

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 ASSET ALLOCATION INTERMEDIATE HORIZON RET OPT
1b Three-digit plan number (PN): 431
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.

Form 5500 (2024) v. 240311

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

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

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

| | |
|--|--|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|--|--|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

| | |
|--|--|
| A Name of plan <u>TRANSAMERICA ASSET ALLOCATION INTERMEDIATE HORIZON RET OPT</u> | B Three-digit plan number (PN) ▶ <u>431</u> |
| C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> | D Employer Identification Number (EIN) <u>39-0989781</u> |

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

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

c EIN-PN

d Entity code

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d Entity code

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d Entity code

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c EIN-PN

d Entity code

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

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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)

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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 GLENNWOOD CUSTOM BUILDERS 401(K) PLAN | |
| b | Name of plan sponsor GLENNWOOD CUSTOM BUILDERS, INC | c EIN-PN 20-2045461-001 |
| a | Plan name CHAMPION 401(K) PLAN | |
| b | Name of plan sponsor CHAMPION EMPLOYER SERVICES | c EIN-PN 35-2178929-333 |
| a | Plan name CUTLER ANDERSON ARCHITECTS, PLLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CUTLER ANDERSON ARCHITECTS, PLLC | c EIN-PN 91-2017916-001 |
| a | Plan name DIAMOND EQUIPMENT, INC. 401(K) PLAN | |
| b | Name of plan sponsor DIAMOND EQUIPMENT, INC. | c EIN-PN 35-1161961-001 |
| a | Plan name J & J HEATING & AIR CONDITIONING, INC. 401(K) PLAN | |
| b | Name of plan sponsor J & J HEATING & AIR CONDITIONING, INC. | c EIN-PN 04-2488433-001 |
| a | Plan name MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN | |
| b | Name of plan sponsor MERRITT ISLAND AIR AND HEAT INC. | c EIN-PN 81-0579482-001 |
| 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 TENANT SERVICES, INC. 401(K) PLAN | |
| b | Name of plan sponsor TENANT SERVICES, INC. | c EIN-PN 95-4488234-001 |
| a | Plan name VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN | |
| b | Name of plan sponsor VOSS BELTING & SPECIALTY CO., INC. | c EIN-PN 36-2109945-001 |
| a | Plan name YARBROUGH ELECTRONICS SALES, LLC 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor YARBROUGH ELECTRONICS SALES | c EIN-PN 86-0911466-001 |
| a | Plan name FREDEBAUGH WELL DRILLING RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor FREDEBAUGH WELL DRILLING COMPANY, INC. | c EIN-PN 34-1080852-001 |
| a | Plan name JACOBS & CLEVINGER, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor JACOBS AND CLEVINGER, INC. | c EIN-PN 36-3196244-001 |

| 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 MGD 401(K) PLAN | |
| b | Name of plan sponsor DCE CONSTRUCTION, INC. DBA MESA GARAGE DOORS | c EIN-PN 33-0591655-001 |
| a | Plan name PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor PROVIDENT MANAGEMENT CORPORATION | c EIN-PN 59-1870484-001 |
| a | Plan name ZTEJAS, INC. 401(K) PLAN | |
| b | Name of plan sponsor ZTEJAS, INC | c EIN-PN 86-0944995-001 |
| a | Plan name A & L COORS, INC. PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor A & L COORS, INC. | c EIN-PN 84-0534580-001 |
| a | Plan name ALATAE MEDICAL, LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor ALATAE MEDICAL, LLC | c EIN-PN 22-3705799-001 |
| a | Plan name ALBANY OB-GYN 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor ALBANY OB-GYN | c EIN-PN 58-1971169-001 |
| a | Plan name BNL INDUSTRIES, INC. 401(K) SAVINGS PLAN | |
| b | Name of plan sponsor BNL INDUSTRIES, INC. | c EIN-PN 06-1226220-001 |
| a | Plan name CAPE COD VACUUM, INC. 401(K) PLAN | |
| b | Name of plan sponsor CAPE COD VACUUM, INC. | c EIN-PN 26-3859488-003 |
| a | Plan name CHARLES RIVER BOAT COMPANY 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor CHARLES RIVER BOAT COMPANY, INC. | c EIN-PN 04-3084148-001 |
| a | Plan name PLASTIC COMPONENTS, INC. 401(K) PLAN | |
| b | Name of plan sponsor PLASTIC COMPONENTS, INC. | c EIN-PN 59-1683347-001 |
| a | Plan name PNG 401(K) PROFIT SHARING SAVINGS PLAN | |
| b | Name of plan sponsor PNG ENVIRONMENTAL, INC. | c EIN-PN 93-1203951-001 |
| a | Plan name TROY HOUSING SERVICES CORPORATION PENSION PLAN | |
| b | Name of plan sponsor TROY HOUSING SERVICES CORPORATION | c EIN-PN 63-0972892-001 |

