

<p>Form 5500</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>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2025</p> <hr/> <p>This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

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) C

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>1a Name of plan <u>TRANSAMERICA RETIREMENT SOLUTIONS COLLECTIVE TRUST</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>001</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION</u></p> <p><u>6400 C STREET SW, MAIL STOP E1 CR</u> <u>REPORTING AND DISCLOSURE UNIT</u> <u>CEDAR RAPIDS, IA 52499</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>04-6784256</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d 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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>01/06/2026</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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 Characteristic Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic 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 2025 Form M-1 annual report. If the plan was not required to file the 2025 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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2025

This Form is Open to Public Inspection.

For calendar plan year 2025 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>TRANSAMERICA RETIREMENT SOLUTIONS COLLECTIVE TRUST</u>		B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION</u>		D Employer Identification Number (EIN) <u>04-6784256</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)

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)
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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)
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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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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)
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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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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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)
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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.)			
a	Plan name	BANGOR HYDRO ELECTRIC COMPANY PENSION PLAN	
b	Name of plan sponsor	VERSANT POWER	c EIN-PN 01-0024370-001
a	Plan name	VERSANT POWER 401(K) PLAN	
b	Name of plan sponsor	VERSANT POWER	c EIN-PN 01-0024370-004
a	Plan name	MAINE PUBLIC SERVICE CO. PENSION PLAN	
b	Name of plan sponsor	VERSANT POWER	c EIN-PN 01-0024370-005
a	Plan name	SOURCE LOGISTICS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SOURCE LOGISTICS, INC.	c EIN-PN 01-0641800-001
a	Plan name	ROCKINGHAM ELECTRICAL SUPPLY CO., LLC 401(K) PROFIT SHARING TRUST	
b	Name of plan sponsor	ROCKINGHAM ELECTRICAL SUPPLY CO., LLC	c EIN-PN 02-0234368-001
a	Plan name	ST. JOSEPH CORPORATE SERVICES 401(K) PLAN	
b	Name of plan sponsor	ST. JOSEPH HOSPITAL CORPORATE SERVICES, INC.	c EIN-PN 02-0405197-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 02-0668306-002
a	Plan name	VERMONT MUTUAL INSURANCE COMPANY EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	VERMONT MUTUAL INSURANCE COMPANY	c EIN-PN 03-0164650-001
a	Plan name	VERMONT MUTUAL INSURANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor	VERMONT MUTUAL INSURANCE COMPANY	c EIN-PN 03-0164650-002
a	Plan name	CAROL WILSON BALDWIN MONEY PURCHASE PLAN	
b	Name of plan sponsor	CAROL WILSON BALDWIN	c EIN-PN 03-5323155-001
a	Plan name	CAROL WILSON BALDWIN PROFIT SHARING PLAN	
b	Name of plan sponsor	CAROL WILSON BALDWIN	c EIN-PN 03-5323155-001
a	Plan name	PTC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PTC INC.	c EIN-PN 04-2866152-001

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	VETERANS TRANSPORTATION, LLC 401(K) PLAN	
b	Name of plan sponsor	VETERANS TRANSPORTATION, LLC	c EIN-PN 04-3147707-001
a	Plan name	INTERGEN SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERGEN SERVICES, INC.	c EIN-PN 04-3275339-001
a	Plan name	WHDH-TV, INC RETIREMENT PLAN FOR SALARIED EMPLOYEES	
b	Name of plan sponsor	SUNBEAM TV CORP RET PLN WHDH TV INC PENSION PLN TECH	c EIN-PN 04-3401364-002
a	Plan name	HEALTH CONCEPTS, LTD. 401(K) PLAN	
b	Name of plan sponsor	HEALTH CONCEPTS, LTD.	c EIN-PN 05-0400913-002
a	Plan name	SPERRY RAIL, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SPERRY RAIL, INC.	c EIN-PN 06-0917470-002
a	Plan name	NAUGATUCK VALLEY RADIOLOGICAL ASSOC, P.C. 401(K) PROFIT SHAR PLN	
b	Name of plan sponsor	NAUGATUCK VALLEY RADIOLOGICAL ASSOCIATES, P.C.	c EIN-PN 06-0931385-003
a	Plan name	HAYNES WIRE COMPANY 401(K) PLAN	
b	Name of plan sponsor	HAYNES INTERNATIONAL DBA HAYNES WIRE COMPANY	c EIN-PN 06-1185400-003
a	Plan name	HAYNES INTERNATIONAL, INC. PENSION PLAN	
b	Name of plan sponsor	HAYNES INTERNATIONAL, INC.	c EIN-PN 06-1185400-004
a	Plan name	ADAMS & KNIGHT ADVERTISING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADAMS & KNIGHT, INC.	c EIN-PN 06-1205328-001
a	Plan name	BARON INSURANCE GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	c EIN-PN 06-1472945-001
a	Plan name	RUSSIAN MEDIA GROUP, LLC	
b	Name of plan sponsor	RUSSIAN MEDIA GROUP, LLC	c EIN-PN 06-1579129-001
a	Plan name	SUFFOLK ANESTHESIA ASSOCIATES, P.C., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUFFOLK ANESTHESIOLOGY ASSOCIATES, P.C.	c EIN-PN 11-2393439-001

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	THE RET. PLAN FOR EES OF THE LONG ISLAND HOME
b	Name of plan sponsor	LONG ISLAND HOME
c	EIN-PN	11-2837244-002
a	Plan name	MASTER ELECTRO PLATERS EMPLOYER PENSION PLAN
b	Name of plan sponsor	MASTER ELECTRO PLATERS
c	EIN-PN	11-6135316-001
a	Plan name	TRANSPORT WORKERS UNION OF AMERICA 401(K) PLAN
b	Name of plan sponsor	TRANSPORT WORKERS UNION OF AMERICA
c	EIN-PN	13-1395075-002
a	Plan name	DEFINED BENEFIT PENSION PLAN OF NYACK HOSPITAL
b	Name of plan sponsor	NYACK HOSPITAL
c	EIN-PN	13-1740119-001
a	Plan name	CHR. HANSEN INVESTMENT AND RETIREMENT PLAN
b	Name of plan sponsor	CHR. HANSEN, INC.
c	EIN-PN	13-1918913-002
a	Plan name	GR. PENSION PL FOR EE OF FIN EXEC INST INC ITS AFF FIN EXEC RSRCH FOUND
b	Name of plan sponsor	FINAN EXEC INTL & ITS AFF FIN EXEC RESEARCH FOUND, INC.
c	EIN-PN	13-1981932-001
a	Plan name	TAP AIR PORTUGAL EMPLOYEES SAVINGS PLAN
b	Name of plan sponsor	TRANSPORTES AEREOS PORTUGUESSES S.A.
c	EIN-PN	13-1991291-002
a	Plan name	MAGGY LONDON INTERNATIONAL LTD. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	MAGGY LONDON INTERNATIONAL LTD.
c	EIN-PN	13-2991326-004
a	Plan name	EPSTEIN BECKER & GREEN, P.C. ASSOCIATES' SAVINGS PLAN
b	Name of plan sponsor	EPSTEIN BECKER & GREEN, P.C.
c	EIN-PN	13-3031033-006
a	Plan name	EPSTEIN BECKER & GREEN, P.C. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	EPSTEIN BECKER & GREEN, P.C.
c	EIN-PN	13-3031033-007
a	Plan name	THULE INC. 401(K) PLAN
b	Name of plan sponsor	THULE INC.
c	EIN-PN	13-3053238-001
a	Plan name	MERLIN ENTERTAINMENTS GROUP US, LLC 401(K) PLAN
b	Name of plan sponsor	MERLIN ENTERTAINMENTS GROUP US, LLC
c	EIN-PN	13-3894317-001

