A., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHIMA SEIKI U.S.A., INC.	c EIN-PN 22-2708902-001
a	Plan name FAXON LAW GROUP 401(K) PLAN	
b	Name of plan sponsor FAXON LAW GROUP	c EIN-PN 27-0061719-001
a	Plan name FORSYTHE JEWELERS 401(K) PLAN	
b	Name of plan sponsor FORSYTHE JEWELERS	c EIN-PN 57-0712293-001
a	Plan name SPERTUS LANDES & JOSEPHS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPERTUS LANDES & JOSEPHS, LLP	c EIN-PN 46-1531301-001
a	Plan name THE FARBER COMPANIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FARBER SPECIALTY VEHICLES, INC.	c EIN-PN 41-2043544-001
a	Plan name HICKS LIN(K) GROUP PLAN SOLUTION	
b	Name of plan sponsor HICKS PENSION SERVICES	c EIN-PN 77-0155091-001
a	Plan name HIGH PROPERTIES 401(K) PLAN	
b	Name of plan sponsor HIGH PROPERTY MANAGEMENT LLC	c EIN-PN 42-1516913-001
a	Plan name HILL COUNTRY WIND POWER, LP 401(K) PLAN	
b	Name of plan sponsor HILL COUNTRY WIND POWER, LP	c EIN-PN 32-0291259-001
a	Plan name THERAFIT REHAB 401(K) PLAN	
b	Name of plan sponsor THERAFIT REHAB, INC	c EIN-PN 26-2417596-001
a	Plan name ADAPTIVE SOLUTIONS MULTI SERVICES 401(K) PLAN	
b	Name of plan sponsor ADAPTIVE SOLUTIONS MULTI SERVICES PLLC	c EIN-PN 27-4147286-001
a	Plan name JENKINS WOODWORKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENKINS WOODWORKING, INC.	c EIN-PN 05-0419446-001
a	Plan name JERMAN FAMILY DENTISTRY, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JERMAN FAMILY DENTISTRY, LTD	c EIN-PN 31-1731223-001

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 JOBSOURCE NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor JOBSOURCE NORTH AMERICA, INC.	c EIN-PN 81-5133458-001
a	Plan name VALLEY ALLERGY CLINIC, PC EMPLOYEES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor VALLEY ALLERGY CLINIC, PC.	c EIN-PN 38-2209197-001
a	Plan name VENTERRA REALTY INC. 401(K) PLAN	
b	Name of plan sponsor VENTERRA REALTY INC.	c EIN-PN 52-2351470-001
a	Plan name VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor VETERINARY PHARMACEUTICALS, INC.	c EIN-PN 94-2185252-001
a	Plan name VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002
a	Plan name KIDDER LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KIDDER LAW FIRM, LLC	c EIN-PN 47-3161211-002
a	Plan name AYKO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor AYKO GROUP LLC	c EIN-PN 47-4533642-001
a	Plan name B & B SHEET METAL AND ROOFING, INC. 401(K) SALARY SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor B & B SHEET METAL & ROOFING, INC.	c EIN-PN 41-1668760-222
a	Plan name BLIND CHILDREN'S CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLIND CHILDREN'S CENTER, INC.	c EIN-PN 95-1656369-002
a	Plan name CEDAR RAPIDS OB-GYN SPECIALISTS, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CEDAR RAPIDS OB-GYN SPECIALISTS, PC	c EIN-PN 42-1232291-001
a	Plan name CLARK MOVING & STORAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARK MOVING & STORAGE, INC.	c EIN-PN 16-1253070-001
a	Plan name DIFIORE CONSTRUCTION, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DIFIORE CONSTRUCTION, INC.	c EIN-PN 16-0741509-002

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 DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name FILM SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor FILM SOLUTIONS, LLC	c EIN-PN 47-4848508-001
a	Plan name FRESNO M, LLC 401(K) PLAN	
b	Name of plan sponsor FRESNO M, LLC	c EIN-PN 38-4235861-001
a	Plan name FUKUDA DENSHI RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FUKUDA DENSHI USA, INC.	c EIN-PN 91-1725100-001
a	Plan name HARRY WARREN OF GEORGIA 401(K) PLAN	
b	Name of plan sponsor MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	c EIN-PN 65-1179808-001
a	Plan name HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor HARRY WARREN, INC.	c EIN-PN 59-1523664-001
a	Plan name HAT CREEK CONSTRUCTION & MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor HAT CREEK CONSTRUCTION & MATERIALS, INC.	c EIN-PN 68-0203789-001
a	Plan name HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	c EIN-PN 99-0143112-001
a	Plan name HMN 401(K) PLAN	
b	Name of plan sponsor MISSOULA LAUNDRY & DRY CLEANERS COMPANY DBA MISSOULA TEXTILES	c EIN-PN 81-0229594-001
a	Plan name HOFMEYER PLUMBING COMPANY 401(K) PLAN	
b	Name of plan sponsor HOFMEYER PLUMBING COMPANY	c EIN-PN 31-0724144-001
a	Plan name JOHN E. FOX, INC. 401(K) PLAN	
b	Name of plan sponsor JOHN E. FOX, INC.	c EIN-PN 56-1094403-001
a	Plan name JOHN MULLEN & COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A	
b	Name of plan sponsor JOHN MULLEN & COMPANY, INC.	c EIN-PN 99-0109877-001

