

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: TRANSAMERICA PARTNERS MID GROWTH RET OPT; 1b Three-digit plan number (PN): 425; 1c Effective date of plan; 2a Plan sponsor's name, mailing address, city or town, state or province, country, and ZIP or foreign postal code; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 08/21/2025, NEIL KOENCK; Signature of DFE, Date, Enter name of individual signing as DFE

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

Form 5500 (2024) v. 240311

<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> <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>TRANSAMERICA PARTNERS MID GROWTH RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>425</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)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<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)

**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

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

**c** EIN-PN

**d** Entity code

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

**c** EIN-PN

**d** Entity code

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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)

<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	BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BNL INDUSTRIES, INC.	<b>c</b> EIN-PN 06-1226220-001
<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	J & J HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J & J HEATING & AIR CONDITIONING, INC.	<b>c</b> EIN-PN 04-2488433-001
<b>a</b>	Plan name	KENDALL GKIKAS & MITCHELL, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KENDALL GKIKAS & MITCHELL, LLP	<b>c</b> EIN-PN 81-3000482-001
<b>a</b>	Plan name	MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MESSAGEBROADCAST.COM, LLC	<b>c</b> EIN-PN 77-0480271-001
<b>a</b>	Plan name	PROJEX PACIFIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROJEX PACIFIC INC	<b>c</b> EIN-PN 51-0470194-001
<b>a</b>	Plan name	VREELAND ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VREELAND ENGINEERS, INCORPORATED	<b>c</b> EIN-PN 62-1480752-001
<b>a</b>	Plan name	AIR MECHANICAL SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIR MECHANICAL SALES, INC.	<b>c</b> EIN-PN 54-2061425-001
<b>a</b>	Plan name	APPROVED ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPROVED ELECTRIC COMPANY OF FLORIDA	<b>c</b> EIN-PN 59-1112865-001
<b>a</b>	Plan name	FREDEBAUGH WELL DRILLING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FREDEBAUGH WELL DRILLING COMPANY, INC.	<b>c</b> EIN-PN 34-1080852-001
<b>a</b>	Plan name	J.M. O'NEILL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J.M. O'NEILL, INC.	<b>c</b> EIN-PN 94-2918101-001
<b>a</b>	Plan name	MARIAN COLLEGE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MARIAN COLLEGE	<b>c</b> EIN-PN 95-4775118-001

<b>Part II 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	METRO ATLANTA NEUROSURGERY 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	METRO ATLANTA NEUROSURGERY, PC
<b>c</b>	EIN-PN	58-2501607-001
<b>a</b>	Plan name	NORWALK COMMUNITY HEALTH CENTER 401(K) PLAN
<b>b</b>	Name of plan sponsor	NORWALK COMMUNITY HEALTH CENTER, INC.
<b>c</b>	EIN-PN	06-1436620-001
<b>a</b>	Plan name	PANTECH WIRELESS EMPLOYEE 401(K) PLAN
<b>b</b>	Name of plan sponsor	PANTECH WIRELESS, INC.
<b>c</b>	EIN-PN	04-3629687-001
<b>a</b>	Plan name	WAILEA GOLF LLC 401(K) PLAN FOR HOURLY BARGAINING EMPLOYEES
<b>b</b>	Name of plan sponsor	WAILEA GOLF LLC
<b>c</b>	EIN-PN	76-0741485-002
<b>a</b>	Plan name	WAILEA OLD BLUE 401(K) PLAN
<b>b</b>	Name of plan sponsor	WAILEA OLD BLUE, LLC
<b>c</b>	EIN-PN	87-0777083-001
<b>a</b>	Plan name	WAILEA OLD BLUE NON-UNION 401(K) PLAN
<b>b</b>	Name of plan sponsor	WAILEA OLD BLUE, LLC
<b>c</b>	EIN-PN	87-0777083-002
<b>a</b>	Plan name	3NSOLUTIONS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	3NSOLUTIONS, INC.
<b>c</b>	EIN-PN	76-0732644-001
<b>a</b>	Plan name	CAPE COD VACUUM, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	CAPE COD VACUUM, INC.
<b>c</b>	EIN-PN	26-3859488-003
<b>a</b>	Plan name	CAPESPAN NORTH AMERICA LLC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CAPESPAN NORTH AMERICA LLC
<b>c</b>	EIN-PN	52-2208915-001
<b>a</b>	Plan name	CYPRESS POINT CLUB 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CYPRESS POINT CLUB
<b>c</b>	EIN-PN	94-6008058-002
<b>a</b>	Plan name	D & F, LOBO CONSTRUCTION, INC. PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	D & F CONSTRUCTION, INC.
<b>c</b>	EIN-PN	54-1206616-001
<b>a</b>	Plan name	SANTA FE RUBBER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST
<b>b</b>	Name of plan sponsor	SANTA FE RUBBER PRODUCTS, INC.
<b>c</b>	EIN-PN	95-3864316-001