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	LEXINGTON MEDICAL GROUP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LEXINGTON MEDICAL GROUP
c	EIN-PN	13-4125496-001
a	Plan name	AFFINITY FEDERAL CREDIT UNION
b	Name of plan sponsor	AFFINITY FEDERAL CREDIT UNION
c	EIN-PN	13-5562114-002
a	Plan name	WACOAL AMERICA, INC. SAVINGS AND PROFIT SHARING PLAN
b	Name of plan sponsor	WACOAL AMERICA, INC.
c	EIN-PN	13-5613239-002
a	Plan name	DEPUTY SHERIFFS ASSOC AND SR DEPUTY SHERIFFS ASSOC ANNUITY FUND
b	Name of plan sponsor	NYC DEPUTY SHERIFFS ASSOC.
c	EIN-PN	13-6286241-001
a	Plan name	VASSAR COLLEGE DEFINED BENEFIT PENSION PLAN
b	Name of plan sponsor	VASSAR COLLEGE
c	EIN-PN	14-1338587-001
a	Plan name	TACONIC BIOSCIENCES, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	TACONIC BIOSCIENCES, INC.
c	EIN-PN	14-1381104-001
a	Plan name	GROUP PENSION PLAN FOR EMPLOYEES OF CORTLAND MEMORIAL HOSPITAL
b	Name of plan sponsor	CORTLAND MEMORIAL HOSPITAL, INC.
c	EIN-PN	15-0532079-001
a	Plan name	RET PLN FOR LIC PRACT NURS OF SAMAR MED CTR SAMAR KEEP NURS HOME
b	Name of plan sponsor	SAMARITAN MEDICAL CENTER
c	EIN-PN	15-0533577-003
a	Plan name	THE MCGUIRE GROUP 401(K) PLAN
b	Name of plan sponsor	THE MCGUIRE GROUP
c	EIN-PN	16-1294882-001
a	Plan name	FIRSTSERVICE RESIDENTIAL 401(K) PLAN
b	Name of plan sponsor	FIRSTSERVICE RESIDENTIAL, INC.
c	EIN-PN	16-1682850-001
a	Plan name	HUGHSTON HEALTHCARE 401(K) PLAN
b	Name of plan sponsor	HMMG, LLC
c	EIN-PN	20-0359919-001
a	Plan name	ORCHID INTERNATIONAL 401(K) RETIREMENT PLAN
b	Name of plan sponsor	ORCHID MONROE, LLC
c	EIN-PN	20-0470136-001

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	FNAM 401(K) PLAN	
b	Name of plan sponsor	FIRST NATIONAL ASSETS MANAGEMENT, LLC	c EIN-PN 20-0842769-001
a	Plan name	CIS SECURE COMPUTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CIS SECURE COMPUTING, INC.	c EIN-PN 20-0858084-001
a	Plan name	GAMBLIN LLC DBA ART GAMBLIN MOTORS	
b	Name of plan sponsor	GAMBLIN LLC DBA ART GAMBLIN MOTORS	c EIN-PN 20-0883879-001
a	Plan name	SUNLINK HEALTHCARE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MEDCARE SOUTH, LLC	c EIN-PN 20-1353960-001
a	Plan name	IMC COMPANIES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IMC COMPANIES, LLC	c EIN-PN 20-1374088-001
a	Plan name	IMC COMPANIES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IMC COMPANIES, LLC	c EIN-PN 20-1374089-001
a	Plan name	COOPER SALARIED EMPLOYEES PENSION ACCOUNT PLAN	
b	Name of plan sponsor	APEX TOOL GROUP, LLC	c EIN-PN 20-1686977-290
a	Plan name	PROPETRO SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	PROPETRO SERVICES, INC.	c EIN-PN 20-2476353-001
a	Plan name	WESTERN DUBUQUE BIODIESEL, LLC 401(K) PLAN	
b	Name of plan sponsor	WESTERN DUBUQUE BIODIESEL, LLC	c EIN-PN 20-3857933-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 20-4344202-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 20-4513774-002
a	Plan name	KRAEMER MINING & MINERALS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KRAEMER MINING & MATERIALS, INC.	c EIN-PN 20-4804797-001

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	JOERNS HEALTHCARE RETIREMENT PLAN	
b	Name of plan sponsor	JOERNS HEALTHCARE LLC	c EIN-PN 20-5251510-001
a	Plan name	ALLIANT INTERNATIONAL UNIVERSITY RETIREMENT PLAN	
b	Name of plan sponsor	ALLIANT INTERNATIONAL UNIVERSITY	c EIN-PN 20-5683516-003
a	Plan name	HARD ROCK FUTURECARE 401(K) PLAN	
b	Name of plan sponsor	SEMINOLE HARD ROCK ENTERTAINMENT, INC.	c EIN-PN 20-8347464-001
a	Plan name	MEDFORD LEAS 401(K) PLAN	
b	Name of plan sponsor	THE ESTAUGH T/A MEDFORD LEAS	c EIN-PN 21-0633410-001
a	Plan name	REEB MILLWORK CORPORATION 401(K) PLAN	
b	Name of plan sponsor	REEB MILLWORK CORPORATION	c EIN-PN 22-1223387-001
a	Plan name	EZ CHOICE 401(K) POOLED EMPLOYER PLAN	
b	Name of plan sponsor	NPPG PLAN PROFESSIONALS	c EIN-PN 22-1656665-306
a	Plan name	SAKER SHOPRITES, INC. 401(K) PLAN	
b	Name of plan sponsor	SAKER SHOPRITES, INC.	c EIN-PN 22-1729304-003
a	Plan name	PERRITT LABORATORIES, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERRITT LABORATORIES, INC.	c EIN-PN 22-2007841-001
a	Plan name	ALLIANCE SHIPPERS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ALLIANCE SHIPPERS, INC.	c EIN-PN 22-2159176-001
a	Plan name	YKK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	YKK CORPORATION OF AMERICA	c EIN-PN 22-2830094-002
a	Plan name	LAMONT FINANCIAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	LAMONT FINANCIAL SERVICES CORPORATION	c EIN-PN 22-2857916-001
a	Plan name	ZELDIS RESEARCH ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor	ZELDIS RESEARCH ASSOCIATES	c EIN-PN 22-3175286-001

