

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: JANUS HENDERSON OVERSEAS RET OPT
1b Three-digit plan number (PN): 083
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

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

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)
---	---

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.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>JANUS HENDERSON OVERSEAS RET OPT</u>	B Three-digit plan number (PN)	<u>083</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CALIFORNIA SIDECAR 401(K) PLAN	
b	Name of plan sponsor	LEISURE PRODUCTS, INC. DBA CALIFORNIA SIDECAR	c EIN-PN 33-0770432-001
a	Plan name	FALCON BRIDGE CAPITAL 401(K) PLAN & TRUST	
b	Name of plan sponsor	FALCON BRIDGE CAPITAL, LLC	c EIN-PN 32-0206781-001
a	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	c EIN-PN 74-1064184-001
a	Plan name	HTAA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	HTAA HOLDINGS, LLC	c EIN-PN 46-3375948-001
a	Plan name	KEITH M. KOGA, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEITH M. KOGA, DDS	c EIN-PN 99-0297840-001
a	Plan name	LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICES OF DANIEL A. PARMELE, P.C.	c EIN-PN 43-1926792-001
a	Plan name	MARCHIONDA & FERRER 401(K) PLAN	
b	Name of plan sponsor	MARCHIONDA & FERRER, P.A.	c EIN-PN 22-3261359-001
a	Plan name	SIMPSON SPENCE YOUNG 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name	W. M. DILLARD & ASSOCIATES, L. P. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	W. M. DILLARD & ASSOCIATES, L. P.	c EIN-PN 76-0175692-001
a	Plan name	WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
b	Name of plan sponsor	WAILEA GOLF LLC	c EIN-PN 76-0741485-001
a	Plan name	AIR & LUBE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AIR & LUBE SYSTEMS, INC.	c EIN-PN 94-3284282-001
a	Plan name	DIDAX, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIDAX, INC.	c EIN-PN 04-2599602-001

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 FCNB BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor FCNB BANK	c EIN-PN 43-0224380-001
a	Plan name FRED LAU HAWAIIAN LANDSCAPE CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor FRED LAU HAWAIIAN LANDSCAPE CO., INC.	c EIN-PN 99-0321837-002
a	Plan name HEART CENTER OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOHAIL ANJUM-DOST WATTOO, M.D.'S, LTD.	c EIN-PN 88-0161856-001
a	Plan name J.R. LENNEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LENNEN CONSTRUCTION	c EIN-PN 94-3399511-001
a	Plan name PALM IMAGING INSTITUTE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PALM IMAGING INSTITUTE, INC. AND EMPIRE ORTHOPEDIC CENTER	c EIN-PN 33-0638761-001
a	Plan name PIRZADEH & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PIRZADEH & ASSOCIATES, INC.	c EIN-PN 33-0841279-002
a	Plan name PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PUTNAM TRUCKING, INC.	c EIN-PN 37-1272751-001
a	Plan name RICHARD ELSINGER, DMD 401(K) PLAN	
b	Name of plan sponsor RICHARD ELSINGER, DMD	c EIN-PN 22-3433645-001
a	Plan name SAN PABLO DEVELOPERS, INC. 1165(E) PLAN	
b	Name of plan sponsor SAN PABLO DEVELOPERS, INC.	c EIN-PN 66-0493660-001
a	Plan name STOCKTON PATHOLOGY MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STOCKTON PATHOLOGY MEDICAL GROUP	c EIN-PN 68-0005184-003
a	Plan name TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
b	Name of plan sponsor TILLERY CHEVROLET/GMC	c EIN-PN 85-0281064-001
a	Plan name ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001

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) & PROFIT SHARING PLAN FOR HLP PROFESSIONALS, INC.	
b	Name of plan sponsor	HLP PROFESSIONALS, INC.	c EIN-PN 33-0943776-001
a	Plan name	B.C. ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	B.C. ELECTRIC	c EIN-PN 25-1725627-001
a	Plan name	BAAS RETIREMENT PLAN	
b	Name of plan sponsor	BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP	c EIN-PN 26-2173291-001
a	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name	CHELDAN HOMES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CHELDAN HOMES	c EIN-PN 75-2508204-001
a	Plan name	COMMUNITY CARE NURSES 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY CARE NURSES, INC.	c EIN-PN 05-0410613-001
a	Plan name	COMMUNITY TIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNITY TIES OF AMERICA, INC.	c EIN-PN 62-1733882-001
a	Plan name	CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
b	Name of plan sponsor	CYM AUTO PARTS	c EIN-PN 66-0421766-001
a	Plan name	D & L GRAIN & FEED CO. 401(K) PLAN	
b	Name of plan sponsor	D & L GRAIN & FEED CO.	c EIN-PN 31-0948964-001
a	Plan name	LESLIE W.H. AU, D.M.D. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LESLIE W.H. AU, D.M.D.	c EIN-PN 99-6046340-001
a	Plan name	MSI, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MSI, LLC	c EIN-PN 20-4533025-001
a	Plan name	OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
b	Name of plan sponsor	OPEN MRI OF NEW ENGLAND, INC.	c EIN-PN 05-0495348-002

