

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) P

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

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

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

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

special extension (enter description)

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

Part II	Basic Plan Information —enter all requested information
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1a Name of plan <u>AEGON CASH MANAGEMENT RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>105</u> 1c Effective date of plan
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 LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</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 Characteristics Codes in the instructions:

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>AEGON CASH MANAGEMENT RET OPT</u>	B Three-digit plan number (PN) <u>▶</u> <u>105</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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

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d Entity code

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d Entity code

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d Entity code

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

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

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	BLUE Q 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE Q CORPORATION	c EIN-PN 04-3521482-001
a	Plan name	CETEC 401(K) PLAN	
b	Name of plan sponsor	CETEC CEREAL TECHNOLOGIES, INC.	c EIN-PN 52-1898383-001
a	Plan name	MARBLE WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARBLE WORKS, INC.	c EIN-PN 65-0069516-001
a	Plan name	MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MESSAGEBROADCAST.COM, LLC	c EIN-PN 77-0480271-001
a	Plan name	PHOENIX NURSING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	PHOENIX NURSING SERVICES, INC.	c EIN-PN 35-2094953-001
a	Plan name	SIGN INDUSTRIES, INC.	
b	Name of plan sponsor	SIGN INDUSTRIES, INC.	c EIN-PN 95-4660726-001
a	Plan name	TIAM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T.I. ASSET MANAGEMENT, INC.	c EIN-PN 58-2178755-001
a	Plan name	VREELAND ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	VREELAND ENGINEERS, INCORPORATED	c EIN-PN 62-1480752-001
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	X-CEL HAIR SALON 401(K) PLAN	
b	Name of plan sponsor	RANDA VISIONS, INC. DBA X-CEL HAIR SALON	c EIN-PN 03-0379464-001
a	Plan name	APPROVED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	APPROVED ELECTRIC COMPANY OF FLORIDA	c EIN-PN 59-1112865-001
a	Plan name	DIPACE-FIORINO 401(K) PLAN	
b	Name of plan sponsor	DIPACE-FIORINO CONSTRUCTION, LLC	c EIN-PN 38-3394090-001

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 EISENBERG & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EISENBERG & ASSOCIATES, INC.	c EIN-PN 75-1573412-001
a	Plan name KENTCO HEATING & COOLING, LLC PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor KENTCO HEATING AND COOLING, LLC	c EIN-PN 20-3611884-001
a	Plan name MOUNTAIN MEADOWS MEDICAL GROUP OF CALIFORNIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOUNTAIN MEADOWS MEDICAL GROUP OF CALIFORNIA, INC.	c EIN-PN 91-1922771-001
a	Plan name PALM BEACH AGGREGATES, LLC 401(K) PLAN	
b	Name of plan sponsor PALM BEACH AGGREGATES, LLC	c EIN-PN 90-0503744-001
a	Plan name PSCI 401(K) PLAN	
b	Name of plan sponsor PACIFIC SPECIALTY CONSTRUCTION, INC.	c EIN-PN 91-1599598-001
a	Plan name RICHARD BROS. ELECTRIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RICHARD BROTHERS COMPANY, INC.	c EIN-PN 04-2889819-001
a	Plan name TEXAS CITY ARMATURE WORKS, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor TEXAS CITY ARMATURE WORKS	c EIN-PN 74-1195929-001
a	Plan name WAILEA GOLF LLC 401(K) PLAN FOR HOURLY BARGAINING EMPLOYEES	
b	Name of plan sponsor WAILEA GOLF LLC	c EIN-PN 76-0741485-002
a	Plan name WALKER & COMPANY 401(K) PLAN	
b	Name of plan sponsor WALKER & COMPANY, LLP	c EIN-PN 52-1706976-001
a	Plan name ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001
a	Plan name 3NSOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor 3NSOLUTIONS, INC.	c EIN-PN 76-0732644-001
a	Plan name ALBERS & COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ALBERS & COMPANY	c EIN-PN 52-1470240-001

