

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, 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, 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, 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: GOLDMAN SACHS TECHNOLOGY OPPORTUNITIES RET OPT
1b Three-digit plan number (PN): 269
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.

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>GOLDMAN SACHS TECHNOLOGY OPPORTUNITIES RET OPT</u>	B Three-digit plan number (PN)	<u>269</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):		
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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)

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	COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLORADO SURGICAL AFFILIATES, LLC	c EIN-PN 81-3228396-001
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	GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	GOOD TIMES RESTAURANTS, INC.	c EIN-PN 84-1133368-001
a	Plan name	HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor	WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-222
a	Plan name	KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNEDY AUTOMOTIVE GROUP, INC.	c EIN-PN 23-2545536-001
a	Plan name	MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MENCHIE'S GLOBAL HEADQUARTERS	c EIN-PN 26-1658984-777
a	Plan name	NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST EYE CENTER S.C.	c EIN-PN 36-3145951-002
a	Plan name	PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor	PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a	Plan name	REYNOLDS & ROWELLA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	REYNOLDS & ROWELLA, LLP	c EIN-PN 06-1143555-001
a	Plan name	RGS & G 401(K) PLAN	
b	Name of plan sponsor	RUBIN, GLICKMAN, STEINBERG AND GIFFORD	c EIN-PN 23-2125472-002
a	Plan name	STERLING ENERGY OPERATIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	STERLING ENERGY OPERATIONS, LLC	c EIN-PN 33-0969595-001
a	Plan name	STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002

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	W.S. UNEMORI ENGINEERING, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	WARREN S. UNEMORI ENGINEERING, INC.	c EIN-PN 99-0149848-002
a	Plan name	AIRMAX LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AIRMAX LLC	c EIN-PN 84-1440204-001
a	Plan name	ARCHITECTURE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHITECTURE, INC.	c EIN-PN 54-1371604-001
a	Plan name	GP BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	GP BUILDERS, INC.	c EIN-PN 83-2935431-001
a	Plan name	KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	KENTUCKY EDUCATION ASSOCIATION	c EIN-PN 61-0245450-001
a	Plan name	LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION	c EIN-PN 95-3308709-001
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	STRASS-MAGUIRE ASSOCIATES EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	STRASS-MAGUIRE ASSOCIATES, INC.	c EIN-PN 39-0786040-001
a	Plan name	VALLEY BULK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY BULK, INC.	c EIN-PN 33-0674207-001
a	Plan name	ALBRECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ALBRECO, INC.	c EIN-PN 31-1638056-001
a	Plan name	COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	COMMUNITY STATE BANK	c EIN-PN 26-0620241-001
a	Plan name	LEHMAN DAMAN CONSTRUCTION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEHMAN DAMAN CONSTRUCTION SERVICES, INC.	c EIN-PN 31-1123984-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE BLACK HAWK CASINO 401(K) PLAN	
b	Name of plan sponsor	SAUK BUSINESS ENTERPRISES	c EIN-PN 02-0713814-001
a	Plan name	FSY ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	FSY ARCHITECTS	c EIN-PN 95-4638941-001
a	Plan name	GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GULF SOUTH EYE ASSOCIATES (APMC)	c EIN-PN 72-1076001-777
a	Plan name	JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
b	Name of plan sponsor	HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-001
a	Plan name	JOHN MOORE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JOHN MOORE & ASSOCIATES, INC.	c EIN-PN 62-0867747-001
a	Plan name	JOHN P. FRANGIE, M.D., P.C. RETIREMENT PLAN	
b	Name of plan sponsor	JOHN P. FRANGIE, M.D., P.C.	c EIN-PN 46-0538578-001
a	Plan name	AACTION RENTS PROFIT SHARING PLAN	
b	Name of plan sponsor	GRILL BROTHERS PARTNERSHIP DBA AACTION RENTS	c EIN-PN 94-2373673-001
a	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	BURCH COURT DENTAL	c EIN-PN 61-1338337-001
a	Plan name	JOHNSON COUNTY DERMATOLOGY, P. A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JOHNSON COUNTY DERMATOLOGY, P.A.	c EIN-PN 04-3586031-002
a	Plan name	MXD PROCESS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MIXER DIRECT INC., DBA MXD PROCESS	c EIN-PN 27-1855081-001
a	Plan name	RAY SMITH INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	RAY SMITH INSURANCE AGENCY, INC.	c EIN-PN 41-1389486-001
a	Plan name	SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPAULDING BRICK CO., INC.	c EIN-PN 04-1203530-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE 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
a	Plan name	WAVE CREST DEVELOPMENT 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WAVE CREST DEVELOPMENT	c EIN-PN 94-2349728-001
a	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name	ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALIKA C. GARCIA	c EIN-PN 81-0742572-001
a	Plan name	ALLEN'S TREE SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEN'S TREE SERVICE, INC.	c EIN-PN 58-1997275-001
a	Plan name	FEDERAL MACHINERY & EQUIPMENT CO. 401(K) PLAN	
b	Name of plan sponsor	FEDERAL MACHINERY & EQUIPMENT COMPANY	c EIN-PN 34-0811973-001
a	Plan name	HERITAGE ACADEMY 401(K) PLAN	
b	Name of plan sponsor	EDUCATION SERVICES DBA HERITAGE ACADEMY	c EIN-PN 57-1002951-001
a	Plan name	IMPORT LOGISTICS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	IMPORT LOGISTICS, INC.	c EIN-PN 36-3798354-001
a	Plan name	KEYSTONE BRAND MEATS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYSTONE BRAND MEATS, INC.	c EIN-PN 34-0938069-001
a	Plan name	KEYSTONE SPRING SERVICE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KEYSTONE SPRING SERVICE, INC.	c EIN-PN 25-1329257-002
a	Plan name	KIA OF LAGRANGE 401(K) PLAN	
b	Name of plan sponsor	KIA OF LAGRANGE	c EIN-PN 27-0980531-001
a	Plan name	MY OFFICE, INC. 401(K) PLAN	
b	Name of plan sponsor	MY OFFICE, INC.	c EIN-PN 48-1289900-001