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	JOHNSTON FARMS FLP 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON FARMS, FLP	c EIN-PN 95-2377683-001
a	Plan name	KINGDOM TITLE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	KINGDOM TITLE SOLUTIONS, INC.	c EIN-PN 20-8646472-001
a	Plan name	KOSHIBA & PRICE, AAL, ALC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KOSHIBA & PRICE, AAL, ALC	c EIN-PN 99-0173346-001
a	Plan name	MESA UNITED WAY PROFIT SHARING PLAN	
b	Name of plan sponsor	MESA UNITED WAY, INC.	c EIN-PN 86-0198599-002
a	Plan name	MICLEE MANAGEMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	MICLEE MANAGEMENT GROUP, LLC	c EIN-PN 27-1717856-001
a	Plan name	NULLABLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NULLABLE, INC.	c EIN-PN 47-1671054-001
a	Plan name	PACIFIC TRANSPORTATION LINES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC TRANSPORTATION LINES, INC.	c EIN-PN 99-0269857-001
a	Plan name	PROJECT C.U.R.E., INC. 401(K) PLAN	
b	Name of plan sponsor	PROJECT C.U.R.E., INC.	c EIN-PN 31-0804358-001
a	Plan name	RAWLINSON ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	RAWLINSON ELECTRICAL CONSULTANTS	c EIN-PN 45-5383717-001
a	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001
a	Plan name	SITE SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	SITE SUPPLY, INC.	c EIN-PN 31-1350146-001
a	Plan name	STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	STANGENES INDUSTRIES, INC.	c EIN-PN 94-2247016-001

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	THE KENWOOD 401(K) PLAN	
b	Name of plan sponsor	THE KENWOOD CONGREGATE ASSOCIATES	c EIN-PN 36-3382337-001
a	Plan name	THRIVE BY 5 401(K) PLAN	
b	Name of plan sponsor	TB5 MANAGEMENT, LLC	c EIN-PN 92-0493249-001
a	Plan name	THRIVE PEO 401(K) PLAN	
b	Name of plan sponsor	THRIVE	c EIN-PN 84-4818583-001
a	Plan name	THS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TSCHETTER, HAMRICK, SULZER PC	c EIN-PN 84-1330276-001
a	Plan name	VINTNERS DISTRIBUTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VINTNERS DISTRIBUTORS, INC.	c EIN-PN 94-3023379-005
a	Plan name	VISIONSPARK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VISIONSPARK	c EIN-PN 45-4202552-001
a	Plan name	VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor	VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
a	Plan name	WESTBAY FLOOR SOURCE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTBAY DECORATING, INC. DBA WESTBAY FLOOR SOURCE	c EIN-PN 34-1313171-001
a	Plan name	AMERICAN MARINE SERVICES GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN WORKBOATS, INC.	c EIN-PN 99-0164323-001
a	Plan name	AMERICARE, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICARE, INC.	c EIN-PN 11-2608743-002
a	Plan name	COMCARE 401(K) PLAN	
b	Name of plan sponsor	COMCARE PRIMARY MEDICAL GROUP	c EIN-PN 46-1164827-001
a	Plan name	ELEVATE PROPERTY MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ELEVATE PROPERTY MANAGEMENT LLC	c EIN-PN 27-3695592-001

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	ELEVATED TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ELEVATED TECHNOLOGIES INC.	c EIN-PN 38-3146138-001
a	Plan name	FURMAN & HAUSWIRTH 401 (K) PLAN	
b	Name of plan sponsor	FURMAN & HAUSWIRTH CPA'S	c EIN-PN 11-3134883-001
a	Plan name	GACE 401(K) PLAN	
b	Name of plan sponsor	GACE CONSULTING ENGINEERS, P.C.	c EIN-PN 20-5995207-001
a	Plan name	GARTH FISHER M.D., A MEDICAL CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	GARTH FISHER M.D., A MEDICAL CORP.	c EIN-PN 95-4440917-001
a	Plan name	HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
b	Name of plan sponsor	HOWARD & ASSOCIATES INTERNATIONAL, INC	c EIN-PN 72-1290834-001
a	Plan name	KUHANA ASSOCIATES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KUHANA ASSOCIATES, LLC	c EIN-PN 99-0335219-001
a	Plan name	MIRCI DENTAL, PLLC 401(K) PLAN	
b	Name of plan sponsor	MIRCI DENTAL	c EIN-PN 84-2985731-001
a	Plan name	PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor	CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	c EIN-PN 95-0616125-002
a	Plan name	PATRICKS GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor	PATRICK'S GLASS, INC.	c EIN-PN 27-5286958-001
a	Plan name	RELIABLE CONTROLS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RELIABLE CONTROLS CORPORATION	c EIN-PN 87-0630670-001
a	Plan name	STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STORMS DWORAK, LLC	c EIN-PN 46-2104644-001
a	Plan name	SUMMERTOWN METALS 401(K) PLAN	
b	Name of plan sponsor	SUMMERTOWN METALS, LLC.	c EIN-PN 84-1705951-001