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	BOOS & CHAN INC. 401(K) PLAN	
b	Name of plan sponsor	BOOS & CHAN, INC.	c EIN-PN 04-3493211-001
a	Plan name	CAPELLA TECHNOLOGIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CAPELLA TECHNOLOGIES, INC.	c EIN-PN 04-3616849-001
a	Plan name	CAPITAL MASONRY CORP. RETIREMENT PLAN	
b	Name of plan sponsor	CAPITAL MASONRY CORP.	c EIN-PN 04-3213778-001
a	Plan name	D & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor	D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
a	Plan name	D & F, LOBO CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	D & F CONSTRUCTION, INC.	c EIN-PN 54-1206616-001
a	Plan name	LETOFSKY & MCCLAIN 401(K) PLAN AND TRUST	
b	Name of plan sponsor	LETOFSKY & MCCLAIN	c EIN-PN 33-0895471-001
a	Plan name	MCBERG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCBERG, INC.	c EIN-PN 75-2411243-001
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
a	Plan name	SPATARO PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor	SPATARO PLUMBING & HEATING, INC.	c EIN-PN 04-3095746-001
a	Plan name	THE CABINET PLACE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CABINET PLACE, INC.	c EIN-PN 58-2274332-001
a	Plan name	WARNERS MOTOR EXPRESS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	WARNERS MOTOR EXPRESS, INC.	c EIN-PN 23-1303827-001
a	Plan name	BAN-GAR CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	BAN-GAR CONSTRUCTION COMPANY, INC.	c EIN-PN 34-1628127-001

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	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	CORNERSTONE CLINIC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CORNERSTONE CLINIC, LTD.	c EIN-PN 36-4116386-001
a	Plan name	ENVIRONEERING EMPLOYEES' 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ENVIRONEERING, INC.	c EIN-PN 76-0313462-001
a	Plan name	GULF COAST VALVE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GULF COAST VALVE, INC.	c EIN-PN 74-1792339-001
a	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	c EIN-PN 13-3592138-001
a	Plan name	ABBEVILLE NURSING HOME 401(K) PLAN	
b	Name of plan sponsor	ABBEVILLE NURSING HOME, INC.	c EIN-PN 57-0485376-001
a	Plan name	DOTHAN CHRYSLER 401(K) PLAN	
b	Name of plan sponsor	DOTHAN CHRYSLER-DODGE, INC.	c EIN-PN 63-0971478-001
a	Plan name	G & W MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	G & W MACHINE, INC.	c EIN-PN 61-1312476-001
a	Plan name	IFE 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL FIRE EQUIPMENT	c EIN-PN 68-0124960-001
a	Plan name	JOHNSON'S MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	JOHNSON'S MECHANICAL, INC.	c EIN-PN 59-3155826-001
a	Plan name	MCKEE COURT REPORTING, INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	MCKEE COURT REPORTING, INC.	c EIN-PN 58-1975623-001
a	Plan name	MULTIVIEW CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MULTIVIEW CORPORATION	c EIN-PN 04-3085671-002