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 DISHMAN DODGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor M&G INVESTMENTS, INC. DBA DISHMAN DODGE	<b>c</b> EIN-PN 91-0953903-002
<b>a</b>	Plan name HYUNDAI DYMOS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HYUNDAI DYMOS MICHIGAN, LLC	<b>c</b> EIN-PN 32-0423491-001
<b>a</b>	Plan name ABC ACADEMY, INC. PLAN	
<b>b</b>	Name of plan sponsor ABC ACADEMY, INC.	<b>c</b> EIN-PN 38-2498000-001
<b>a</b>	Plan name BASIS INTERNATIONAL LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BASIS INTERNATIONAL LTD.	<b>c</b> EIN-PN 85-0327924-001
<b>a</b>	Plan name CHINATOWN PHARMACY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CHINATOWN PHARMACY	<b>c</b> EIN-PN 47-5552705-001
<b>a</b>	Plan name H&R OPERATOR SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor H&R OPERATOR SERVICES, INC.	<b>c</b> EIN-PN 76-0000842-002
<b>a</b>	Plan name IFE 401(K) PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL FIRE EQUIPMENT	<b>c</b> EIN-PN 68-0124960-001
<b>a</b>	Plan name MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MUSKEGON COUNTY MUSEUM	<b>c</b> EIN-PN 38-1367319-001
<b>a</b>	Plan name REALTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor REALTECH CONSTRUCTION CO., LLC	<b>c</b> EIN-PN 95-4709478-001
<b>a</b>	Plan name TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRUE GRIT REDI-MIX LTD	<b>c</b> EIN-PN 20-2018457-001
<b>a</b>	Plan name ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHOVAN INC.	<b>c</b> EIN-PN 16-1627907-001
<b>a</b>	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	<b>c</b> EIN-PN 83-2585853-001

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 ELECTRO-MECHANICAL INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ELECTRO-MECHANICAL INDUSTRIES, INC.	<b>c</b> EIN-PN 76-0626218-002
<b>a</b>	Plan name GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	<b>c</b> EIN-PN 20-8143829-001
<b>a</b>	Plan name O'CONNOR'S DECORATING CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor O'CONNOR'S DECORATING CENTER, INC.	<b>c</b> EIN-PN 83-2712021-001
<b>a</b>	Plan name SUBURBAN & TRI-STATE SUBARU 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUBURBAN & TRI-STATE SUBARU, INC.	<b>c</b> EIN-PN 06-1210980-001
<b>a</b>	Plan name THE DUNCAN COMPANIES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE DUNCAN COMPANIES, INC.	<b>c</b> EIN-PN 59-3537237-001
<b>a</b>	Plan name VAN DYKE LANDSCAPE ARCHITECTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VAN DYKE, LLP	<b>c</b> EIN-PN 71-0997792-001
<b>a</b>	Plan name WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
<b>b</b>	Name of plan sponsor WEATHER ENGINEERS, INC.	<b>c</b> EIN-PN 59-3076169-004
<b>a</b>	Plan name WEGENER WELDING, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEGENER WELDING, LLC	<b>c</b> EIN-PN 20-4664586-001
<b>a</b>	Plan name FOCUS IMAGING GROUP EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FOCUS IMAGING GROUP INC.	<b>c</b> EIN-PN 65-0910156-001
<b>a</b>	Plan name GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC.	<b>c</b> EIN-PN 20-0481533-002
<b>a</b>	Plan name CRAZY CAT CYCLERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAZY CAT CYCLERY, LLC	<b>c</b> EIN-PN 46-1509105-001
<b>a</b>	Plan name RNB & K 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIPES NELSON BAGGOT & KALOBRATSOS P.C.	<b>c</b> EIN-PN 36-4233711-001