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	IDT CORPORATION 401(K) PLAN
b	Name of plan sponsor	IDT CORPORATION
c	EIN-PN	22-3312700-001
a	Plan name	IONBOND INC. SAVINGS INCENTIVE PLAN
b	Name of plan sponsor	IONBOND LLC
c	EIN-PN	22-3322481-001
a	Plan name	THE 401(K) RET PLN FOR PERM NON BARG UNIT EE ROARING SPRNG BLNK BK CO
b	Name of plan sponsor	ROARING SPRING BLANK BOOK COMPANY
c	EIN-PN	23-1023880-005
a	Plan name	ARNOLD TRANSPORTATION SERVICES, INC. 401(K) PLAN
b	Name of plan sponsor	ARNOLD TRANSPORTATION SERVICES, INC.
c	EIN-PN	23-1582737-001
a	Plan name	IUPAT DISTRICT COUNCIL NO. 21 OF NORTHEASTERN PA ANNUITY PLAN
b	Name of plan sponsor	IUPAT DISTRICT COUNCIL NO. 21 OF NORTHEASTERN PA
c	EIN-PN	23-2481824-001
a	Plan name	ARBUTUS PARK MANOR RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ARBUTUS PARK MANOR
c	EIN-PN	23-7064174-001
a	Plan name	MID-AMERICA TRANSPLANT SERVICES SAVINGS AND INVESTMENT PLAN
b	Name of plan sponsor	MID-AMERICA TRANSPLANT SERVICES
c	EIN-PN	23-7426306-001
a	Plan name	HOLY FAMILY INSTITUTE RETIREMENT PLAN
b	Name of plan sponsor	HOLY FAMILY INSTITUTE
c	EIN-PN	25-0984606-002
a	Plan name	GRADY MEMORIAL HOSPITAL CORPORATION 401(K) PLAN
b	Name of plan sponsor	GRADY MEMORIAL HOSPITAL CORPORATION
c	EIN-PN	26-2037695-001
a	Plan name	ACE HOTEL NEW YORK UNION PENSION PLAN
b	Name of plan sponsor	ACE HOTEL NEW YORK UNION
c	EIN-PN	26-2205148-002
a	Plan name	PREMIER 401(K) POOLED EMPLOYER PLAN
b	Name of plan sponsor	NPPG PLAN PROFESSIONALS
c	EIN-PN	26-2617998-311
a	Plan name	LINK RESTAURANT GROUP, LLC 401(K) PLAN
b	Name of plan sponsor	LINK RESTAURANT GROUP, LLC
c	EIN-PN	26-3553309-001

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	PINEBRIDGE 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	PINEBRIDGE INVESTMENTS HOLDINGS US LLC
c	EIN-PN	26-4672666-001
a	Plan name	JUSTICE FAMILY GROUP 401(K) RETIREMENT PLAN
b	Name of plan sponsor	JUSTICE FAMILY GROUP, LLC
c	EIN-PN	26-4812818-001
a	Plan name	THE WINNER'S CIRCLE 401(K) RETIREMENT PLAN
b	Name of plan sponsor	G-PEG 1 DBA CARSON VALLEY INN
c	EIN-PN	27-0434496-001
a	Plan name	HIGHLANDS AUTOMOTIVE HOLDINGS, INC. 401(K) PLAN
b	Name of plan sponsor	HIGHLANDS AUTOMOTIVE HOLDINGS, INC
c	EIN-PN	27-0881697-001
a	Plan name	DLJ REAL ESTATE CAPITAL PARTNERS, LLC 401(K) PLAN
b	Name of plan sponsor	DLJ REAL ESTATE CAPITAL PARTNERS, LLC
c	EIN-PN	27-3051867-001
a	Plan name	EYE CENTERS OF AMERICA 401(K)
b	Name of plan sponsor	EYE CENTERS OF AMERICA LLC
c	EIN-PN	27-3654710-001
a	Plan name	SALIENT CRGT, INC. 401(K) PLAN
b	Name of plan sponsor	GOVERNMENTCIO, LLC
c	EIN-PN	27-3903343-001
a	Plan name	PYRAMID COMPANIES GROUP
b	Name of plan sponsor	PYRAMID MANAGEMENT GROUP
c	EIN-PN	27-4115851-002
a	Plan name	ATRIA SENIOR LIVING, INC. 401(K) PLAN
b	Name of plan sponsor	ATRIA SENIOR LIVING, INC.
c	EIN-PN	27-4673765-001
a	Plan name	MIGIS HOTEL GROUP 401(K)
b	Name of plan sponsor	MIGIS HOTEL GROUP
c	EIN-PN	27-5333403-001
a	Plan name	MARINE ACQUISITION CORP. RETIREMENT INCOME PLAN
b	Name of plan sponsor	MARINE ACQUISITION CORP.
c	EIN-PN	27-5496404-002
a	Plan name	ALMATIS, INC. RET. PLAN
b	Name of plan sponsor	ALMATIS, INC.
c	EIN-PN	30-0222885-002

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	THE COFFEE PACIFIC PROFIT SHARING INVESTMENT PLAN	
b	Name of plan sponsor	COFFEE PACIFIC, LLC	c EIN-PN 30-0307589-001
a	Plan name	TOTES ISOTONER CORPORATION EMPLOYEES' PENSION PLAN	
b	Name of plan sponsor	TOTES ISOTONER CORPORATION	c EIN-PN 31-0405270-002
a	Plan name	TBC RETAIL ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TBC CORPORATION	c EIN-PN 31-0600670-002
a	Plan name	TBC CORPORATION SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	TBC CORPORATION	c EIN-PN 31-0600670-003
a	Plan name	JORDAN INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ETX, INC.	c EIN-PN 31-0727528-001
a	Plan name	CRAWFORD PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	CRAWFORD PRODUCTS, INC.	c EIN-PN 31-0807148-002
a	Plan name	KOMAR INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KOMAR INDUSTRIES, INC.	c EIN-PN 31-1239347-001
a	Plan name	401(K) SAVINGS PLAN FOR EES OF THE DISPATCH PRINT CO AND ASSOC ERS	
b	Name of plan sponsor	THE DISPATCH PRINTING COMPANY	c EIN-PN 31-4166990-334
a	Plan name	ROBERT ROSENZWEIG, MD PC 401K PLAN	
b	Name of plan sponsor	ROBERT ROSENZWEIG, MD PC	c EIN-PN 32-0051907-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 32-0165202-002
a	Plan name	RADIUS GLOBAL SOLUTIONS 401K PLAN	
b	Name of plan sponsor	RADIUS HOLDINGS LLC	c EIN-PN 32-0403214-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 32-2252258-002

