

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: PIONEER BOND RET OPT
1b Three-digit plan number (PN): 091
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 of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>PIONEER BOND RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>091</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

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

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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CAMPBELL ENGINEERING & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CAMPBELL ENGINEERING & ASSOCIATES, INC.	<b>c</b> EIN-PN 26-3846450-001
<b>a</b>	Plan name	COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	COLORADO SURGICAL AFFILIATES, LLC	<b>c</b> EIN-PN 81-3228396-001
<b>a</b>	Plan name	DIAKON LOGISTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIAKON LOGISTICS, INC.	<b>c</b> EIN-PN 20-0446970-001
<b>a</b>	Plan name	FAMCO MACHINE DIVISION 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BELCO INDUSTRIES, INC.	<b>c</b> EIN-PN 39-1220550-001
<b>a</b>	Plan name	FRANTZ, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANTZ, INC.	<b>c</b> EIN-PN 61-0436803-002
<b>a</b>	Plan name	LAWRENCE SEMICONDUCTOR RESEARCH LABORATORIES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LAWRENCE SEMICONDUCTOR RESEARCH LABORATORY, INC.	<b>c</b> EIN-PN 86-0711627-777
<b>a</b>	Plan name	MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MOODY PRICE, LLC	<b>c</b> EIN-PN 72-1044462-003
<b>a</b>	Plan name	PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROTECTION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 88-0163638-001
<b>a</b>	Plan name	SADDLEBACK DESIGN RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	SADDLEBACK DESIGN, INC.	<b>c</b> EIN-PN 84-1379148-001
<b>a</b>	Plan name	STEVEN NEHMER M.D. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	STEVEN NEHMER M.D.	<b>c</b> EIN-PN 26-3804644-001
<b>a</b>	Plan name	UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY PAIN MEDICINE CENTER LLC	<b>c</b> EIN-PN 11-3822342-001
<b>a</b>	Plan name	UNIVERSITY PAIN MEDICINE CENTER, LLC CASH BALANCE PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSITY PAIN MEDICINE CENTER, LLC	<b>c</b> EIN-PN 11-3822343-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name WAILEA GOLF LLC 401(K) AND PROFIT SHARING PLAN (NON-UNION EMPLOYEES)	
<b>b</b>	Name of plan sponsor WAILEA GOLF LLC	<b>c</b> EIN-PN 76-0741485-001
<b>a</b>	Plan name AIR BROOK LIMOUSINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AIR BROOK LIMOUSINE, INC.	<b>c</b> EIN-PN 22-1930499-001
<b>a</b>	Plan name ARCADIA NEUROLOGY CENTER, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARCADIA NEUROLOGY CENTER, LLC	<b>c</b> EIN-PN 27-3174051-002
<b>a</b>	Plan name GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOTEC PLUS SUN, LLC	<b>c</b> EIN-PN 20-4320976-001
<b>a</b>	Plan name KEY TECHNICAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEY TECHNICAL SOLUTIONS INCORPORATED	<b>c</b> EIN-PN 39-1751214-001
<b>a</b>	Plan name LEADER ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEADER ENTERPRISES, INC.	<b>c</b> EIN-PN 59-3754529-001
<b>a</b>	Plan name MEYLAN DAVITT JAIN AREVIAN & KIM LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MEYLAN DAVITT JAIN AREVIAN & KIM LLP	<b>c</b> EIN-PN 46-1854265-777
<b>a</b>	Plan name MOTORMAX OF GR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MOTORMAX OF GR, LLC	<b>c</b> EIN-PN 26-4235361-001
<b>a</b>	Plan name PARADIGM PROPERTIES, LLC EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PARADIGM PROPERTIES, LLC	<b>c</b> EIN-PN 06-1533601-001