| 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 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 EPOCH.COM SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor EPOCH.COM, LLC | c EIN-PN 56-2432338-001 |
| a | Plan name JOHN'S FUEL SERVICE PROFIT SHARING PLAN | |
| b | Name of plan sponsor JOHN'S FUEL SERVICE, INC. | c EIN-PN 04-2743687-001 |
| a | Plan name AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN | |
| b | Name of plan sponsor AMERICAN SOCIETY FOR SURGERY OF THE HAND | c EIN-PN 31-6051199-001 |
| a | Plan name BASSETT & BASSETT RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor BASSETT & BASSETT, INCORPORATED | c EIN-PN 38-2653541-001 |
| a | Plan name DONG S. KIM M.D. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DONG S. KIM M.D. | c EIN-PN 02-0676565-002 |
| a | Plan name HAAG TRANSPORT, INC. 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor HAAG TRANSPORT, INC. | c EIN-PN 35-1369387-001 |
| a | Plan name IABA SALARY SAVINGS PLAN | |
| b | Name of plan sponsor INSTITUTE FOR APPLIED BEHAVIOR ANALYSIS CORPORATION | c EIN-PN 95-3693249-001 |
| a | Plan name JOHNSON ELECTRIC SUPPLY, INC. 401(K) PLAN | |
| b | Name of plan sponsor JOHNSON ELECTRIC SUPPLY, INC. | c EIN-PN 04-3367863-001 |
| a | Plan name LINCOLN FOUNDRY, INC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor LINCOLN FOUNDRY, INC. | c EIN-PN 25-1255600-001 |
| a | Plan name MUSSEY, SARBER & ASSOCIATES 401(K) PLAN | |
| b | Name of plan sponsor MUSSEY, SARBER & ASSOCIATES, P.C. | c EIN-PN 75-3025214-001 |
| a | Plan name SCARBROUGH MEDLIN & ASSOCIATES RETIREMENT & PROFIT SHARING PLAN | |
| b | Name of plan sponsor SCARBROUGH MEDLIN & ASSOCIATES | c EIN-PN 75-1787225-001 |

| 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 CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE CITIZENS BANK | c EIN-PN 61-0156390-002 |
| a | Plan name WATSON REALTY COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor WATSON REALTY COMPANY | c EIN-PN 95-3462904-001 |
| a | Plan name ARNOLD TOOL & DIE CO. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor ARNOLD TOOL & DIE CO. | c EIN-PN 38-2004956-001 |
| a | Plan name BAY TRADERS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor BAY TRADERS, INC. | c EIN-PN 92-0140124-002 |
| a | Plan name CIERRA PIPE, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor CIERRA PIPE, INC. | c EIN-PN 76-0058138-777 |
| a | Plan name ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST | |
| b | Name of plan sponsor THE ELDREDGE COMPANIES, INC. | c EIN-PN 23-2372461-001 |
| a | Plan name FERBER & SONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor FERBER AND SONS, INC | c EIN-PN 59-1499209-001 |
| a | Plan name GAS FIELD SERVICES RETIREMENT PLAN | |
| b | Name of plan sponsor GAS FIELD SERVICES | c EIN-PN 75-3169499-001 |
| a | Plan name LITTLE TOTS OF ASBURY PARK 401(K) PLAN | |
| b | Name of plan sponsor LITTLE TOTS OF ASBURY PARK A NJ NONPROFIT CORPORATION | c EIN-PN 46-3688685-001 |
| a | Plan name MARTY'S PIZZA 401(K) PLAN | |
| b | Name of plan sponsor MARTY'S BROOKFIELD, INC. | c EIN-PN 39-1647623-001 |
| a | Plan name MHS LIFT HOLDINGS INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor MHS LIFT HOLDINGS INC. | c EIN-PN 23-1738019-001 |
| a | Plan name MICHAEL BATES CHEVROLET, INC. 401(K) PLAN | |
| b | Name of plan sponsor MICHAEL BATES CHEVROLET, INC. | c EIN-PN 82-1909065-001 |