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 SPRINGFIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor MCCARTHY LEGAL SERVICES, LLC	c EIN-PN 04-3445519-001
a	Plan name TRUTRON CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor TRUTRON CORPORATION	c EIN-PN 38-1858530-001
a	Plan name ARLEDGE ELECTRONICS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARLEDGE ELECTRONICS, INC.	c EIN-PN 22-3212861-001
a	Plan name CHURCHILL CABINET COMPANY PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CHURCHILL CABINET COMPANY	c EIN-PN 36-0915600-001
a	Plan name DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN	
b	Name of plan sponsor DOUGHBOY RESTAURANT GROUP, LLC	c EIN-PN 47-2447231-001
a	Plan name ELATERAL INC. 401(K) PLAN	
b	Name of plan sponsor ELATERAL INC. DBA BRANDGILITY	c EIN-PN 51-0396708-001
a	Plan name GELBER & ASSOCIATES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor GELBER & ASSOCIATES CORP.	c EIN-PN 76-0572605-001
a	Plan name HERITAGE CUSTOM KITCHENS, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor HERITAGE CUSTOM KITCHENS, INC.	c EIN-PN 38-3220963-001
a	Plan name MARKETING & RESEARCH RESOURCES 401(K) PLAN AND TRUST	
b	Name of plan sponsor MARKETING & RESEARCH RESOURCES, LLC	c EIN-PN 52-1665278-003
a	Plan name MARTIN'S NURSERY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MARTIN'S NURSERY, INC.	c EIN-PN 63-1133490-001
a	Plan name MARTINSVILLE CARDIOVASCULAR CENTER, PC	
b	Name of plan sponsor MARTINSVILLE CARDIOVASCULAR CENTER, PC	c EIN-PN 54-1587895-001
a	Plan name MARYLAND PLASTICS UNION 401(K) PLAN	
b	Name of plan sponsor MARYLAND PLASTICS, INC.	c EIN-PN 52-1636609-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MY NEWBRIDGE SECURITIES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NEWBRIDGE SECURITIES CORPORATION	c EIN-PN 54-1879031-001
a	Plan name	O'CONNOR'S DECORATING CENTER 401(K) PLAN	
b	Name of plan sponsor	O'CONNOR'S DECORATING CENTER, INC.	c EIN-PN 83-2712021-001
a	Plan name	OAKLAND COMMUNITY NURSERY SCHOOL RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	OAKLAND COMMUNITY NURSING SCHOOL	c EIN-PN 22-2210714-001
a	Plan name	PR MANAGEMENT, CORP. RETIREMENT PLAN	
b	Name of plan sponsor	PR MANAGEMENT, CORP.	c EIN-PN 01-0757637-001
a	Plan name	RITCHIE & PARTNERS, L.L.C. MONEY PURCHASE PLAN	
b	Name of plan sponsor	RITCHIE & PARTNERS, L.L.C.	c EIN-PN 76-0624213-001
a	Plan name	RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor	RIVERHILLS HEALTHCARE, INC.	c EIN-PN 31-1412447-002
a	Plan name	SUBURBAN PUMP & MACHINE CO., INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SUBURBAN PUMP & MACHINE CO., INC.	c EIN-PN 25-1583889-001
a	Plan name	SULLIVAN COUNTER TOPS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SULLIVAN COUNTER TOPS, INC.	c EIN-PN 94-3020284-001
a	Plan name	VAN DYKE LANDSCAPE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VAN DYKE, LLP	c EIN-PN 71-0997792-001
a	Plan name	TARGET SERVICES PEST CONTROL PROFIT SHARING PLAN	
b	Name of plan sponsor	TARGET SERVICES PEST CONTROL, INC.	c EIN-PN 58-2072379-001
a	Plan name	LOCAL 3008 LAUNDRY AND ALLIED TRADES PENSION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF THE LOCAL 3008 LAUNDRY AND ALLIED TRADES PENSIO	c EIN-PN 39-6137116-001
a	Plan name	ADVANCED EXCAVATING, INC. EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	ADVANCED ESCAVATING, INC.	c EIN-PN 91-1955729-001