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	PLAN DE RETIRO 1081.01(D) PARA EMPLEADOS DE GOYA DE PUERTO RICO, INC.	
b	Name of plan sponsor	GOYA DE PUERTO RICO, INC.	c EIN-PN 66-0429097-002
a	Plan name	RAVAL USA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RAVAL USA, INC.	c EIN-PN 26-0724411-001
a	Plan name	SAUGUS CONSTRUCTION CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	SAUGUS CONSTRUCTION CORPORATION	c EIN-PN 04-3131744-001
a	Plan name	BUCK HILL FALLS COMPANY 401(K) PLAN	
b	Name of plan sponsor	BUCK HILL FALLS COMPANY	c EIN-PN 24-0536840-001
a	Plan name	BUILDERS GROUP CONSTRUCTION CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	BUILDERS GROUP CONSTRUCTION CORP.	c EIN-PN 45-5107509-001
a	Plan name	BUILDING & BEYOND, INC.401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUILDING & BEYOND, INC.	c EIN-PN 77-0390287-001
a	Plan name	CHESLER CONSTRUCTION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHESLER CONSTRUCTION, INC.	c EIN-PN 68-0378142-002
a	Plan name	CHIRCO TEAM LLC 401(K) PLAN	
b	Name of plan sponsor	CHIRCO TEAM LLC	c EIN-PN 26-3741789-001
a	Plan name	H3O, INC. 401(K) PLAN	
b	Name of plan sponsor	H3O, INC.	c EIN-PN 26-3221103-001
a	Plan name	OREGON COLLEGE OF ORIENTAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor	OREGON COLLEGE OF ORIENTAL MEDICINE	c EIN-PN 93-0845182-001
a	Plan name	SC JOHNSON DE PR, INC. SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor	SC JOHNSON DE PR, INC.	c EIN-PN 66-0290543-002
a	Plan name	THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CEDAR RAPIDS DENTAL CENTER	c EIN-PN 42-1012892-002

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 CENTER FOR LEARNING UNLIMITED 401(K) PLAN	
b	Name of plan sponsor THE CENTER FOR LEARNING UNLIMITED	c EIN-PN 33-0960142-001
a	Plan name WATKINS CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor WATKINS CONSTRUCTION COMPANY, INC.	c EIN-PN 95-3084079-001
a	Plan name ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHOVAN INC.	c EIN-PN 16-1627907-001
a	Plan name BEACON TECHNICAL SALES 401(K) PLAN	
b	Name of plan sponsor BEACON TECHNICAL SALES	c EIN-PN 02-0470978-001
a	Plan name BORINQUEN CONTAINER 1165(E) CODA RETIREMENT PLAN	
b	Name of plan sponsor BORINQUEN CONTAINER CORP.	c EIN-PN 66-0275132-001
a	Plan name CAPPARELL DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPPARELL DENTISTRY	c EIN-PN 23-2862957-001
a	Plan name CHRISTOPHER M. PENNISI, DDS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHRISTOPHER M. PENNISI, DDS, PLLC	c EIN-PN 26-3030636-001
a	Plan name COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMPREHENSIVE PAIN MANAGEMENT PARTNERS, LLP	c EIN-PN 59-3426104-001
a	Plan name COMPUTHINK, INC. 401(K) PLAN	
b	Name of plan sponsor COMPUTHINK, INC.	c EIN-PN 36-3953691-001
a	Plan name D.E.S., INC. 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED ENVIRONMENTAL SERVICES, INC.	c EIN-PN 59-3055432-001
a	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name ELATERAL INC. 401(K) PLAN	
b	Name of plan sponsor ELATERAL INC. DBA BRANDGILITY	c EIN-PN 51-0396708-001