| 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 | NANIA ENERGY 401(K) PLAN | |
| b | Name of plan sponsor | NANIA ENERGY | c EIN-PN 36-4273465-001 |
| a | Plan name | PARK INDUSTRIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor | PARK PRODUCTIONS INC. | c EIN-PN 83-2355487-001 |
| a | Plan name | POTTER VALLEY INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | POTTER VALLEY INVESTMENTS, INC. | c EIN-PN 68-0176327-001 |
| a | Plan name | THE COLONIAL MANOR 401(K) PLAN | |
| b | Name of plan sponsor | COLONIAL MANOR HEALTH CARE CENTER, INC. | c EIN-PN 31-0868001-001 |
| a | Plan name | VALLEY PLACERS, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | VALLEY PLACERS, INC. | c EIN-PN 88-0421004-001 |
| 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 | CBW AUTOMATION, INC. 401(K) PROFIT SHARING PLAN AND RETIREMENT TRUST | |
| b | Name of plan sponsor | MULLER TECHNOLOGY COLORADO | c EIN-PN 48-0775210-001 |
| a | Plan name | LAGESTEE INSURANCE SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor | LAGESTEE INSURANCE AGENCY, LTD. | c EIN-PN 62-1081657-001 |
| a | Plan name | CIMC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CALIFORNIA INDIAN MANPOWER CONSORTIUM, INC. (CIMC) | c EIN-PN 94-2472564-001 |
| a | Plan name | GENERAL ASSEMBLY 401(K) PLAN | |
| b | Name of plan sponsor | POMPA'S GENERAL ASSEMBLY, INC. | c EIN-PN 47-1895932-001 |
| a | Plan name | GENERATIONS 401(K) PLAN | |
| b | Name of plan sponsor | JWALANT K. VADALIA, MD, PC | c EIN-PN 02-0474068-001 |
| a | Plan name | PRECISION DOSE, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN | |
| b | Name of plan sponsor | PRECISION DOSE, INC. | c EIN-PN 68-0551203-001 |

| 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 ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor ADVANCED AUTOMATION TECHNOLOGIES, INC. | c EIN-PN 52-1749594-001 |
| 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 THE PRODUCERS GROUP 401(K) PLAN | |
| b | Name of plan sponsor FREUNDT & ASSOCIATES INSURANCE SERVICES, INC. | c EIN-PN 33-0746599-001 |
| 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 MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor MARYLAND PORTABLE CONCRETE, INC. | c EIN-PN 52-1207242-002 |
| 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 CRB MEDICAL ASSOCIATES SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor CRB MEDICAL ASSOCIATES | c EIN-PN 75-2804254-001 |
| a | Plan name HAMMOND DRIVES AND EQUIPMENT 401(K) PLAN | |
| b | Name of plan sponsor HAMMOND DRIVES AND EQUIPMENT, INC. | c EIN-PN 38-3301733-001 |
| a | Plan name RNB & K 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor RIPES NELSON BAGGOT & KALOBRATSOS P.C. | c EIN-PN 36-4233711-001 |
| a | Plan name ARTISTIC TILE PROFIT SHARING AND 401(K) PLAN | |
| b | Name of plan sponsor ARTISTIC TILE, INC. | c EIN-PN 22-3247240-001 |
| a | Plan name HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HI-TECH LABELS, INC. | c EIN-PN 95-3836900-001 |
| a | Plan name DEGRUCHY MASONRY, INC. 401(K) PLAN | |
| b | Name of plan sponsor DEGRUCHY MASONRY, INC. | c EIN-PN 23-2460052-001 |