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	BRAVO SPORTS 401(K) PLAN
b	Name of plan sponsor	BRAVO SPORTS
c	EIN-PN	33-0223439-001
a	Plan name	AUTOWEB, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	AUTOWEB, INC.
c	EIN-PN	33-0711569-001
a	Plan name	MIDWESTERN INDUSTRIES, INC.
b	Name of plan sponsor	MIDWESTERN INDUSTRIES, INC.
c	EIN-PN	34-0895545-001
a	Plan name	SPIETH, BELL, MCCURDY & NEWELL CO., LPA PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	SPIETH, BELL, MCCURDY & NEWELL CO., L.P.A.
c	EIN-PN	34-1145791-001
a	Plan name	CLEVELAND ASBESTOS WORKERS DEFINED CONTRIBUTION PLAN
b	Name of plan sponsor	INTL ASSOC OF HEAT FROST INSULATORS & ALLIED LOCAL #3
c	EIN-PN	34-1311911-001
a	Plan name	THE RUDOLPH/LIBBE COMPANIES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THE RUDOLPH/LIBBE COMPANIES, INC.
c	EIN-PN	34-1520402-002
a	Plan name	PEN PLAN FOR EE'S OF FIRST CITIZENS BANC CORP & ITS AFFLS.
b	Name of plan sponsor	CIVISTA BANCSHARES, INC.
c	EIN-PN	34-1558688-001
a	Plan name	AUTO SYSTEMS CENTERS, INC. 401(K) PLAN
b	Name of plan sponsor	AUTO SYSTEMS CENTERS, INC.
c	EIN-PN	34-1841648-002
a	Plan name	MAINTHIA TECHNOLOGIES, INC. 401(K) PLAN
b	Name of plan sponsor	MAINTHIA TECHNOLOGIES, INC.
c	EIN-PN	34-1844305-001
a	Plan name	THE TOLEDO NEWSPAPER UNIONS - BLADE SAVINGS PLAN AND TRUST
b	Name of plan sponsor	TOLEDO NEWSPAPER UNIONS - BLADE
c	EIN-PN	34-4374555-002
a	Plan name	THE 401(K) SALARY DEFFERAL PROGRAM FOR TOLEDO EMPLOYEES
b	Name of plan sponsor	CITY OF TOLEDO
c	EIN-PN	34-6401447-001
a	Plan name	PORTER-STARKE SERVICES, INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	PORTER-STARKE SERVICES, INC.
c	EIN-PN	35-1330771-001

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	MERRITT HALL ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MERRITT HALL ENTERPRISES	c EIN-PN 35-1722653-001
a	Plan name	ADKEV/REGAL 401K PLAN	
b	Name of plan sponsor	ADKEV, INC.	c EIN-PN 35-1807005-001
a	Plan name	PLUMBERS AND STEAMFITTERS LOCAL 166 PROFIT SHARING ANNUITY PLAN	
b	Name of plan sponsor	PLUMBERS AND STEAMFITTERS LOCAL 166	c EIN-PN 35-1953097-001
a	Plan name	DEACONESS WOMENS HOSPITAL OF SOUTHERN INDIANA, LLC 401(K) PLAN	
b	Name of plan sponsor	DEACONESS WOMEN'S HOSPITAL OF SOUTHERN IN, LLC	c EIN-PN 35-2062016-001
a	Plan name	VECTREN CORPORATION COMBINED NON-BARGAINING RET. PLAN	
b	Name of plan sponsor	VECTREN CORPORATION	c EIN-PN 35-2086905-001
a	Plan name	VECTREN CORPORATION COMBINED NON-BARGAINING RET. PLAN	
b	Name of plan sponsor	VECTREN CORPORATION	c EIN-PN 35-2086905-002
a	Plan name	RET PLAN EES OF LIONS CLUBS	
b	Name of plan sponsor	THE INTERNATIONAL ASSOCIATION OF LIONS CLUBS	c EIN-PN 36-1263962-001
a	Plan name	DEVRO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DEVRO, INC.	c EIN-PN 36-2704043-001
a	Plan name	DEVRO EMPLOYEES PENSION PLAN	
b	Name of plan sponsor	DEVRO, INC.	c EIN-PN 36-2704043-009
a	Plan name	LEVIN & GINSBURG LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVIN & GINSBURG LTD.	c EIN-PN 36-3007629-001
a	Plan name	MESIROW FINANCIAL SAVINGS PLAN	
b	Name of plan sponsor	MESIROW FINANCIAL ADMINISTRATIVE CORPORATION	c EIN-PN 36-3429602-003
a	Plan name	MCCULLOUGH, CAMPBELL & LANE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MCCULLOUGH, CAMPBELL & LANE LLP	c EIN-PN 36-3510131-001

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	JORDAN INDUSTRIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ETX, INC.	c EIN-PN 36-4451120-001
a	Plan name	HARD ROCK SACRAMENTO RETIREMENT PLAN	
b	Name of plan sponsor	ENTERPRISE DEV AUTHORITY DBA HARD RCK HTL CASINO SACR	c EIN-PN 36-4878288-001
a	Plan name	CHELSEA MILLING CO CHELSEA DIV PROFIT-SHARING AND 401(K) RET PLAN	
b	Name of plan sponsor	CHELSEA MILLING COMPANY	c EIN-PN 38-0415770-001
a	Plan name	CHELSEA MILLING CO C&S CARTON DIV EES PROFIT-SHARING AND 401(K) PLAN	
b	Name of plan sponsor	CHELSEA MILLING COMPANY	c EIN-PN 38-0415770-002
a	Plan name	RETIREMENT PLAN FOR EMPLOYEES OF FRANKENMUTH MUTUAL INS CO	
b	Name of plan sponsor	FRANKENMUTH MUTUAL INSURANCE COMPANY	c EIN-PN 38-0555290-002
a	Plan name	L&L PRODUCTS EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	L&L PRODUCTS, INC.	c EIN-PN 38-1587867-002
a	Plan name	ORT TOOL & DIE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ORT TOOL & DIE CORPORATION	c EIN-PN 38-1655920-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-1717742-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-1809742-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-1840013-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-2258653-002
a	Plan name	DOETSCH INDUSTRIAL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DOETSCH INDUSTRIAL SERVICES, INC.	c EIN-PN 38-2321717-001

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	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-2421225-002
a	Plan name	FENTURA FINANCIAL, INC. EE DEFERRED COMP AND STOCK OWNERSHIP	
b	Name of plan sponsor	FENTURA FINANCIAL, INC.	c EIN-PN 38-2806518-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-2896665-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3015814-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3050113-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3119095-002
a	Plan name	CHARTER INDUSTRIES EXTRUSIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHARTER INDUSTRIES	c EIN-PN 38-3126373-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3161186-002
a	Plan name	PROVIDERS STAFFING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PROVIDERS STAFFING, INC.	c EIN-PN 38-3209826-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3221097-002
a	Plan name	FICOSA NORTH AMERICA CORPORATION PENSION PLAN	
b	Name of plan sponsor	FICOSA NORTH AMERICA CORPORATION	c EIN-PN 38-3247924-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3279069-002