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	COASTAL BANCSHARES, INC. 401(K) PLAN	
b Name of plan sponsor	COASTAL BANCSHARES, INC.	c EIN-PN 76-0421550-001
a Plan name	GKY DENTAL ARTS 401(K) PLAN	
b Name of plan sponsor	GKY DENTAL ARTS INC.	c EIN-PN 88-4323547-001
a Plan name	MAGE, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MAGE, LLC	c EIN-PN 04-3448554-001
a Plan name	TOOH DINEH INDUSTRIES, INC. 401(K) PLAN	
b Name of plan sponsor	TOOH DINEH INDUSTRIES, INCORPORATED	c EIN-PN 86-0442648-001
a Plan name	ALLTECH BUSINESS SYSTEMS, INC. 401(K) PLAN	
b Name of plan sponsor	ALLTECH BUSINESS SYSTEMS, INC.	c EIN-PN 22-2697496-001
a Plan name	COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	COMSTOCK JOHNSON ARCHITECTS, INC.	c EIN-PN 68-0039251-003
a Plan name	CONNOLLY, SWITAJ, FOGLER & CO. LLP 401(K) PLAN	
b Name of plan sponsor	CONNOLLY, SWITAJ, FOGLER & CO. LLP	c EIN-PN 22-2249462-001
a Plan name	MASFAB, INC. 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	MASFAB, INC. T/A FORMIT STEEL, INC.	c EIN-PN 23-2065665-002
a Plan name	QUINCY DONUTS & AFFILIATES 401(K) PLAN	
b Name of plan sponsor	QUINCY DONUTS, INC	c EIN-PN 04-2664992-001
a Plan name	TUNY HAVEN EMPLOYEE 401(K) RETIREMENT PLAN	
b Name of plan sponsor	TUNY HAVEN INTERNATIONAL EARLY LEARNING CENTER, INC.	c EIN-PN 23-2540365-001
a Plan name	ANDRE FURNITURE INDUSTRIES RETIREMENT PLAN	
b Name of plan sponsor	ANDRE FURNITURE INDUSTRIES	c EIN-PN 06-0993468-001
a Plan name	CRAZY HOUSE, INC. PROFIT SHARING & 401(K) PLAN	
b Name of plan sponsor	CRAZY HOUSE, INC.	c EIN-PN 48-0693849-001

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	DARB MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor	DARB MECHANICAL, INC.	c EIN-PN 04-3493651-001
a	Plan name	MIDDLE GEORGIA MEDICAL ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	MIDDLE GEORGIA MEDICAL ASSOCIATES	c EIN-PN 58-2319012-001
a	Plan name	HOLIDAY FORD LINCOLN-MERCURY, INC. 401(K) PLAN	
b	Name of plan sponsor	HOLIDAY FORD LINCOLN-MERCURY, INC.	c EIN-PN 77-0267771-001
a	Plan name	MISKO, INC. 401(K) PLAN	
b	Name of plan sponsor	MISKO, INC.	c EIN-PN 23-2506409-001
a	Plan name	ROSS ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROSS ENGINEERING COMPANY, INC.	c EIN-PN 04-3006362-001
a	Plan name	VILLA IRON PENSION PLAN	
b	Name of plan sponsor	VILLA IRON WORKS, INC.	c EIN-PN 68-0437909-001
a	Plan name	INLAND FIRE BRICK, LLC 401(K) PLAN	
b	Name of plan sponsor	INLAND FIRE BRICK, LLC	c EIN-PN 36-4287561-001
a	Plan name	SHANACHIE ENTERTAINMENT CORP. 401(K) PLAN	
b	Name of plan sponsor	SHANACHIE ENTERTAINMENT CORP.	c EIN-PN 13-2986258-001
a	Plan name	BERNIE GRUNDMAN MASTERING STUDIO 401(K) PLAN	
b	Name of plan sponsor	BERNIE GRUNDMAN MASTERING STUDIO	c EIN-PN 95-3839051-003
a	Plan name	BHE 401(K) PLAN	
b	Name of plan sponsor	BHE ENTERPRISES, INC.	c EIN-PN 04-3216827-001
a	Plan name	NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW HAMPSHIRE HYDRAULICS, INC.	c EIN-PN 02-0338098-001
a	Plan name	BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN	
b	Name of plan sponsor	SUSAN L. BURNETTE, P.C.	c EIN-PN 02-0625716-001