| 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 MISTER COOKIE FACE, INC. 401(K) PLAN | |
| b | Name of plan sponsor MISTER COOKIE FACE, INC. | c EIN-PN 22-3203732-001 |
| a | Plan name INLAND AERIAL, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor INLAND AERIAL, INC. | c EIN-PN 95-2694341-001 |
| a | Plan name SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor THE SCIENTIFIC CONSULTING GROUP, INC. | c EIN-PN 52-1719423-001 |
| a | Plan name SEABOLD GROUP 401(K) RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor SEABOLD CONSTRUCTION CO., INC. | c EIN-PN 93-0876271-001 |
| 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 DYNAMIC PLASTICS, INC. 401(K) PLAN | |
| b | Name of plan sponsor DYNAMIC PLASTICS, INC. | c EIN-PN 38-3094135-001 |
| a | Plan name INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor INTERNATIONAL TANK SERVICE, INC. | c EIN-PN 34-1277387-001 |
| 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 OCEAN ORAL AND MAXILLOFACIAL SURGERY RETIREMENT PLAN | |
| b | Name of plan sponsor OCEAN ORAL & MAXILLOFACIAL SURGERY | c EIN-PN 88-3363283-001 |
| a | Plan name ELITE MEDICAL STAFFING, INC. 401(K) PLAN | |
| b | Name of plan sponsor ELITE MEDICAL STAFFING, INC. | c EIN-PN 59-3585945-001 |
| a | Plan name JAX CAFE, INC. PROFIT SHARING & 401(K) PLAN | |
| b | Name of plan sponsor JAX CAFE, INC. | c EIN-PN 41-0887103-001 |
| a | Plan name SMITHCO MEATS, INC. 401(K) PLAN | |
| b | Name of plan sponsor SMITHCO MEATS, INC. | c EIN-PN 91-0923041-001 |

| 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 | SPRINGFIELD SERVICES 401(K) PLAN | |
| b | Name of plan sponsor | MCCARTHY LEGAL SERVICES, LLC | c EIN-PN 04-3445519-001 |
| 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 | LUCKY CAB CO. OF NEVADA 401(K) PLAN | |
| b | Name of plan sponsor | LUCKY CAB CO. OF NEVADA | c EIN-PN 88-0269865-001 |
| a | Plan name | THE LIFELINK OF PUERTO RICO SUPPLEMENTAL RETIREMENT PLAN | |
| b | Name of plan sponsor | LIFELINK FOUNDATION, INC. D/B/A LIFELINK OF PUERTO RICO | c EIN-PN 59-2193032-001 |
| a | Plan name | ACRC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | AMERICAN CONTINENTAL RESOURCES CORP. | c EIN-PN 86-0470553-001 |
| a | Plan name | PRECISION WIRE TECHNOLOGIES, L.L.C. 401(K)/PROFIT SHARING PLAN | |
| b | Name of plan sponsor | THE PWT GROUP LLC, DBA PRECISION WIRE TECHNOLOGIES | c EIN-PN 47-4594495-001 |
| a | Plan name | MAIC, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MINORITY ADVANCEMENT IN CORPORATIONS, INC. | c EIN-PN 52-2060991-001 |
| a | Plan name | ADVANTAGE PEST RELATED SERVICES, INC. RETIREMENT PROGRAM | |
| b | Name of plan sponsor | ADVANTAGE PEST RELATED SERVICES, INC. | c EIN-PN 65-0380484-001 |
| a | Plan name | GLENN MERCER & ASSOCIATES PROFIT SHARING PLAN | |
| b | Name of plan sponsor | GLENN MERCER AND ASSOCIATES | c EIN-PN 24-8843365-001 |
| a | Plan name | AM-TREE 401(K) PLAN | |
| b | Name of plan sponsor | AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC. | c EIN-PN 22-2761331-222 |
| a | Plan name | GREENFIELD GROUP, INC. PROFIT SHARING & RETIREMENT PLAN | |
| b | Name of plan sponsor | THE GREENFIELD GROUP, INC. | c EIN-PN 65-0347678-001 |
| a | Plan name | GREENWAY GROUP ASSOCIATES LLC 401(K) PLAN | |
| b | Name of plan sponsor | GREENWAY GROUP ASSOCIATES LLC | c EIN-PN 54-1899754-001 |