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 ARTISAN REALTY GROUP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARTISAN REALTY GROUP, INC.	<b>c</b> EIN-PN 81-4631308-001
<b>a</b>	Plan name AUDIO VIDEO DESIGN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUDIO VIDEO DESIGN, INC.	<b>c</b> EIN-PN 03-0460318-001
<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 SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor THE SCIENTIFIC CONSULTING GROUP, INC.	<b>c</b> EIN-PN 52-1719423-001
<b>a</b>	Plan name SCOOTERWORKS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCOOTERWORKS HOLDINGS LLC	<b>c</b> EIN-PN 45-2033633-001
<b>a</b>	Plan name SGF MANAGEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SGF MANAGEMENT, INC.	<b>c</b> EIN-PN 34-1850857-001
<b>a</b>	Plan name INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor INTERNATIONAL TANK SERVICE, INC.	<b>c</b> EIN-PN 34-1277387-001
<b>a</b>	Plan name NEW HAMPSHIRE HYDRAULICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEW HAMPSHIRE HYDRAULICS, INC.	<b>c</b> EIN-PN 02-0338098-001
<b>a</b>	Plan name BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUSAN L. BURNETTE, P.C.	<b>c</b> EIN-PN 02-0625716-001
<b>a</b>	Plan name BYRD AUTOMOTIVE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BYRD AUTOMOTIVE, INC.	<b>c</b> EIN-PN 76-0296359-001
<b>a</b>	Plan name SPRINGFIELD SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCCARTHY LEGAL SERVICES, LLC	<b>c</b> EIN-PN 04-3445519-001

<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	SUN COUNTRY BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN COUNTRY BUILDERS, INC.	<b>c</b> EIN-PN 33-0559528-002
<b>a</b>	Plan name	SUPERIOR AUTO BODY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR AUTO BODY, INC.	<b>c</b> EIN-PN 52-1273025-001
<b>a</b>	Plan name	THE INFORMATION CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE INFORMATION CENTER, INC.	<b>c</b> EIN-PN 51-0136113-001
<b>a</b>	Plan name	MAIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MINORITY ADVANCEMENT IN CORPORATIONS, INC.	<b>c</b> EIN-PN 52-2060991-001
<b>a</b>	Plan name	GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GLESSNER & ASSOCIATES, PLLC	<b>c</b> EIN-PN 55-0761731-001
<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	R.E. SMITH CONTRACTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	R.E. SMITH CONTRACTOR, INC.	<b>c</b> EIN-PN 20-3343461-001
<b>a</b>	Plan name	TRAFFIC BUILDERS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRAFFIC BUILDERS, INC.	<b>c</b> EIN-PN 04-3264448-001
<b>a</b>	Plan name	MEDIASPIKE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDIASPIKE, INC.	<b>c</b> EIN-PN 61-1448533-001
<b>a</b>	Plan name	ANNAPOLIS JEWELRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANNAPOLIS JEWELRY & LOAN, INC.	<b>c</b> EIN-PN 52-2319988-001
<b>a</b>	Plan name	RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RELIABLE INDUSTRIES INC. OF NEW ORLEANS	<b>c</b> EIN-PN 72-0936490-001
<b>a</b>	Plan name	UNICOI SYSTEMS, INC. AND WAHSEGA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNICOI SYSTEMS, INC.	<b>c</b> EIN-PN 58-2590945-001

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="#">ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ASSIGN CORP.</a>	<b>c</b> EIN-PN <a href="#">95-4664862-001</a>
<b>a</b>	Plan name <a href="#">MIGGYS CORP FIVE 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIGGY'S CORP. FIVE</a>	<b>c</b> EIN-PN <a href="#">13-3305621-003</a>
<b>a</b>	Plan name <a href="#">MIJA INDUSTRIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIJA INDUSTRIES, INC.</a>	<b>c</b> EIN-PN <a href="#">04-2496402-001</a>
<b>a</b>	Plan name <a href="#">ROBERT W. CRAVEN 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROBERT W. CRAVEN, MD</a>	<b>c</b> EIN-PN <a href="#">91-1735437-001</a>
<b>a</b>	Plan name <a href="#">DELUCA HOMES, LP PROFIT SHARING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DELUCA HOMES, LP</a>	<b>c</b> EIN-PN <a href="#">23-1892084-001</a>
<b>a</b>	Plan name <a href="#">INSTITUTE OF INFORMATION TECHNOLOGY, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INSTITUTE OF INFORMATION TECHNOLOGY, INC.</a>	<b>c</b> EIN-PN <a href="#">90-0014215-001</a>
<b>a</b>	Plan name <a href="#">BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BIRCKHEAD ELECTRIC, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1614154-001</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="#">SHAWNEE COUNTRY CLUB 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHAWNEE COUNTRY CLUB</a>	<b>c</b> EIN-PN <a href="#">34-4353200-001</a>
<b>a</b>	Plan name <a href="#">BRIGHT SERVICES RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BRIGHT PERSONNEL &amp; BUSINESS CONSULTANTS, INC.</a>	<b>c</b> EIN-PN <a href="#">54-1189236-001</a>
<b>a</b>	Plan name <a href="#">STATE READY MIX 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STATE READY MIX, INC.</a>	<b>c</b> EIN-PN <a href="#">77-0225273-001</a>
<b>a</b>	Plan name <a href="#">CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARTER STREET CORPORATION</a>	<b>c</b> EIN-PN <a href="#">62-1125122-001</a>