<b>a</b>	Plan name PIEDMONT CLASSICAL HIGH SCHOOL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PIEDMONT CLASSICAL HIGH SCHOOL	<b>c</b> EIN-PN 46-4228515-001
<b>a</b>	Plan name RINEY RONQUILLO SOULE, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RINEY RONQUILLO SOULE, PLLC	<b>c</b> EIN-PN 20-4072167-001
<b>a</b>	Plan name THE AEROLITE GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor AEROLITE EXTRUSION COMPANY	<b>c</b> EIN-PN 82-3731073-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE AEROLITE UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROLITE EXTRUSION COMPANY	<b>c</b> EIN-PN 82-3731073-003
<b>a</b>	Plan name	WAILEA GOLF LLC BU / GA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WAILEA GOLF LLC	<b>c</b> EIN-PN 76-0741485-003
<b>a</b>	Plan name	WALBERG, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALBERG, INC.	<b>c</b> EIN-PN 81-2702296-001
<b>a</b>	Plan name	BADGER ALLOYS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BADGER ALLOYS, INC.	<b>c</b> EIN-PN 39-1055261-001
<b>a</b>	Plan name	CHASE BUILDING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHASE BUILDING GROUP, INC.	<b>c</b> EIN-PN 63-1256300-001
<b>a</b>	Plan name	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHEM PRO LABORATORY, INC.	<b>c</b> EIN-PN 95-2297708-001
<b>a</b>	Plan name	SOUTHWEST NEUROSPINE INSTITUTE RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	SOUTHWEST NEUROSPINE INSTITUTE, P.A.	<b>c</b> EIN-PN 26-2906915-001
<b>a</b>	Plan name	A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	A/E GRAPHICS, INC.	<b>c</b> EIN-PN 39-1252452-001
<b>a</b>	Plan name	BARCLAY BRAND FERDON EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARCLAY BRAND CORPORATION	<b>c</b> EIN-PN 22-3414541-001
<b>a</b>	Plan name	BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUDGET DRY WATERPROOFING, INC.	<b>c</b> EIN-PN 20-8805605-001
<b>a</b>	Plan name	CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHEROKEE FARM DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 46-1180603-001
<b>a</b>	Plan name	A1 POLISHING & FINISHING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	A1 POLISHING & FINISHING, LLC	<b>c</b> EIN-PN 39-1920526-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name AACTION RENTS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GRILL BROTHERS PARTNERSHIP DBA AACTION RENTS	<b>c</b> EIN-PN 94-2373673-001
<b>a</b>	Plan name COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COWBOY DODGE, INC.	<b>c</b> EIN-PN 83-0254068-001
<b>a</b>	Plan name DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DORIC PRODUCTS, INC.	<b>c</b> EIN-PN 35-1391396-003
<b>a</b>	Plan name ORLANDO MEDICAL CENTER, P. L. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORLANDO MEDICAL CENTER, P. L.	<b>c</b> EIN-PN 81-0736230-001
<b>a</b>	Plan name POE & CRONK 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor POE & CRONK REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 54-1212380-002
<b>a</b>	Plan name PORTO'S BAKERY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PORTO'S BAKERY, INC.	<b>c</b> EIN-PN 95-4610775-777
<b>a</b>	Plan name RCB AND SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RCB AND SONS, INC.	<b>c</b> EIN-PN 95-3175574-001
<b>a</b>	Plan name SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAMCO PROPERTIES, INC.	<b>c</b> EIN-PN 59-2396906-001
<b>a</b>	Plan name MIAMI REGIONAL UNIVERSITY INVEST YOUR FUTURE PLAN	
<b>b</b>	Name of plan sponsor MANAGEMENT RESOURCES, INC. DBA MIAMI REGIONAL UNIVERSITY	<b>c</b> EIN-PN 65-0633679-001
<b>a</b>	Plan name CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEH AUTOMOTIVE CORP.	<b>c</b> EIN-PN 86-0200402-001