| 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 | TRAEGER BROTHERS & ASSOCIATES, INC. 401(K) PS PLAN | |
| b | Name of plan sponsor | TRAEGER BROTHERS & ASSOCIATES, INC. | c EIN-PN 59-0642249-001 |
| a | Plan name | TRANSPAC TECHNOLOGY 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | TRANSPAC TECHNOLOGY INC. | c EIN-PN 52-2192392-001 |
| a | Plan name | TRANSPORTATION SOLUTIONS, INC. 401(K) SAVINGS & RETIREMENT PLAN | |
| b | Name of plan sponsor | TRANSPORTATION SOLUTIONS, INC. | c EIN-PN 58-2160437-001 |
| a | Plan name | MEDIASPIKE 401(K) PLAN | |
| b | Name of plan sponsor | MEDIASPIKE, INC. | c EIN-PN 61-1448533-001 |
| a | Plan name | RELIABLE INDUSTRIES, INC. EMPLOYEES 401(K) PLAN | |
| b | Name of plan sponsor | RELIABLE INDUSTRIES INC. OF NEW ORLEANS | c EIN-PN 72-0936490-001 |
| a | Plan name | RELIANT HEATING AND AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor | RELIANT HEATING AND AIR CONDITIONING, INC. | c EIN-PN 75-2227744-001 |
| a | Plan name | HILLMAN SECURITY 401(K) PLAN | |
| b | Name of plan sponsor | HILLMAN SECURITY & FIRE TECHNOLOGIES | c EIN-PN 23-1996146-001 |
| a | Plan name | ROBERT W. CRAVEN 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ROBERT W. CRAVEN, MD | c EIN-PN 91-1735437-001 |
| a | Plan name | DENNIS K. STOLLER, D.D.S., LTD. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DENNIS K. STOLLER, D.D.S., LTD. | c EIN-PN 37-1067546-003 |
| a | Plan name | NEARTERM CORPORATION 401(K) PLAN | |
| b | Name of plan sponsor | NEARTERM CORPORATION | c EIN-PN 76-0531760-001 |
| a | Plan name | NECA 401(K) PLAN | |
| b | Name of plan sponsor | NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC. | c EIN-PN 22-3479934-001 |
| a | Plan name | NEESE 401(K) | |
| b | Name of plan sponsor | NEESE HEATING & AIR CONDITIONING INC. | c EIN-PN 58-2005554-001 |