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	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3279071-002
a	Plan name	THE LEONA GROUP, L.L.C. EMPLOYEE DEFERRAL COMPENSATION PLAN	
b	Name of plan sponsor	THE LEONA GROUP, L.L.C.	c EIN-PN 38-3311066-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3338923-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3393968-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3516315-002
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3545149-002
a	Plan name	NORTHWEST MICHIGAN SURGERY CENTER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	NW MI SURGERY CTR, L.L.C. DBA COPPER RIDGE SURGERY	c EIN-PN 38-3551681-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 38-3561542-002
a	Plan name	FLINT PLUMBERS & PIPEFITTERS MONEY PURCHASE PLAN	
b	Name of plan sponsor	FLINT PLUMBING AND PIPEFITTING INDUSTRY	c EIN-PN 38-6254230-002
a	Plan name	ZIMBRICK, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ZIMBRICK, INC.	c EIN-PN 39-0963195-001
a	Plan name	PIONEER PRODUCTS, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PIONEER PRODUCTS, INC.	c EIN-PN 39-1078454-003
a	Plan name	BEAVER DAM COMMUNITY HOSPITALS, INC. RET. PLAN	
b	Name of plan sponsor	BEAVER DAM COMMUNITY HOSPITALS, INC.	c EIN-PN 39-1157876-001

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	FCP RETIREMENT PLAN	
b	Name of plan sponsor	FOREST COUNTY POTAWATOMI COMMUNITY	c EIN-PN 39-1225059-001
a	Plan name	GREENFIELD REHAB AGENCY, INC. EMPLOYEES' 401(K) RET SAV PLAN	
b	Name of plan sponsor	GREENFIELD REHABILITATION AGENCY, INC.	c EIN-PN 39-1385825-001
a	Plan name	SCHLOSSMANN AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHLOSSMANN AUTOMOTIVE GROUP	c EIN-PN 39-1501205-001
a	Plan name	AFFILIATED PRODUCTS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AFFILIATED PRODUCTS, INC.	c EIN-PN 39-1525389-777
a	Plan name	THE BOUCHER GROUP 401(K) PROFIT-SHARING SAVINGS PLAN	
b	Name of plan sponsor	THE BOUCHER GROUP, INC.	c EIN-PN 39-1607079-001
a	Plan name	PREVEA CLINIC, INC. 401(K) AND RETIREMENT PLAN	
b	Name of plan sponsor	PREVEA CLINIC, INC.	c EIN-PN 39-1839349-004
a	Plan name	BARON INSURANCE GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	c EIN-PN 39-1878956-001
a	Plan name	ONEIDA NATION ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	ONEIDA NATION	c EIN-PN 39-6081138-004
a	Plan name	MINNESOTA NATIONAL BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MINNESOTA NATIONAL BANK	c EIN-PN 41-0406600-333
a	Plan name	BWBR ARCHITECTS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	BWBR ARCHITECTS, INC.	c EIN-PN 41-0823721-001
a	Plan name	W.D. LARSON COMPANIES LTD, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	W.D. LARSON COMPANIES LTD, INC.	c EIN-PN 41-1244294-001
a	Plan name	HARLEM GLOBETROTTERS INTERNATIONAL, INC. 401(K) RET PLAN	
b	Name of plan sponsor	HARLEM GLOBETROTTERS INTERNATIONAL, INC.	c EIN-PN 41-1748594-001

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	MINNESOTA WILD 401(K) PLAN	
b	Name of plan sponsor	MINNESOTA HOCKEY VENTURES GROUP, L.P.	c EIN-PN 41-1878884-001
a	Plan name	ELECTRICAL WORKERS PENSION FUND PART A	
b	Name of plan sponsor	ELECTRICAL WORKERS LOCAL 242 AND 294 PENSION FUND	c EIN-PN 41-6052631-001
a	Plan name	ELECTRICAL WORKERS PENSION FUND PART B	
b	Name of plan sponsor	ELECTRICAL WORKERS LOCAL 242 AND 294 PENSION FUND	c EIN-PN 41-6052631-001
a	Plan name	ELECTRICAL WORKERS PENSION FUND PART C	
b	Name of plan sponsor	ELECTRICAL WORKERS LOCAL 242 AND 294 PENSION FUND	c EIN-PN 41-6052631-001
a	Plan name	FAREWAY STORES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FAREWAY STORES, INC.	c EIN-PN 42-0240920-002
a	Plan name	AEGON USA, LLC PENSION PLAN	
b	Name of plan sponsor	AEGON USA, LLC	c EIN-PN 42-1310237-002
a	Plan name	AEGON USA PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRANSAMERICA CORPORATION	c EIN-PN 42-1484983-003
a	Plan name	RK STRATMAN, INC. 401(K) PROFIT-SHARING PLAN	
b	Name of plan sponsor	RK STRATMAN, INC.	c EIN-PN 43-1432476-001
a	Plan name	PIPE FITTERS LOCAL NO. 533 PENSION PLAN	
b	Name of plan sponsor	PIPE FITTERS LOCAL NO. 533	c EIN-PN 43-6175719-001
a	Plan name	PIPE FITTERS LOCAL NO. 533 INDIVIDUAL ACCOUNT PLAN	
b	Name of plan sponsor	PIPE FITTERS LOCAL NO. 533	c EIN-PN 43-6175719-002
a	Plan name	SEMCO, INC. 401(K) PLAN	
b	Name of plan sponsor	SEMCO, LLC	c EIN-PN 44-0668021-003
a	Plan name	ENOVA INTERNATIONAL, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ENOVA INTERNATIONAL, INC.	c EIN-PN 45-3190813-001

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	RL WEST OF NORTH CAROLINA, LLC 401(K) PLAN	
b	Name of plan sponsor	RL WEST OF NORTH CAROLINA, LLC	c EIN-PN 45-4907441-001
a	Plan name	ASCENT AEROSPACE HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ASCENT AEROSPACE HOLDINGS, LLC	c EIN-PN 46-1243767-001
a	Plan name	HERSCHEND FAMILY ENTERTAINMENT PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	HERSCHEND ENTERTAINMENT COMPANY, LLC	c EIN-PN 46-3014631-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 47-0874223-002
a	Plan name	KRAEMER NORTH AMERICA, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KRAEMER NORTH AMERICA, LLC	c EIN-PN 47-2031815-001
a	Plan name	SECU/S3 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SECU CREDIT UNION	c EIN-PN 52-0627114-001
a	Plan name	APPALACHIAN REGIONAL HEALTHCARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	APPALACHIAN REGIONAL HEALTHCARE, INC.	c EIN-PN 52-0795508-001
a	Plan name	APPALACHIAN REGIONAL HEALTHCARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	APPALACHIAN REGIONAL HEALTHCARE, INC.	c EIN-PN 52-0795508-002
a	Plan name	APPALACHIAN REGIONAL HEALTHCARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	APPALACHIAN REGIONAL HEALTHCARE, INC.	c EIN-PN 52-0795508-003
a	Plan name	PLAZA FORD, INC. EMPLOYEES SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PLAZA FORD, INC.	c EIN-PN 52-0847541-001
a	Plan name	SHIMADZU SCIENTIFIC INSTRUMENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SHIMADZU SCIENTIFIC INSTRUMENTS, INC.	c EIN-PN 52-1035956-001
a	Plan name	DXI CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DXI CONSTRUCTION, INC.	c EIN-PN 52-1296506-001