<b>a</b>	Plan name PELEMAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PELEMAN INDUSTRIES, INC.	<b>c</b> EIN-PN 58-2412784-003
<b>a</b>	Plan name PENNY LANE SCHOOL, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PENNY LANE SCHOOL, LTD.	<b>c</b> EIN-PN 36-3864693-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TAPLIN HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAPLIN HOLDINGS, LLC	<b>c</b> EIN-PN 35-2561482-001
<b>a</b>	Plan name	TASTES ON THE FLY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TASTES ON THE FLY SAN FRANCISCO LLC	<b>c</b> EIN-PN 27-1859310-001
<b>a</b>	Plan name	GENERA ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENERA ENERGY, INC.	<b>c</b> EIN-PN 45-4907881-001
<b>a</b>	Plan name	COD & CAPERS SEAFOOD EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COD & CAPERS SEAFOOD	<b>c</b> EIN-PN 59-2349811-001
<b>a</b>	Plan name	MASTERS ELECTRICAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASTERS ELECTRICAL SERVICES, LTD	<b>c</b> EIN-PN 74-2618930-777
<b>a</b>	Plan name	TSM VENTURES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TSM VENTURES, INC.	<b>c</b> EIN-PN 37-0809985-001
<b>a</b>	Plan name	HIGH DESERT COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGH DESERT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 86-0879788-001
<b>a</b>	Plan name	DEGRAFFENRIED & COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DEGRAFFENRIED & COMPANY	<b>c</b> EIN-PN 72-1349735-001
<b>a</b>	Plan name	DEGRUCHY MASONRY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEGRUCHY MASONRY, INC.	<b>c</b> EIN-PN 23-2460052-001
<b>a</b>	Plan name	INFRONT DEVICES & SYSTEMS, LLC 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INFRONT DEVICES & SYSTEMS, LLC	<b>c</b> EIN-PN 73-1646352-001
<b>a</b>	Plan name	SCOTTSDALE FARMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SCOTTSDALE FARMS	<b>c</b> EIN-PN 58-2124857-001
<b>a</b>	Plan name	SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHADOW FINANCIAL SYSTEMS, INC.	<b>c</b> EIN-PN 22-3564167-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	BETAR DENTAL PC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BETAR DENTAL PC, INC.	<b>c</b> EIN-PN 25-1799034-001
<b>a</b>	Plan name	WILLIAM L. FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM L FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES	<b>c</b> EIN-PN 34-1760741-001
<b>a</b>	Plan name	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUB OF BELLEVUE	<b>c</b> EIN-PN 91-0776451-002
<b>a</b>	Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	<b>c</b> EIN-PN 74-1179149-002
<b>a</b>	Plan name	ELECTRONIC CHROME CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELECTRONIC CHROME & GRINDING COMPANY, INC.	<b>c</b> EIN-PN 95-2489408-001
<b>a</b>	Plan name	JD DOGGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JD DOGGY, INC.	<b>c</b> EIN-PN 47-3843337-001
<b>a</b>	Plan name	SNRA COMMODITIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SNRA COMMODITIES, INC.	<b>c</b> EIN-PN 46-3031744-001
<b>a</b>	Plan name	SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SST ENERGY CORPORATION	<b>c</b> EIN-PN 84-1109846-001
<b>a</b>	Plan name	SUPERIOR PAINT SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR PAINT SUPPLY, INC.	<b>c</b> EIN-PN 87-0241620-001
<b>a</b>	Plan name	ACME LIFT COMPANY CO. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ACME LIFT COMPANY LLC	<b>c</b> EIN-PN 86-0900122-001
<b>a</b>	Plan name	ACON LABORATORIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACON LABORATORIES, INC.	<b>c</b> EIN-PN 22-3642050-001
<b>a</b>	Plan name	ACOUSTIC CEILING & PARTITION CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACOUSTIC CEILING & PARTITION CO., INC.	<b>c</b> EIN-PN 38-2627627-006