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	BYRD AUTOMOTIVE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BYRD AUTOMOTIVE, INC.	c EIN-PN 76-0296359-001
a	Plan name	EUPELL VENTURES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	EUPELL VENTURES	c EIN-PN 20-1255463-001
a	Plan name	CARING ENTERPRISES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	CARING ENTERPRISES INCORPORATED	c EIN-PN 42-1461742-001
a	Plan name	CARRANO TRANSPORTATION AND LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	CARRANO TRANSPORTATION AND LOGISTICS, LLC	c EIN-PN 06-0995395-001
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	COHN RESTAURANT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	COHN RESTAURANT GROUP, INC.	c EIN-PN 33-0709920-777
a	Plan name	TRAVELERS RENTAL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	PARK SHUTTLE & FLY, INC.	c EIN-PN 04-2628087-001
a	Plan name	MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDIA STAGE, INC.	c EIN-PN 65-0221317-001
a	Plan name	CREATIVE MARKETING GRAPHICS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CMGWT, INC.	c EIN-PN 91-2039059-001
a	Plan name	ASSOCIATION RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATION RESEARCH, INC.	c EIN-PN 52-1327256-001
a	Plan name	AST SPORTS SCIENCE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	AST SPORTS SCIENCE, INC.	c EIN-PN 64-0823871-001
a	Plan name	HIGHGATE RETIREMENT LIVING 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	BURON, INC.	c EIN-PN 91-1644879-001

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	AUSTON DESIGN GROUP 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	AUSTON DESIGN GROUP	c EIN-PN 38-3988810-001
a	Plan name	DEMAIO'S INC. 401(K) PLAN	
b	Name of plan sponsor	DEMAIO'S INC.	c EIN-PN 22-3038197-001
a	Plan name	MODERN DAIRY, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MODERN DAIRY, INC.	c EIN-PN 77-0499501-001
a	Plan name	DR. PRICE DDS RETIREMENT PLAN	
b	Name of plan sponsor	DANIEL J. PRICE DDS, P.C.	c EIN-PN 38-2600561-001
a	Plan name	DRISCOLL & GIBSON PROFIT SHARING PLAN	
b	Name of plan sponsor	DRISCOLL & GIBSON ATTORNEYS AT LAW	c EIN-PN 04-3171623-001
a	Plan name	DRS. HARPER AND GILMORE, INC. 401(K) PLAN	
b	Name of plan sponsor	DRS. HARPER AND GILMORE, INC.	c EIN-PN 34-1399603-001
a	Plan name	DRS. PLEET, FRIEMAN AND BERKOWITZ, P. A.	
b	Name of plan sponsor	DRS. PLEET, FRIEMAN AND BERKOWITZ, P. A.	c EIN-PN 52-0895363-001
a	Plan name	BILLET & ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BILLET & ASSOCIATES, LLC	c EIN-PN 23-2637057-001
a	Plan name	SHAY WATER COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHAY WATER COMPANY, INC.	c EIN-PN 38-2835041-001
a	Plan name	WISCONSIN LIFTING SPECIALISTS 401(K) PLAN	
b	Name of plan sponsor	WISCONSIN LIFTING SPECIALISTS, INC.	c EIN-PN 39-1130436-001
a	Plan name	EXECUTIVE DESTINATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE DESTINATIONS, INC.	c EIN-PN 04-3407170-001
a	Plan name	P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	P. & S. CONSTRUCTION CO., INC.	c EIN-PN 57-0721109-001