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 ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMP PLUS, INC. DBA ELCO LIGHTING	c EIN-PN 95-4309236-001
a	Plan name HESS SERVICES RETIREMENT PLAN	
b	Name of plan sponsor HESS SERVICES, INC.	c EIN-PN 48-1160099-001
a	Plan name JAMES Y LEE DDS, PC, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JAMES Y LEE DDS. P.C.	c EIN-PN 20-4091631-001
a	Plan name LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001
a	Plan name LIVE DEAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LIVE DEAL, INC.	c EIN-PN 85-0206668-001
a	Plan name RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002
a	Plan name TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a	Plan name WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor WEATHER ENGINEERS, INC.	c EIN-PN 59-3076169-004
a	Plan name CCEDA 401(K) PLAN	
b	Name of plan sponsor CALIFORNIA COMMUNITY ECONOMIC DEVELOPMENT ASSOCIATION	c EIN-PN 94-3080095-001
a	Plan name L.E.C. SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor L.E.C. SERVICE, INC.	c EIN-PN 95-2891617-001
a	Plan name CISCO SYSTEMS, INC. PUERTO RICO - SALARY DEFERRAL PLAN	
b	Name of plan sponsor CISCO SYSTEMS, INC.	c EIN-PN 77-0473719-001

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 CITY WELDING RETIREMENT PLAN	
b	Name of plan sponsor CITY WELDING & FABRICATION, INC.	c EIN-PN 04-2990922-001
a	Plan name LOS ANGELES ENGINEERING, INC. ESOP PREVAILING WAGE COMPONENT	
b	Name of plan sponsor LOS ANGELES ENGINEERING, INC.	c EIN-PN 95-4143653-001
a	Plan name PRAIRIEFIRE COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor PRAIRIEFIRE COMMUNICATIONS, INC.	c EIN-PN 26-1885084-001
a	Plan name THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIRST TRUST HOLDINGS, INC.	c EIN-PN 37-1307139-222
a	Plan name ADVANCED MACHINING & AUTOMATION, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED MACHINING & AUTOMATION, INC.	c EIN-PN 42-1482013-001
a	Plan name COASTAL BANCSHARES, INC. 401(K) PLAN	
b	Name of plan sponsor COASTAL BANCSHARES, INC.	c EIN-PN 76-0421550-001
a	Plan name MACOMB NEUROLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor MACOMB NEUROLOGY ASSOCIATES, P.C.	c EIN-PN 38-3587490-001
a	Plan name PRINCETON CORPORATE CONSULTANTS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor PRINCETON CORPORATE CONSULTANTS, INC.	c EIN-PN 95-3169800-001
a	Plan name ALLIED BUILDING MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor ALLIED BUILDING MATERIALS, INC.	c EIN-PN 88-0068520-001
a	Plan name ME N ED'S PIZZERIA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MILANO RESTAURANTS INTERNATIONAL CORPORATION	c EIN-PN 77-0426714-001
a	Plan name ARTHUR Y. MORI & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARTHUR Y. MORI & ASSOCIATES, INC.	c EIN-PN 99-0112411-001
a	Plan name VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor VANDERVART CONCRETE PRODUCTS, LLC	c EIN-PN 46-5469386-001

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 VAS, LTD. 401(K) PLAN	
b	Name of plan sponsor VAS, LTD.	c EIN-PN 20-2822777-001
a	Plan name ROTEK INSTRUMENT CORP. 401(K) PLAN	
b	Name of plan sponsor ROTEK INSTRUMENT CORP.	c EIN-PN 04-2468423-001
a	Plan name RSI 401(K) PLAN	
b	Name of plan sponsor RECYCLING SYSTEMS, INC.	c EIN-PN 36-4343734-001
a	Plan name DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
b	Name of plan sponsor DR. LAURIE A. MULKA, DDS P.C.	c EIN-PN 38-3434258-001
a	Plan name INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	c EIN-PN 59-1745402-001
a	Plan name SGF MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor SGF MANAGEMENT, INC.	c EIN-PN 34-1850857-001
a	Plan name BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
b	Name of plan sponsor BOYS & GIRLS CLUB OF BELLEVUE	c EIN-PN 91-0776451-002
a	Plan name JDM TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor COMPUTER GUIDANCE	c EIN-PN 46-4707871-001
a	Plan name OUTSOURCING HUB, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor OUTSOURCING HUB, LLC	c EIN-PN 27-0819786-001
a	Plan name EXCHANGE BANK OF MISSOURI RETIREMENT PLAN	
b	Name of plan sponsor EXCHANGE BANK OF MISSOURI	c EIN-PN 43-0263000-001
a	Plan name JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	c EIN-PN 94-2346172-001
a	Plan name JPM DONUTS, INC. 401(K) PLAN	
b	Name of plan sponsor JPM DONUTS, INC.	c EIN-PN 02-0523315-001