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	O2 SOLUTIONS, LLC 401(K) PLAN	
b Name of plan sponsor	O2 SOLUTIONS, LLC	c EIN-PN 14-1964996-001
a Plan name	RIOUX EYE CENTER, INC. RETIREMENT PLAN	
b Name of plan sponsor	RIOUX EYE CENTER, INC.	c EIN-PN 87-4253844-001
a Plan name	PEJU PROVINCE CORPORATION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PEJU PROVINCE CORPORATION	c EIN-PN 46-1570692-002
a Plan name	PELEMAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PELEMAN INDUSTRIES, INC.	c EIN-PN 58-2412784-003
a Plan name	LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	LOMONT MOLDING, LLC	c EIN-PN 47-1306587-001
a Plan name	PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b Name of plan sponsor	PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a Plan name	THE FRATE GROUP 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	THE FRATE GROUP	c EIN-PN 20-5168941-001
a Plan name	ADVANCED CARGO CORPORATION 401(K) P/S PLAN	
b Name of plan sponsor	ADVANCED CARGO CORPORATION	c EIN-PN 41-1663563-001
a Plan name	PRIMECARE HOME CARE SERVICES, INC. 401(K) PLAN	
b Name of plan sponsor	PRIMECARE HOME CARE SERVICES, INC.	c EIN-PN 65-1317901-001
a Plan name	PRIORITY MORTGAGE CORP. 401(K) PLAN	
b Name of plan sponsor	PRIORITY MORTGAGE CORP.	c EIN-PN 31-1088264-001
a Plan name	GREEN HILLS MEMORIAL PARK EMPLOYEES' RETIREMENT PLAN	
b Name of plan sponsor	GREEN HILLS MEMORIAL PARK	c EIN-PN 95-1955721-001
a Plan name	QUALITY CASING & NETTING COMPANY 401(K) SAVINGS PLAN	
b Name of plan sponsor	QUALITY CASING & NETTING COMPANY, INC.	c EIN-PN 31-1365171-001

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	TSM VENTURES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TSM VENTURES, INC.	c EIN-PN 37-0809985-001
a	Plan name	COYLE REPRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COYLE REPRODUCTIONS, INC.	c EIN-PN 95-2955426-001
a	Plan name	MCZ CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCZ CONSTRUCTION, INC.	c EIN-PN 20-0634943-001
a	Plan name	REICHEL FOODS 401(K) PLAN	
b	Name of plan sponsor	REICHEL FOODS, INC.	c EIN-PN 90-0246502-001
a	Plan name	HICKORY GROVE VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	TIGHE-ZEMAN EQUIPMENT LLC	c EIN-PN 75-3093043-001
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
a	Plan name	HM MEDICAL CONSULTANTS PROFESS 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	HM MEDICAL CONSULTANTS PROFESS	c EIN-PN 84-1440532-001
a	Plan name	HOANG TRAN NGUYEN, MD., INC. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	HOANG TRAN NGUYEN, MD., INC.	c EIN-PN 20-1880873-002
a	Plan name	SCHUMANN HANLON LLC EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	SCHUMANN HANLON LLC	c EIN-PN 20-1967882-001
a	Plan name	SEWINGMACHINESPLUS.COM, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SEWINGMACHINESPLUS.COM, INC.	c EIN-PN 26-4413184-001
a	Plan name	SGA DESIGN GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SGA DESIGN GROUP, P.C.	c EIN-PN 73-1466773-001
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