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	KNOWLOGY GOLDMINE	
b	Name of plan sponsor	KNOWLOGY CORPORATION	c EIN-PN 13-3848008-001
a	Plan name	SURVEYING CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor	SURVEYING CONSULTANTS OF HILTON HEAD ISLAND, INC.	c EIN-PN 57-0756824-001
a	Plan name	LAKE RIDGE VISION CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor	LAKE RIDGE VISION CENTER	c EIN-PN 54-1330725-001
a	Plan name	TEAM REHAB, INC. SALARY SAVINGS PLAN	
b	Name of plan sponsor	TEAM REHAB, INC.	c EIN-PN 33-0272547-002
a	Plan name	BERG & ASSOCIATES, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	BERG & ASSOCIATES, INC.	c EIN-PN 33-0075557-001
a	Plan name	CNC INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	CNC INVESTMENTS, INC.	c EIN-PN 76-0391556-001
a	Plan name	GLOBAL ORTHOPAEDIC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GLOBAL ORTHOPAEDIC SOLUTIONS, L.L.C.	c EIN-PN 76-0691266-001
a	Plan name	GLOBALEDGE TECHNOLOGIES, INC. SECTION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	GLOBALEDGE TECHNOLOGIES, INC.	c EIN-PN 20-0264454-001
a	Plan name	GMT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GMT, INC.	c EIN-PN 36-3348706-001
a	Plan name	GROSOUTH 401(K) PLAN	
b	Name of plan sponsor	GROSOUTH OF ALABAMA, INC.	c EIN-PN 63-0464231-001
a	Plan name	HOPKINTON FORESTRY & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	HOPKINTON FORESTRY & LAND CLEARING, INC.	c EIN-PN 02-0439552-001
a	Plan name	KPT PHYSICAL THERAPY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KPT PHYSICAL THERAPY	c EIN-PN 52-1796165-001

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	KRADLE TO KINDERGARTEN RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor	KRADLE TO KINDERGARTEN, INC.	c EIN-PN 22-3406810-001
a	Plan name	MAX STAF, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAX STAF, INC.	c EIN-PN 72-1342485-333
a	Plan name	MELTON, ESPY & WILLIAMS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MELTON, ESPY & WILLIAMS P.C.	c EIN-PN 63-0720022-001
a	Plan name	PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC BRIDGE INSURANCE SERVICES, INC.	c EIN-PN 95-4618495-001
a	Plan name	RAGGIO, CAPPEL, CHOZEN & BERNIARD PROFIT SHARING PLAN	
b	Name of plan sponsor	RAGGIO, CAPPEL, CHOZEN & BERNIARD	c EIN-PN 72-0390548-001
a	Plan name	RALPH J. SERPA & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	RALPH J. SERPA & SONS, INC.	c EIN-PN 94-2456234-001
a	Plan name	STEFURA ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	STEFURA ASSOCIATES, INC.	c EIN-PN 04-3544620-001
a	Plan name	TEJAS MANAGEMENT SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	TEJAS MANAGEMENT SYSTEMS, INC.	c EIN-PN 74-2375569-001
a	Plan name	THE NURSE SOURCE, LTD. 401(K) PLAN	
b	Name of plan sponsor	THE NURSE SOURCE, LTD.	c EIN-PN 36-3687686-001
a	Plan name	UNITED OIL HEAT, INC. 401(K) PLAN	
b	Name of plan sponsor	UNITED OIL HEAT, INC.	c EIN-PN 04-2729039-001
a	Plan name	UNITY MANUFACTURING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNITY MANUFACTURING COMPANY	c EIN-PN 36-1899680-001
a	Plan name	APEX PLUMBING, HEATING & PIPING, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	APEX PLUMBING, HEATING & PIPING, INC.	c EIN-PN 73-1132059-001

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AEGON CASH MANAGEMENT RET OPT	B Three-digit plan number (PN) ▶ 105
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
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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)	17291
		16841
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	108172
(2) U.S. Government securities	1c(2)	109320
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	55198837
(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)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(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	55324300	53304429
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	56569	572939
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	56569	572939
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	55267731	52731490

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)	2920088	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2920088
(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)	-40	
(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)	16367	
(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		2936415

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)	326061	
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		326061
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		326061

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2610354
l Transfers of assets:			
(1) To this plan.....	2l(1)		7177895
(2) From this plan	2l(2)		12324490

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 _____.