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	OAPI RETIREMENT PLAN	
b	Name of plan sponsor	OAPI RETIREMENT PLAN	c EIN-PN 52-1630683-002
a	Plan name	THE CHROMALOX EMPLOYEE SAVINGS INVESTMENT PLAN	
b	Name of plan sponsor	CHROMALOX, INC.	c EIN-PN 52-2358375-001
a	Plan name	LINCOLN INDUSTRIAL CORP. OMNIBUS PLAN	
b	Name of plan sponsor	LINCOLN INDUSTRIAL CORPORATION	c EIN-PN 52-2361769-007
a	Plan name	EPES TRANSPORT SYSTEM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EPES TRANSPORT SYSTEM, LLC	c EIN-PN 54-0409030-001
a	Plan name	EYE SURGEONS OF RICHMOND, INC. PROFIT SHARING & TRUST	
b	Name of plan sponsor	EYE SURGEONS OF RICHMOND, INC.	c EIN-PN 54-1119248-001
a	Plan name	COMMONWEALTH ANESTHESIA ASSOC P.C 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMONWEALTH ANESTHESIA ASSOCIATES, P.C.	c EIN-PN 54-1472926-001
a	Plan name	AURORA FLIGHT SCIENCES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AURORA FLIGHT SCIENCES CORPORATION	c EIN-PN 54-1502935-001
a	Plan name	RESULT, L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RESULT, L.L.C.	c EIN-PN 54-1993364-001
a	Plan name	BLUESTONE, INC. 401(K) PLAN	
b	Name of plan sponsor	BLUESTONE RESOURCES, INC.	c EIN-PN 55-0673464-002
a	Plan name	EPES LOGISTICS SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EPES LOGISTICS SERVICES, INC.	c EIN-PN 56-1647161-001
a	Plan name	RETAIL SPORTS MARKETING 401(K)	
b	Name of plan sponsor	RETAIL SPORTS MARKETING	c EIN-PN 56-1979360-001
a	Plan name	SOUTHERN GRAPHIC SYSTEMS SAVINGS PLAN	
b	Name of plan sponsor	SOUTHERN GRAPHICS, INC.	c EIN-PN 56-2555719-001

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	THUNDER VALLEY CASINO 401(K) RETIREMENT PLAN
b	Name of plan sponsor	THUNDER VALLEY CASINO
c	EIN-PN	57-1136913-001
a	Plan name	THE OXFORD FINANCE SAFE HARBOR PLAN
b	Name of plan sponsor	OXFORD FINANCE LLC
c	EIN-PN	57-1199143-001
a	Plan name	RESURGENS ORTHOPAEDICS 401(K) RETIREMENT PLAN
b	Name of plan sponsor	RESURGENS, P.C.
c	EIN-PN	58-1661116-002
a	Plan name	YKK AP AMERICA INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	YKK AP AMERICA INC.
c	EIN-PN	58-1941588-001
a	Plan name	GABLES ENGINEERING, INC. 401(K) PLAN
b	Name of plan sponsor	GABLES ENGINEERING, INC.
c	EIN-PN	59-0561349-002
a	Plan name	MICCOSUKEE TRIBE OF INDIANS OF FLORIDA 401(K) PLAN
b	Name of plan sponsor	MICCOSUKEE TRIBE OF INDIANS OF FLORIDA
c	EIN-PN	59-0996784-001
a	Plan name	SEMINOLE TRIBE OF FLORIDA 401(K) PLAN
b	Name of plan sponsor	SEMINOLE TRIBE OF FL AND SEMINOLE TRIBE OF FL INC
c	EIN-PN	59-1415030-001
a	Plan name	SEMINOLE INDIAN CASINO 401(K) PLAN
b	Name of plan sponsor	SEMINOLE TRIBE OF FLORIDA
c	EIN-PN	59-1415030-002
a	Plan name	NORTH FLORIDA WOMEN'S CARE, P.A. RETIREMENT PLAN
b	Name of plan sponsor	NORTH FLORIDA WOMEN'S CARE, P.A.
c	EIN-PN	59-2825211-002
a	Plan name	WHDH-TV,INC RETIREMENT PLAN FOR SALARIED EMPLOYEES
b	Name of plan sponsor	SUNBEAM TV CORP RET PLN WHDH-TV,INC PENS PLN FOR TECH
c	EIN-PN	59-6071944-001
a	Plan name	BOEHL STOPHER & GRAVES AMENDED AND RESTATED RET SAVINGS PLAN
b	Name of plan sponsor	BOEHL STOPHER & GRAVES, LLP
c	EIN-PN	61-0465580-001
a	Plan name	BURCH, PORTER & JOHNSON SELF EMPLOYED RETIREMENT PLAN
b	Name of plan sponsor	BURCH, PORTER & JOHNSON, PLLC
c	EIN-PN	62-0512769-001

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	INSULATION & REFRACTORIES SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	INSULATION & REFRACTORIES SERVICES, INC.	c EIN-PN 62-0810823-002
a	Plan name	DEROYAL EMPLOYEES' SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	DEROYAL INDUSTRIES, INC.	c EIN-PN 62-1047215-001
a	Plan name	IMC COMPANIES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IMC COMPANIES, LLC	c EIN-PN 62-1146133-001
a	Plan name	IMC COMPANIES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IMC COMPANIES, LLC	c EIN-PN 62-1720941-001
a	Plan name	DEFERRED SALARY PROFIT-SHARING PLAN FOR EMPLOYEES OF HICKS, INC.	
b	Name of plan sponsor	HICKS INC.	c EIN-PN 63-0374814-001
a	Plan name	SOUTHEASTERN PROPERTY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	SOUTHEASTERN PROPERTY MANAGEMENT, LLC	c EIN-PN 63-0755228-001
a	Plan name	L&W 401(K) ADVISORY RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 63-0912885-028
a	Plan name	COMYNS, SMITH, MCCLEARY & DEEVER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMYNS, SMITH, MCCLEARY & DEEVER, LLP	c EIN-PN 68-0307221-001
a	Plan name	ENTERPRISE RANCHERIA 401(K) PLAN	
b	Name of plan sponsor	ENT RANCHERIA ESTOM YUMEKA MAIDU INDIANS OF CA	c EIN-PN 68-0338086-001
a	Plan name	WADDELL SERAFINO GEARY RECHNER JENEVEIN, PC EES SAVINGS TRUST	
b	Name of plan sponsor	WADDELL SERAFINO GEARY RECHNER JENEVEIN, PC	c EIN-PN 68-0643646-001
a	Plan name	WRIGHT, LINDSEY & JENNINGS LLP PROFIT SHAR PLN TRUST JENNINGS LLP	
b	Name of plan sponsor	WRIGHT LINDSEY & JENNINGS L L P	c EIN-PN 71-0239196-001
a	Plan name	CROMWELL ARCHITECTS ENGINEERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CROMWELL ARCHITECTS ENGINEERS, INC.	c EIN-PN 71-0349938-002