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 PATHFINDER SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor PATHFINDER SOFTWARE, LLC	c EIN-PN 45-1068132-001
a	Plan name PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PATRICK COUNTY FAMILY PRACTICE	c EIN-PN 54-1583691-001
a	Plan name THE INFORMATION CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor THE INFORMATION CENTER, INC.	c EIN-PN 51-0136113-001
a	Plan name ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor ACME ENGRAVING COMPANY, INC.	c EIN-PN 22-2136958-001
a	Plan name GENTILLOZZI REAL ESTATE, INC. 401(K) PLAN	
b	Name of plan sponsor GENTILLOZZI REAL ESTATE, INC.	c EIN-PN 38-2361521-001
a	Plan name GEORGIA CAREER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor HMS EDUCATIONAL SERVICES, INC. DBA GEORGIA CAREER INSTITUTE	c EIN-PN 58-1838344-001
a	Plan name MAIN STREET FOOT & ANKLE CARE 401(K) PLAN	
b	Name of plan sponsor MAIN STREET FOOT & ANKLE CARE	c EIN-PN 22-3111862-001
a	Plan name COLEGIO DEL SAGRADO CORAZON DE JESUS 1165(E) RETIREMENT PLAN	
b	Name of plan sponsor COLEGIO SAGRADO CORAZON	c EIN-PN 66-0214426-001
a	Plan name PRO COM ROOFING CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRO COM ROOFING CORPORATION	c EIN-PN 23-2906707-001
a	Plan name PRODUCE WORLD INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRODUCE WORLD INCORPORATED	c EIN-PN 36-3787658-001
a	Plan name THE VISIT NAPA VALLEY 401(K) PLAN	
b	Name of plan sponsor VISIT NAPA VALLEY	c EIN-PN 68-0217381-001
a	Plan name ALTERNA-CARE EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor ALTERNA-CARE, INC	c EIN-PN 37-1162589-001

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 MATOSANTOS COMMERCIAL CORP. CODA PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor MATOSANTOS COMMERCIAL CORPORATION	c EIN-PN 66-0206888-001
a	Plan name CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CONSER HOMES, INC.	c EIN-PN 93-0670347-001
a	Plan name TPG OIL, GAS & ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor TPG OIL, GAS & ENERGY, INC.	c EIN-PN 03-0594511-001
a	Plan name CRIGHTON PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor CRIGHTON PLASTICS, INC.	c EIN-PN 20-8109310-001
a	Plan name HARKRIDER, DEMYAN & RODWELL LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARKRIDER, DEMYAN & RODWELL LLC	c EIN-PN 41-2067761-001
a	Plan name REINDL BINDERY CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor REINDL BINDERY CO., INC.	c EIN-PN 39-1290695-001
a	Plan name RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name HILLSDALE PEDIATRIC CLINIC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor HILLSDALE PEDIATRIC CLINIC, PC	c EIN-PN 30-0529975-001
a	Plan name MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name MIGGYS CORP FIVE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIGGY'S CORP. FIVE	c EIN-PN 13-3305621-003
a	Plan name MIJA INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor MIJA INDUSTRIES, INC.	c EIN-PN 04-2496402-001
a	Plan name DENTISTRY FOR KIDS AND ADULTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GINA DORFMAN, DDS, A PROFESSIONAL CORPORATION	c EIN-PN 51-0501356-001

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	HOLLY TREE COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	HOLLY TREE COUNTRY CLUB	c EIN-PN 57-0863116-001
a	Plan name	MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOBILE SYSTEMS WIRELESS INC.	c EIN-PN 91-1879582-001
a	Plan name	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name	BELGRADE STATE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BELGRADE STATE BANK	c EIN-PN 43-0177195-001
a	Plan name	DRILLING & PRODUCTION CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRILLING & PRODUCTION CO.	c EIN-PN 95-0803480-001
a	Plan name	E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	E.S. EVANS & COMPANY	c EIN-PN 34-1717857-001
a	Plan name	ELM HEATING AND COOLING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ELM HEATING & COOLING, INC.	c EIN-PN 36-4021033-001
a	Plan name	EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	EMPIRE HYUNDAI, INC.	c EIN-PN 04-3498129-001
a	Plan name	JEFF'S WELDING & MACHINE COMPANY CASH BALANCE PLAN	
b	Name of plan sponsor	JEFF'S WELDING & MACHINE COMPANY	c EIN-PN 20-1029521-002
a	Plan name	SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SOMERVILLE ACQUISITIONS	c EIN-PN 22-2950305-001
a	Plan name	SOUND & SECURE, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUND & SECURE, INC.	c EIN-PN 88-0354066-001
a	Plan name	K & K STAMPING COMPANY 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	K & K STAMPING COMPANY	c EIN-PN 38-2117903-001