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	TNHD PARTNERS	
b	Name of plan sponsor	TNHD PARTNERS, LLC	c EIN-PN 27-1293636-001
a	Plan name	TOTAL RETIREMENT SOLUTIONS POOLED EMPLOYER PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-315
a	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001
a	Plan name	WILLITS & NEWCOMB 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	c EIN-PN 47-2188570-001
a	Plan name	CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED EMPLOYER SERVICES, INC.	c EIN-PN 47-2468992-001
a	Plan name	EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ONONDAGA LEASING SERVICES	c EIN-PN 16-1254312-001
a	Plan name	GAS PLUS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GAS PLUS CORPORATION	c EIN-PN 36-3181722-001
a	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE IV	
b	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-304
a	Plan name	GATEWAY AMP RETIREMENT PLAN EXCHANGE - MFS	
b	Name of plan sponsor	AMP	c EIN-PN 85-4019239-005
a	Plan name	INFINITI HR RETIREMENT PLAN	
b	Name of plan sponsor	INFINITI HR	c EIN-PN 26-2399761-001
a	Plan name	LAUGHING OUT LOUD, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	LAUGHING OUT LOUD, LLC	c EIN-PN 46-1324384-221
a	Plan name	LAW OFFICE OF MARK A. VICKNESS 401K PLAN	
b	Name of plan sponsor	LAW OFFICE OF MARK A. VICKNESS	c EIN-PN 86-1126683-001

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	PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	PATRIOT HEALTH PARTNERS INC.	c EIN-PN 84-1755108-001
a	Plan name	PAUL W. MAURER GENERAL CONTRACTING, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	PAUL W. MAURER GENERAL CONTRACTING, INC.	c EIN-PN 38-2338191-002
a	Plan name	REVOLUTION MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor	REVOLUTION MOTORSPORTS, LLC	c EIN-PN 45-3321906-001
a	Plan name	SURGICAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SURGICAL ASSOCIATES, INC.	c EIN-PN 99-0287995-002
a	Plan name	YOUNG SPROUTS CLC RETIREMENT PLAN	
b	Name of plan sponsor	YOUNG SPROUTS CLC, LLC	c EIN-PN 47-3388980-001
a	Plan name	MULBERRY COLLABORATIVE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	MULBERRY COLLABORATIVE CONSTRUCTION	c EIN-PN 82-3595383-001
a	Plan name	RJL RESOURCES, INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	RJL RESOURCES, INC.	c EIN-PN 13-4199316-001
a	Plan name	T & D MACHINE HANDLING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T & D MACHINE HANDLING, INC.	c EIN-PN 58-1630426-001
a	Plan name	TAG AGGREGATE 1 MESIROW	
b	Name of plan sponsor	TAG RESOURCES	c EIN-PN 62-1874771-004
a	Plan name	TAG AGGREGATE 401K PLAN	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 62-1874766-005
a	Plan name	TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874762-001
a	Plan name	TRIHEX ATHLETIC APPAREL LLC 401(K) P/S PLAN	
b	Name of plan sponsor	TRIHEX ATHLETIC APPAREL LLC	c EIN-PN 46-4045923-001

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	TURN-KEY TUNNELING, INC 401(K) PLAN	
b	Name of plan sponsor	TURN-KEY TUNNELING, INC.	c EIN-PN 05-0620667-002
a	Plan name	BREEDLOVE, DENNIS, & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	BREEDLOVE, DENNIS, & ASSOCIATES, INC.	c EIN-PN 59-1694414-001
a	Plan name	BROADWAY SMILES 401(K) PLAN	
b	Name of plan sponsor	BROADWAY SMILES	c EIN-PN 84-1525882-777
a	Plan name	BRYLAK & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRYLAK & ASSOCIATES, LLC	c EIN-PN 37-1510264-001
a	Plan name	BUFFALO RIVER HEALTH CARE, LLC 401(K) PLAN	
b	Name of plan sponsor	BUFFALO RIVER HEALTH CARE, LLC	c EIN-PN 47-0896423-001
a	Plan name	CONTRACT ENVIRONMENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONTRACT ENVIRONMENTS, INC.	c EIN-PN 51-0301181-001
a	Plan name	CORE SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	CORE SOLUTIONS LLC	c EIN-PN 72-1401158-001
a	Plan name	INTEGRA GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTEGRA GROUP, INC.	c EIN-PN 31-1274443-001
a	Plan name	LIBERTY RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-777
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MFS INTERNATIONAL DIVERSIFICATIONSM FUND	B Three-digit plan number (PN) ▶ 123
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 83-1098532

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	58158806
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	59277754
(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	58158806	59277754
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	58158806	59277754

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)		
(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)	3737668	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3737668

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		3737668
l Transfers of assets:			
(1) To this plan	2l(1)		12807631
(2) From this plan	2l(2)		15426351

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 _____.