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	PROFIT SHARING PLAN OF ROSE LAW FIRM, A PROFESSIONAL ASSOC	
b	Name of plan sponsor	ROSE LAW FIRM, A PROFESSIONAL ASSOCIATION	c EIN-PN 71-0438614-001
a	Plan name	MAVERICK ADMINISTRATIVE SERVICES, LLC	
b	Name of plan sponsor	MAVERICK USA, INC.	c EIN-PN 71-0532344-001
a	Plan name	MIDDLETON, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MIDDLETON, INC.	c EIN-PN 71-0567934-001
a	Plan name	ARKANSAS BEST 401(K) AND DC RETIREMENT PLAN	
b	Name of plan sponsor	ARCBEST CORPORATION	c EIN-PN 71-0673405-002
a	Plan name	NAB PENSION RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	THE NABHOLZ GROUP, INC.	c EIN-PN 71-0833356-001
a	Plan name	KARNES ELECTRIC COOPERATIVE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KARNES ELECTRIC COOPERATIVE, INC.	c EIN-PN 74-0720615-002
a	Plan name	HUSTON-TILLOTSON UNIVERSITY 401K PLAN	
b	Name of plan sponsor	HUSTON-TILLOTSON UNIVERSITY	c EIN-PN 74-1180151-001
a	Plan name	REDI-CARPET, INC. 401(K) PLAN	
b	Name of plan sponsor	REDI-CARPET, INC.	c EIN-PN 74-2207268-001
a	Plan name	DOCTORS HOSPITAL AT RENAISSANCE 401(K) PLAN	
b	Name of plan sponsor	DOCTORS HOSPITAL AT RENAISSANCE	c EIN-PN 74-2802643-001
a	Plan name	THE PERFICIENT, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	PERFICIENT, INC.	c EIN-PN 74-2853258-001
a	Plan name	BUDWEISER DISTRIBUTING COMPANY OF BORGER, LP 401(K) RET PLAN	
b	Name of plan sponsor	BUDWEISER DISTRIBUTING COMPANY OF BORGER, LP	c EIN-PN 75-1325404-001
a	Plan name	QUORUM HOTEL ADVISORS LLC 401K PLAN	
b	Name of plan sponsor	QUORUM HOTEL ADVISORS LLC.	c EIN-PN 75-2188308-001

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	ACUREN INSPECTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ACUREN INSPECTION, INC.	c EIN-PN 75-2332601-001
a	Plan name	ENERGYNET 401(K) PLAN	
b	Name of plan sponsor	ENERGYNET.COM, INC.	c EIN-PN 75-2806162-001
a	Plan name	COOPER SALARIED EMPLOYEES PENSION ACCOUNT PLAN	
b	Name of plan sponsor	APEX TOOL GROUP, LLC	c EIN-PN 76-0554126-046
a	Plan name	GARLINGTON, LOHN & ROBINSON PLLP SAV AND PROFIT SHARING PLAN	
b	Name of plan sponsor	GARLINGTON, LOHN & ROBINSON PLLP	c EIN-PN 81-0173853-001
a	Plan name	IDAHO FARM BUREAU FEDERATION 401(K) PLAN	
b	Name of plan sponsor	IDAHO FARM BUREAU FEDERATION	c EIN-PN 82-0181284-004
a	Plan name	FARM BUREAU MUTUAL INSURANCE CO OF IDAHO VOL EE SAV PLN	
b	Name of plan sponsor	FARM BUREAU MUTUAL INSURANCE COMPANY OF ID	c EIN-PN 82-0189910-004
a	Plan name	BOARDWALK 1000 RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BOARDWALK 1000, LLC	c EIN-PN 82-0793295-001
a	Plan name	SEMINOLE HARD ROCK SUPPORT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	SEMINOLE HARD ROCK SUPPORT SERVICES, LLC	c EIN-PN 82-0860655-001
a	Plan name	STANLEY FURNITURE COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	STANLEY FURNITURE COMPANY LLC	c EIN-PN 82-3394575-004
a	Plan name	IMC COMPANIES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IMC COMPANIES, LLC	c EIN-PN 82-3480090-001
a	Plan name	IMC COMPANIES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IMC COMPANIES, LLC	c EIN-PN 82-3530899-001
a	Plan name	DURIEUX GROUP RETIREMENT PLAN	
b	Name of plan sponsor	DURIEUX GROUP, INC.	c EIN-PN 82-4510521-001

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	JC HOSPITALITY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	JC HOSPITALITY LLC	c EIN-PN 82-4808806-001
a	Plan name	INTERDIGITAL SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor	INTERDIGITAL, INC.	c EIN-PN 82-4936666-001
a	Plan name	CENTURION 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MHM SERVICES, INC., DBA, CENTURION GROUP, INC.	c EIN-PN 82-5316510-001
a	Plan name	MOUNTAIN WEST FARM BUREAU VOLUNTARY EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	MOUNTAIN WEST FARM BUREAU MUTUAL INSURANCE CO	c EIN-PN 83-0181634-003
a	Plan name	REXAIR LLC RETIREMENT SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	REXAIR LLC	c EIN-PN 83-0442194-001
a	Plan name	SNELGROOES & CO. 401(K) PLAN	
b	Name of plan sponsor	SNELGROOES & CO.	c EIN-PN 83-3320964-001
a	Plan name	DMC GLOBAL INC. 401(K) PLAN	
b	Name of plan sponsor	DMC GLOBAL INC.	c EIN-PN 84-0608431-001
a	Plan name	TOTAL CONCRETE SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TOTAL CONCRETE SERVICES, INC.	c EIN-PN 84-0998407-001
a	Plan name	BURT AUTOMOTIVE NETWORK (LGC MANAGEMENT D.B.A.)	
b	Name of plan sponsor	LGC MANAGEMENT D/B/A BURT AUTOMOTIVE NETWORK	c EIN-PN 84-1208950-003
a	Plan name	APR CONSULTING CO.	
b	Name of plan sponsor	APR CONSULTING CO.	c EIN-PN 84-1570082-001
a	Plan name	815 ENTERTAINMENT, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	815 ENTERTAINMENT, LLC DBA HARD ROCK	c EIN-PN 84-3294021-001
a	Plan name	SPECTACLE GARY HOLDINGS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SPECTACLE GARY HOLDINGS, LLC	c EIN-PN 84-3560653-001