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	P.J. ALBERT, INC. 401(K) PLAN	
b	Name of plan sponsor	P.J. ALBERT, INC.	c EIN-PN 04-2787609-001
a	Plan name	STARKE MACHINE COMPANY 401(K) PLAN	
b	Name of plan sponsor	STARKE MACHINE COMPANY	c EIN-PN 75-1710418-001
a	Plan name	SUTTON SWIM SCHOOL INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SUTTON SWIM SCHOOL, INC.	c EIN-PN 77-0624364-001
a	Plan name	LAKOTA CONTRACTING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LAKOTA CONTRACTING, INC.	c EIN-PN 26-0060538-001
a	Plan name	CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA BOX COMPANY	c EIN-PN 95-3901917-002
a	Plan name	CENTROSOLAR AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTROSOLAR AMERICA, INC.	c EIN-PN 20-8781598-001
a	Plan name	DDSI 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	DDSI	c EIN-PN 35-1771016-001
a	Plan name	FAIR RADIO SALES, CO. INC. 401(K) PLAN	
b	Name of plan sponsor	FAIR RADIO SALES, INC.	c EIN-PN 34-6717341-001
a	Plan name	FOSTER THOMAS RETIREMENT PLAN	
b	Name of plan sponsor	FOSTER THOMAS, INC.	c EIN-PN 52-1826441-001
a	Plan name	GLOBAL DISPLAY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL DISPLAY SOLUTIONS, INC.	c EIN-PN 34-1907707-001
a	Plan name	HISENSE PHOTONICS, INC. 401(K) PLAN	
b	Name of plan sponsor	HISENSE PHOTONICS, INC.	c EIN-PN 33-0939548-001
a	Plan name	HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	HOMESTAR COMPANIES, LLC.	c EIN-PN 26-2775069-001

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 HORSHAM SQUARE PHARMACY, INC. 401K PLAN		
b Name of plan sponsor	HORSHAM SQUARE PHARMACY, INC.	c EIN-PN 23-2409251-002
a Plan name INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN		
b Name of plan sponsor	INTEGRITY AUTOMOTIVE GROUP	c EIN-PN 34-1725656-001
a Plan name INTERNAL MEDICINE PRIMARY CARE, INC. 401(K) PLAN		
b Name of plan sponsor	INTERNAL MEDICINE PRIMARY CARE, INC.	c EIN-PN 34-1712938-001
a Plan name JODY L. KELLY, M.D. & ASSOCIATES 401(K) PLAN		
b Name of plan sponsor	JODY L. KELLY, M.D. & ASSOCIATES, LLC	c EIN-PN 20-0882318-001
a Plan name KAWANA & GONG, LLP 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	KAWANA & GONG, LLP	c EIN-PN 20-0427747-001
a Plan name MONFORT MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	MONFORT MANAGEMENT, INC.	c EIN-PN 77-0012053-001
a Plan name OMNIPATH, INC. 401(K) PLAN		
b Name of plan sponsor	OMNIPATH, INC.	c EIN-PN 31-1639546-002
a Plan name PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN		
b Name of plan sponsor	PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a Plan name ROGERS MANTESE & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ROGERS MANTESE & ASSOCIATES, PC	c EIN-PN 20-4445973-001
a Plan name S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	S&S MANAGEMENT, INC.	c EIN-PN 31-1493783-001
a Plan name SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN		
b Name of plan sponsor	SOUTH TEXAS COMMUNITY LIVING CORPORATION	c EIN-PN 76-0364678-001
a Plan name T.M.C. POWER EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	T.M.C. POWER EQUIPMENT, INC.	c EIN-PN 95-2862221-001

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JANUS HENDERSON OVERSEAS RET OPT	B Three-digit plan number (PN) ▶ 083
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5030500
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	4145962
(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	5030500	4145962
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	5030500	4145962

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)	-45197	
(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		-45197

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)	35265	
(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)		35265
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		35265

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-80462
l Transfers of assets:			
(1) To this plan.....	2l(1)		432275
(2) From this plan	2l(2)		1236351

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 _____.