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CLARITY TELECOM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLARITY TELECOM LLC DBA BLUEPEAK	<b>c</b> EIN-PN 46-2667900-001
<b>a</b>	Plan name MAGELLAN MEDICAL 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor MAGELLAN MEDICAL TECHNOLOGY CONSULTANTS, INC.	<b>c</b> EIN-PN 41-1817386-002
<b>a</b>	Plan name COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	<b>c</b> EIN-PN 47-1612263-222
<b>a</b>	Plan name MATRIX VISUAL SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	<b>c</b> EIN-PN 33-0773727-001
<b>a</b>	Plan name GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GREENSBORO FARMER'S CO-OP	<b>c</b> EIN-PN 63-0645197-001
<b>a</b>	Plan name QUIPT HOME MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUIPT HOME MEDICAL, INC.	<b>c</b> EIN-PN 27-1139562-001
<b>a</b>	Plan name TOYOBO KUREHA AMERICA CO., LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOYOBO KUREHA AMERICA CO., LTD.	<b>c</b> EIN-PN 31-1414533-001
<b>a</b>	Plan name CROSSCOM NATIONAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CROSSCOM NATIONAL, LLC	<b>c</b> EIN-PN 20-1721299-777
<b>a</b>	Plan name ASSOCIATED SOILS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED SOILS ENGINEERING, INC.	<b>c</b> EIN-PN 95-2896496-001
<b>a</b>	Plan name DAVID A. PARIS, D.D.S., S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVID A. PARIS, D.D.S., S.C.	<b>c</b> EIN-PN 39-1696459-001
<b>a</b>	Plan name HOLTORF MEDICAL GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HOLTORF MEDICAL GROUP, INC.	<b>c</b> EIN-PN 52-2401779-002
<b>a</b>	Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MJD TRUCKING, INC.	<b>c</b> EIN-PN 65-0831291-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">SEAQUIST ORCHARDS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEAQUIST ORCHARDS, LLC</a>	<b>c</b> EIN-PN <a href="#">39-1431035-002</a>
<b>a</b>	Plan name <a href="#">SEMILAB USA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SEMILAB USA LLC</a>	<b>c</b> EIN-PN <a href="#">27-0347663-001</a>
<b>a</b>	Plan name <a href="#">IOWA CANCER SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">IOWA CANCER SPECIALISTS, P.C.</a>	<b>c</b> EIN-PN <a href="#">06-1666841-003</a>
<b>a</b>	Plan name <a href="#">SHARPRINT SILKSCREEN AND GRAPHICS, INC. 401(K) SAVINGS PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHARPRINT SILKSCREEN AND GRAPHICS, INC.</a>	<b>c</b> EIN-PN <a href="#">36-3931487-001</a>
<b>a</b>	Plan name <a href="#">F.A. PEINADO, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">F.A. PEINADO, LLC</a>	<b>c</b> EIN-PN <a href="#">77-0647820-001</a>
<b>a</b>	Plan name <a href="#">FIRST CITIZENS BANK PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIRST CITIZENS BANK</a>	<b>c</b> EIN-PN <a href="#">63-0789504-001</a>
<b>a</b>	Plan name <a href="#">PERFORMANCE TIRE AND AUTO SERVICE, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PERFORMANCE TIRE AND AUTO SERVICE, INC.</a>	<b>c</b> EIN-PN <a href="#">39-1641254-001</a>
<b>a</b>	Plan name <a href="#">BRUCE C. WINTERSTEEN, D.D.S. RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRUCE C. WINTERSTEEN, D.D.S.</a>	<b>c</b> EIN-PN <a href="#">37-1209635-002</a>
<b>a</b>	Plan name <a href="#">CLEAR CREEK SKIING CORP., INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLEAR CREEK SKIING CORPORATION, INC.</a>	<b>c</b> EIN-PN <a href="#">84-0619358-001</a>
<b>a</b>	Plan name <a href="#">CLEVELAND CITY FORGE AND EDWARD W. DANIEL 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CLEVELAND CITY FORGE, INC.</a>	<b>c</b> EIN-PN <a href="#">34-1972972-001</a>
<b>a</b>	Plan name <a href="#">COOPER CONSULTING COMPANY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COOPER CONSULTING COMPANY</a>	<b>c</b> EIN-PN <a href="#">74-2723942-001</a>
<b>a</b>	Plan name <a href="#">FLO-LINE TECHNOLOGY 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLO-LINE TECHNOLOGY</a>	<b>c</b> EIN-PN <a href="#">20-4032669-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name FOSTER THOMAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOSTER THOMAS, INC.	<b>c</b> EIN-PN 52-1826441-001
<b>a</b>	Plan name HOSKINS EQUIPMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOSKINS EQUIPMENT, LLC	<b>c</b> EIN-PN 95-3547273-001
<b>a</b>	Plan name HOSTAR MARINE TRANSPORT SYSTEMS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOSTAR MARINE TRANSPORT SYSTEMS, INC.	<b>c</b> EIN-PN 04-2910283-001
<b>a</b>	Plan name ITC INFOTECH USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ITC INFOTECH USA, INC.	<b>c</b> EIN-PN 22-3239723-001
<b>a</b>	Plan name JIM CRAWFORD CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JIM CRAWFORD CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 77-0072198-001
<b>a</b>	Plan name NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEUMANN MONSON, INC.	<b>c</b> EIN-PN 42-1242646-222
<b>a</b>	Plan name RAFIH AUTO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RAFIH AUTO GROUP, INC.	<b>c</b> EIN-PN 68-0676945-001
<b>a</b>	Plan name SENSOR MANUFACTURING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SENSOR MANUFACTURING COMPANY	<b>c</b> EIN-PN 38-2140109-001
<b>a</b>	Plan name SOUTHERN AUTOBODY SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN AUTOBODY SUPPLY, INC.	<b>c</b> EIN-PN 62-1592592-001
<b>a</b>	Plan name STELLAR VETERINARY SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor STELLAR VETERINARY SERVICES, LLC	<b>c</b> EIN-PN 47-2964550-001
<b>a</b>	Plan name AERO-MARK LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AERO-MARK LLC	<b>c</b> EIN-PN 26-4647620-001
<b>a</b>	Plan name TRAVIS POINTE COUNTRY CLUB 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TRAVIS POINTE COUNTRY CLUB	<b>c</b> EIN-PN 38-2037327-001