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	ULTRAMAIN SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ULTRAMAIN SYSTEMS, INC.	c EIN-PN 85-0286167-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 85-2432144-002
a	Plan name	BARON INSURANCE GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	c EIN-PN 85-3683393-001
a	Plan name	ORBIS HOLDINGS GROUP, LLC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	ORBIS HOLDING GROUP, LLC	c EIN-PN 85-4190134-002
a	Plan name	PINK JEEP TOURS 401K PLAN	
b	Name of plan sponsor	PINK JEEP TOURS, LLC	c EIN-PN 86-0436017-001
a	Plan name	LAEG 401(K) PLAN	
b	Name of plan sponsor	LEONA ARIZONA EMPLOYMENT GROUP, INC.	c EIN-PN 86-1011928-001
a	Plan name	KENTUCKY KINGDOM 401(K) PLAN	
b	Name of plan sponsor	KENTUCKY KINGDOM THEME PARK, LLC	c EIN-PN 86-1269212-001
a	Plan name	OTERRA, LLC. RETIREMENT PLAN	
b	Name of plan sponsor	OTERRA HOLDINGS, LLC	c EIN-PN 86-2251912-001
a	Plan name	DURAVANT 401(K) PLAN	
b	Name of plan sponsor	DURAVANT LLC	c EIN-PN 87-0752826-020
a	Plan name	ROOTS MANAGEMENT GROUP 401K PLAN	
b	Name of plan sponsor	ROOTS MANAGEMENT GROUP, LLC	c EIN-PN 87-0855596-001
a	Plan name	PALMS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SMGHA NEVADA, LLC	c EIN-PN 87-1815815-001
a	Plan name	SG DENTAL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	SG DENTAL MANAGEMENT, LLC	c EIN-PN 87-3865059-001

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	QUORUM HOTELS 401(K) PLAN	
b	Name of plan sponsor	SCM HOTEL OPERATING COMPANY, LLC	c EIN-PN 88-1659254-001
a	Plan name	L&W 401(K) ADVISORY RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 90-0406406-028
a	Plan name	PHILADELPHIA ENERGY SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PES ADMINISTRATIVE SERVICES, LLC	c EIN-PN 90-0913022-001
a	Plan name	WASHINGTON FARM BUREAU AND AFFIL CO VOLUNTARY EE SAVINGS PLAN	
b	Name of plan sponsor	WASHINGTON FARM BUREAU FEDERATION	c EIN-PN 91-0462136-004
a	Plan name	BARON INSURANCE GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	RBC GROUP RETIREMENT PLAN	c EIN-PN 91-0988618-001
a	Plan name	THE MARKETS, LLC 401(K) PLAN	
b	Name of plan sponsor	THE MARKETS, LLC	c EIN-PN 91-2122791-001
a	Plan name	THE KONIAG RETIREMENT PLAN	
b	Name of plan sponsor	KONIAG, INC.	c EIN-PN 92-0042743-001
a	Plan name	KONIAG, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	KONIAG, INC.	c EIN-PN 92-0042743-002
a	Plan name	IV MEDIA LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IV MEDIA LLC	c EIN-PN 93-2638679-001
a	Plan name	GUITTARD CHOCOLATE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GUITTARD CHOCOLATE COMPANY	c EIN-PN 94-0527750-002
a	Plan name	SAN FRANCISCO CHAMBER OF COMMERCE	
b	Name of plan sponsor	SAN FRANCISCO CHAMBER OF COMMERCE	c EIN-PN 94-0834950-001
a	Plan name	CATHAY PACIFIC AIRWAYS LIMITED SALARY SAVINGS PLAN	
b	Name of plan sponsor	CATHAY PACIFIC AIRWAYS, LTD.	c EIN-PN 94-1656968-002

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	R.J. ROBERTS, INC. 401(K) PLAN	
b	Name of plan sponsor	R.J. ROBERTS, INC.	c EIN-PN 94-2537243-001
a	Plan name	THE COOPER COMPANIES, INC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE COOPER COMPANIES, INC.	c EIN-PN 94-2657368-102
a	Plan name	INCYTE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INCYTE CORPORATION	c EIN-PN 94-3136539-001
a	Plan name	TELEPLAN 401(K) PLAN	
b	Name of plan sponsor	TELEPLAN HOLDING USA, INC.	c EIN-PN 94-3362204-001
a	Plan name	SAN DIEGO HOUSING COMMISSION PENSION PLAN	
b	Name of plan sponsor	SAN DIEGO HOUSING COMMISSION	c EIN-PN 95-3390896-001
a	Plan name	SMART & FINAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SMART & FINAL LLC	c EIN-PN 95-4079584-001
a	Plan name	IMC COMPANIES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IMC COMPANIES, LLC	c EIN-PN 95-4818098-001
a	Plan name	THE FOODLAND PROFIT SHARING INVESTMENT PLAN	
b	Name of plan sponsor	FOODLAND SUPER MARKET, LTD.	c EIN-PN 99-0068548-002
a	Plan name	THE FOOD PANTRY PROFIT SHARING INVESTMENT PLAN	
b	Name of plan sponsor	FOOD PANTRY, LTD.	c EIN-PN 99-0104984-001
a	Plan name	THE KALAMA BEACH EMPLOYEES PROFIT SHARING INVESTMENT PLAN	
b	Name of plan sponsor	KALAMA BEACH CORPORATION	c EIN-PN 99-0140660-001
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 Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <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.	OMB No. 1210-0110 <hr/> 2025 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2025 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
A Name of plan <u>TRANSAMERICA RETIREMENT SOLUTIONS COLLECTIVE TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA RETIREMENT SOLUTIONS CORPORATION</u>	D Employer Identification Number (EIN) <u>04-6784256</u>

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	<u>75052975</u>
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	<u>32665591</u>
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	<u>37365227</u>
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	<u>8833848</u>
(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)	<u>5786534004</u>
(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)	<u>1344340159</u>
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	<u>1195533368</u>
(15) Other	1c(15)	<u>1632262</u>

		(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:		
(1)	Employer securities.....	1d(1)	
(2)	Employer real property.....	1d(2)	
1e	Buildings and other property used in plan operation.....	1e	
1f	Total assets (add all amounts in lines 1a through 1e).....	1f	10227150666 8481957434
Liabilities			
1g	Benefit claims payable.....	1g	
1h	Operating payables.....	1h	
1i	Acquisition indebtedness.....	1i	
1j	Other liabilities.....	1j	124082774 75550372
1k	Total liabilities (add all amounts in lines 1g through 1j).....	1k	124082774 75550372
Net Assets			
1l	Net assets (subtract line 1k from line 1f).....	1l	10103067892 8406407062

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.

		(a) Amount	(b) Total	
Income				
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)		3875421
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)	3875421	
(2)	Dividends: (A) Preferred stock.....	2b(2)(A)		
	(B) Common stock.....	2b(2)(B)		29188478
	(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)		29188478
(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)		-1465302717
	(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1465302717

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		16433745
(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)		-31965861
c Other income	2c		3022
d Total income. Add all income amounts in column (b) and enter total	2d		-1447767912

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)	7913539	
(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)		7913539
j Total expenses. Add all expense amounts in column (b) and enter total	2j		7913539

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1455681451
l Transfers of assets:			
(1) To this plan	2l(1)		3439828172
(2) From this plan	2l(2)		3680807551

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 _____.