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	ELECTRO-TECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELECTRO-TECH, INC.	c EIN-PN 06-1107977-001
a	Plan name	SMOLAR ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	SMOLAR ENTERPRISES, LLC	c EIN-PN 52-2226180-001
a	Plan name	C T LEWIS ENTERPRISES LP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C T LEWIS ENTERPRISES LP	c EIN-PN 51-0663685-001
a	Plan name	PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	PATEL, GREENE & ASSOCIATES, LLC	c EIN-PN 45-2209743-001
a	Plan name	KJLA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COSTA DE ORO MEDIA, LLC	c EIN-PN 77-0139492-001
a	Plan name	CLARKE PACKING 401(K) PLAN	
b	Name of plan sponsor	CLARKE PACKING & CRATING COMPANY	c EIN-PN 36-3828267-001
a	Plan name	MAISON LOUIS MARIE LLC 401(K) PLAN	
b	Name of plan sponsor	MAISON LOUIS MARIE LLC	c EIN-PN 47-4176521-001
a	Plan name	MAISON LOUIS MARIE LLC DEFINED BENEFIT PLAN	
b	Name of plan sponsor	MAISON LOUIS MARIE LLC	c EIN-PN 47-4176521-002
a	Plan name	GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLESSNER & ASSOCIATES, PLLC	c EIN-PN 55-0761731-001
a	Plan name	PRO-TEK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO-TEK MANUFACTURING, INC.	c EIN-PN 94-2862885-002
a	Plan name	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES	c EIN-PN 23-7433927-001
a	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE TM GROUP, INC.	c EIN-PN 38-3156552-777

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	ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	ALTAONE FEDERAL CREDIT UNION	c EIN-PN 95-1658623-222
a	Plan name	GREENS OPERATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	GREENS OPERATIONS, INC	c EIN-PN 47-3688571-001
a	Plan name	HARPREET SAINI DDS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HARPREET SAINI DDS, INC.	c EIN-PN 27-4236646-001
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	MIDICI GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MIDICI GROUP, LLC	c EIN-PN 47-1810714-001
a	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 59-2714320-001
a	Plan name	AUTOMOTIVE TRANSPORT UNION PLAN	
b	Name of plan sponsor	VALIANT MANAGEMENT, LLC UNION PLAN	c EIN-PN 20-4853723-001
a	Plan name	AUTOMOTIVE TRANSPORTATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RCS TRANSPORTATION, LLC	c EIN-PN 20-2646999-001
a	Plan name	HOME PARAMOUNT PEST CONTROL COMPANY EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HOME PARAMOUNT PEST CONTROL COMPANY	c EIN-PN 54-0762970-001
a	Plan name	RUPP SEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor	RUPP SEEDS, INC.	c EIN-PN 34-1384132-001
a	Plan name	VITAL RETIREMENT PLAN	
b	Name of plan sponsor	VITAL VENTURES	c EIN-PN 81-0972460-001
a	Plan name	NAUTILUS INTERNATIONAL HOLDING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-003

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 NAUTILUS INTERNATIONAL HOLDING CORPORATION PENSION PLAN	
b	Name of plan sponsor NAUTILUS INTERNATIONAL HOLDING CORPORATION	c EIN-PN 20-1833642-002
a	Plan name BEERMAN PRECISION, INC. 401(K) PLAN	
b	Name of plan sponsor BEERMAN PRECISION, INC.	c EIN-PN 72-0519232-001
a	Plan name INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INTEGRI, LLC	c EIN-PN 20-2613358-001
a	Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name INVESTMENT CENTER 401(K) PLAN	
b	Name of plan sponsor INVESTMENT CENTER	c EIN-PN 42-1485034-001
a	Plan name NIELSEN MOTORS SALARY REDUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor NIELSEN CAPITAL LLC DBA NIELSEN MOTORS	c EIN-PN 93-2601344-001
a	Plan name NISSIN PRECISION NA 401(K) PLAN	
b	Name of plan sponsor NISSIN PRECISION NORTH AMERICA, INC.	c EIN-PN 31-1279356-001
a	Plan name SONOMA GRAPHIC PRODUCTS 401(K) PLAN	
b	Name of plan sponsor SONOMA GRAPHIC PRODUCTS	c EIN-PN 68-0441691-001
a	Plan name EXPOTEL HOSPITALITY SERVICES 401K PLAN	
b	Name of plan sponsor EXPOTEL HOSPITALITY SERVICES, INC.	c EIN-PN 72-1456101-001
a	Plan name FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor KOMET USA, LLC	c EIN-PN 84-1719571-001