| 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 INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN | |
| b | Name of plan sponsor INNOVATIVE TURNAROUND CONTROLS | c EIN-PN 20-2435857-001 |
| a | Plan name E.M.B., INC. 401(K) PLAN | |
| b | Name of plan sponsor LANDSCAPER'S DEPOT, INC. | c EIN-PN 02-0419465-001 |
| 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 BRIGHT SERVICES RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor BRIGHT PERSONNEL & BUSINESS CONSULTANTS, INC. | c EIN-PN 54-1189236-001 |
| a | Plan name BRITTON INDUSTRIES, INC. 401(K) PLAN | |
| b | Name of plan sponsor BRITTON INDUSTRIES, INC. | c EIN-PN 22-3769860-001 |
| a | Plan name C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN | |
| b | Name of plan sponsor C.C. CONSTRUCTION, INC. | c EIN-PN 04-2903497-222 |
| a | Plan name C.J.M. LIGHTING SERVICE, INC. 401(K) PLAN | |
| b | Name of plan sponsor C.J.M ELECTRIC & LIGHTING SERVICE, INC. | c EIN-PN 33-0393497-001 |
| a | Plan name STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA | c EIN-PN 58-1575076-001 |
| a | Plan name KNOWLOGY GOLDMINE | |
| b | Name of plan sponsor KNOWLOGY CORPORATION | c EIN-PN 13-3848008-001 |
| a | Plan name COOLING & HERBERS PROFIT SHARING & 401(K) PLAN | |
| b | Name of plan sponsor COOLING & HERBERS, P.C. | c EIN-PN 43-1093669-001 |
| 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 GUILFORD PAIN MANAGEMENT RETIREMENT PLAN | |
| b | Name of plan sponsor GUILFORD PAIN MANAGEMENT | c EIN-PN 56-2193727-001 |

| 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 | HILLWIG-GOODROW, LLC, 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | HILLWIG-GOODROW, INC. | c EIN-PN 26-3921976-001 |
| a | Plan name | INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | INTERFAITH NEIGHBORS, INC. | c EIN-PN 22-2896129-001 |
| a | Plan name | IPR INTERNATIONAL 401(K) PLAN | |
| b | Name of plan sponsor | IPR INTERNATIONAL, LLC | c EIN-PN 01-0658620-001 |
| a | Plan name | IROQUOIS BUILDERS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | IROQUOIS BUILDERS, INC. | c EIN-PN 36-4390501-001 |
| a | Plan name | KEEL ENTERPRISES OF LA LLC 401(K) PLAN | |
| b | Name of plan sponsor | KEEL ENTERPRISES OF LA LLC | c EIN-PN 72-1158560-001 |
| a | Plan name | KPT PHYSICAL THERAPY 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | KPT PHYSICAL THERAPY | c EIN-PN 52-1796165-001 |
| a | Plan name | KRYSTAL INFINITY LLC 401(K) PLAN | |
| b | Name of plan sponsor | KRYSTAL INFINITY LLC | c EIN-PN 27-3983269-001 |
| 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 | MAYS OCHOA RETIREMENT PLAN | |
| b | Name of plan sponsor | MAYS CHEMICAL COMPANY OF PUERTO RICO, INC. | c EIN-PN 98-0215646-001 |
| 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 | REO NATIONAL CORP. 401(K) PLAN | |
| b | Name of plan sponsor | REO NATIONAL CORP. | c EIN-PN 04-3474493-001 |
| a | Plan name | SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN | |
| b | Name of plan sponsor | SEQUEL CONTRACTORS, INC. | c EIN-PN 95-4301424-002 |

| | | |
|--|--|--|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500. | <small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection |
|--|--|--|

| | |
|---|--|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan TRANSAMERICA ASSET ALLOCATION INTERMEDIATE HORIZON RET OPT | B Three-digit plan number (PN) ▶ 431 |
| C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY | D Employer Identification Number (EIN) 39-0989781 |

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

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

| | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| Assets | | |
| 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) | 84860282 |
| (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 | 10798999 | 84860282 |
| Liabilities | | | |
| g Benefit claims payable..... | 1g | | |
| h Operating payables..... | 1h | | |
| i Acquisition indebtedness..... | 1i | | |
| j Other liabilities..... | 1j | | 1 |
| k Total liabilities (add all amounts in lines 1g through 1j)..... | 1k | | 1 |
| Net Assets | | | |
| l Net assets (subtract line 1k from line 1f)..... | 1l | 10798999 | 84860281 |

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) | 7492713 | |
| (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 | | 7492713 |

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) | 75021 | |
| (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) | | 75021 |
| j Total expenses. Add all expense amounts in column (b) and enter total | 2j | | 75021 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 7417692 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 86508658 |
| (2) From this plan | 2l(2) | | 19865068 |

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 _____.