<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	SUPERSTORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FURNITURE SUPERSTORE LLC	<b>c</b> EIN-PN 87-0698757-001
<b>a</b>	Plan name	FORMOSA CONTAINER LINE INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FORMOSA CONTAINER LINE INC.	<b>c</b> EIN-PN 33-0252605-001
<b>a</b>	Plan name	LAMONI LIVESTOCK AUCTION MARKET, LLC PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAMONI LIVESTOCK AUCTION MARKET, LLC	<b>c</b> EIN-PN 83-1452702-001
<b>a</b>	Plan name	WHEELING COIN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WHEELING COIN, LLC	<b>c</b> EIN-PN 55-0772531-001
<b>a</b>	Plan name	WHITEFAB, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WHITEFAB, INC.	<b>c</b> EIN-PN 63-0856879-001
<b>a</b>	Plan name	BLACK DOG SALVAGE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BDS HOLDINGS, INC.	<b>c</b> EIN-PN 54-1968963-001
<b>a</b>	Plan name	COLORADO CREDIT UNION 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COLORADO CREDIT UNION	<b>c</b> EIN-PN 84-0660269-003
<b>a</b>	Plan name	COOLING & HERBERS PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COOLING & HERBERS, P.C.	<b>c</b> EIN-PN 43-1093669-001
<b>a</b>	Plan name	DDSI 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DDSI	<b>c</b> EIN-PN 35-1771016-001
<b>a</b>	Plan name	DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUCT & VENT CLEANING OF AMERICA, INC.	<b>c</b> EIN-PN 04-3175810-001
<b>a</b>	Plan name	EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	EMPIRE HYUNDAI, INC.	<b>c</b> EIN-PN 04-3498129-001
<b>a</b>	Plan name	GLOBAL WIDGET, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL WIDGET, LLC	<b>c</b> EIN-PN 81-2430361-001

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 HOMESTAR COMPANIES SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOMESTAR COMPANIES, LLC.	<b>c</b> EIN-PN 26-2775069-001
<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 MAX STAF, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MAX STAF, INC.	<b>c</b> EIN-PN 72-1342485-333
<b>a</b>	Plan name NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor NEW ENGLAND DENTAL CENTER, P.C.	<b>c</b> EIN-PN 06-1001051-001
<b>a</b>	Plan name NORKING/MATRIX 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MATRIX METAL PRODUCTS/ THE NORKING COMPANY	<b>c</b> EIN-PN 04-2855070-001
<b>a</b>	Plan name ON TIME & RIGHT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ON TIME & RIGHT, INC.	<b>c</b> EIN-PN 02-0585740-001
<b>a</b>	Plan name PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PACIFIC BRIDGE INSURANCE SERVICES, INC.	<b>c</b> EIN-PN 95-4618495-001
<b>a</b>	Plan name T.M.C.I., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor T.M.C.I., INC.	<b>c</b> EIN-PN 95-3185598-001
<b>a</b>	Plan name THE NURSE SOURCE, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE NURSE SOURCE, LTD.	<b>c</b> EIN-PN 36-3687686-001
<b>a</b>	Plan name AD-IN, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AD-IN, INC.	<b>c</b> EIN-PN 94-2546440-002
<b>a</b>	Plan name TRAVELERS RENTAL CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARK SHUTTLE & FLY, INC.	<b>c</b> EIN-PN 04-2628087-001
<b>a</b>	Plan name UNITED BLACK FUND 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNITED BLACK FUND OF GREATER CLEVELAND, INC.	<b>c</b> EIN-PN 34-1366892-001

**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	UNITED OIL HEAT, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	UNITED OIL HEAT, INC.	<b>c</b> EIN-PN 04-2729039-001

<b>a</b> Plan name	APEX GLOBAL LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	APEX GLOBAL LOGISTICS, INC.	<b>c</b> EIN-PN 94-3343037-001

<b>a</b> Plan name	VOLAC, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	VOLAC, INC.	<b>c</b> EIN-PN 51-0375769-001

<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>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>	<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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TRANSAMERICA PARTNERS MID GROWTH RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>425</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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	4612068
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	4501351
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(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>	4612068	4501351
<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>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	4612068	4501351

**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>		(a) Amount	(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>		
<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>	729065	
<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		729065

**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)	58654	
(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)		58654
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		58654

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line 2j from line 2d .....	2k		670411
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		325971
(2) From this plan .....	2l(2)		1107099

**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 \_\_\_\_\_.