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 PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	c EIN-PN 74-2459387-001
a	Plan name FORT DEARBORN PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor FORT DEARBORN PARTNERS	c EIN-PN 36-3745996-001
a	Plan name CELINA COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor CELINA TENT, INC.	c EIN-PN 34-1894249-001
a	Plan name PETERS AGENCY CARE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PETERS AGENCY CARE MANAGEMENT, LLC	c EIN-PN 83-0446469-001
a	Plan name WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WHITEHEAD & ASSOCIATES, INC.	c EIN-PN 58-1096001-001
a	Plan name AVKARE, LLC 401(K) PLAN	
b	Name of plan sponsor AVKARE, LLC	c EIN-PN 20-8622803-001
a	Plan name WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name WOMER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOMER AND ASSOCIATES, INC.	c EIN-PN 91-1570424-001
a	Plan name BRUNNER FUNERAL HOME 401(K) PLAN	
b	Name of plan sponsor BRUNNER FUNERAL HOME, INC.	c EIN-PN 34-1239396-001
a	Plan name BSB RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor THE BIPPUS STATE BANK	c EIN-PN 35-0180140-001
a	Plan name CN TIRE & WHEELS 401(K) PLAN	
b	Name of plan sponsor CN TIRE & WHEELS CORPORATION	c EIN-PN 47-3067418-001
a	Plan name COLONIAL HEIGHTS VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor COLONIAL HEIGHTS VETERINARY HOSPITAL	c EIN-PN 54-2031691-001

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 DTS RETIREMENT PLAN	
b	Name of plan sponsor DARNELL TECHNICAL SERVICES, INC.	c EIN-PN 77-0622546-777
a	Plan name FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor FAIRGROUNDS TRANSPORTATION	c EIN-PN 26-1692517-001
a	Plan name FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FLOORGUARD, INC.	c EIN-PN 36-4027503-001
a	Plan name GIBSON & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor GIBSON & ASSOCIATES, INC.	c EIN-PN 75-2057660-001
a	Plan name GIBSON OVERSEAS, INC. 401(K) PLAN	
b	Name of plan sponsor GIBSON OVERSEAS, INC.	c EIN-PN 95-3393699-002
a	Plan name GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor GUIDE WEALTH PARTNERS, INC.	c EIN-PN 42-1350912-001
a	Plan name MANTUCKET CAPITAL MANAGEMENT CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MANTUCKET CAPITAL MANAGEMENT CORPORATION	c EIN-PN 47-0880782-001
a	Plan name MEL LANZER COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor MEL LANZER COMPANY	c EIN-PN 34-0965107-001
a	Plan name NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor NEW ENGLAND DENTAL CENTER, P.C.	c EIN-PN 06-1001051-001
a	Plan name NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH ATLANTA PEDIATRIC ASSOCIATES, P.C.	c EIN-PN 58-1633173-777
a	Plan name P/A INDUSTRIES INC. 401(K) PLAN	
b	Name of plan sponsor P/A INDUSTRIES INC.	c EIN-PN 06-0862210-001
a	Plan name PCPS 401(K) PLAN	
b	Name of plan sponsor PREMIER CORPORATE PROFESSIONAL SERVICES	c EIN-PN 37-1704818-001

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	PETROVAL, INC. 401(K) PLAN	
b Name of plan sponsor	PETROVAL, INC.	c EIN-PN 72-1559851-001
a Plan name	R.W. PARKINSON, MD 401(K) PLAN	
b Name of plan sponsor	RICHARD W. PARKINSON MD	c EIN-PN 87-0468611-001
a Plan name	RESEARCH FOR BETTER TEACHING 401(K) PLAN	
b Name of plan sponsor	RESEARCH FOR BETTER TEACHING	c EIN-PN 04-3145000-003
a Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
b Name of plan sponsor	RAO MANUFACTURING COMPANY	c EIN-PN 41-0494610-002
a Plan name	TAB ENGINEERS, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TAB ENGINEERS, LLC	c EIN-PN 46-1400045-001
a Plan name	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC. 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	TELECOMMUNICATIONS MANAGEMENT SOLUTIONS, INC.	c EIN-PN 77-0000356-001
a Plan name	THE ZITA GROUP, LLC RETIREMENT PLAN	
b Name of plan sponsor	THE ZITA GROUP, LLC	c EIN-PN 20-8612123-001
a Plan name	VERSA TOOL & DIE MACHINING & ENGINEERING, INC. 401(K) PLAN	
b Name of plan sponsor	VERSA TOOL & DIE MACHINING & ENGINEERING, INC.	c EIN-PN 39-1085074-002
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan GOLDMAN SACHS TECHNOLOGY OPPORTUNITIES RET OPT	B Three-digit plan number (PN) ▶ 269
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.

		(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)	23892001	30882483
(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	23892001	30882483
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	23892001	30882483

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)	5880953	
(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)		1284124
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7165077

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)	48984	
(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)		48984
j Total expenses. Add all expense amounts in column (b) and enter total	2j		48984

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		7116093
l Transfers of assets:			
(1) To this plan	2l(1)		6365132
(2) From this plan	2l(2)		6490743

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 _____.