<b>Part II</b>	<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b> (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)
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<b>a</b>	Plan name	UNION CEMETERY ASSOCIATION EMPLOYEE BENEFIT RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE UNION CEMETERY ASSOCIATION	<b>c</b> EIN-PN 34-0587510-002

<b>a</b>	Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	<b>c</b> EIN-PN 39-1085074-002

<b>a</b>	Plan name	ATLAS DEVELOPMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATLAS DEVELOPMENT GROUP, LLC	<b>c</b> EIN-PN 47-2377876-001

<b>a</b>	Plan name	VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOSS BELTING & SPECIALTY CO., INC.	<b>c</b> EIN-PN 36-2109945-001

<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>PIONEER BOND RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>091</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	11422619	8551053
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	11422619	8551053
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	5	5
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	5	5
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	11422614	8551048

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	437745	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-260322	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts .....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts .....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities .....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	2b(10)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	2d		177423

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits .....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3) .....	2e(4)		
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	2g		
<b>h</b> Interest expense.....	2h		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	2i(1)		
(2) Contract administrator fees .....	2i(2)		
(3) Recordkeeping fees .....	2i(3)		
(4) IQPA audit fees .....	2i(4)		
(5) Investment advisory and investment management fees .....	2i(5)	18528	
(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)		18528
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	2j		18528

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		158895
<b>l</b> Transfers of assets:			
(1) To this plan.....	2l(1)		2684045
(2) From this plan .....	2l(2)		5714506

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.