

**Form 5500**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

**Annual Return/Report of Employee Benefit Plan**

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110  
1210-0089

**2024**

**This Form is Open to Public Inspection**

**Part I Annual Report Identification Information**

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

- A** This return/report is for:
  - a multiemployer plan
  - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
  - a single-employer plan
  - a DFE (specify) P
- B** This return/report is:
  - the first return/report
  - the final return/report
  - an amended return/report
  - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. . . . . ▶
- D** Check box if filing under:
  - Form 5558
  - automatic extension
  - special extension (enter description)
  - the DFVC program
- 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**

<b>1a</b> Name of plan <u>TRANSAMERICA ASSET ALLOCATION SHORT/INTERMEDIATE HORIZON RET OPT</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>430</u> <b>1c</b> Effective date of plan
<b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>  <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	<b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u> <b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u> <b>2d</b> 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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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> <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 ASSET ALLOCATION SHORT/INTERMEDIATE HORIZON RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>430</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):		
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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 <b>MIDWEST ATC SERVICE 401(K) &amp; PENSION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDWEST AIR TRAFFIC CONTROL SERVICE, INC.</b>	<b>c</b> EIN-PN <b>48-0872931-001</b>
<b>a</b>	Plan name <b>BLOCK MEDICAL CENTER 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KPB ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>20-2032251-001</b>
<b>a</b>	Plan name <b>CHAMPION 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHAMPION EMPLOYER SERVICES</b>	<b>c</b> EIN-PN <b>35-2178929-333</b>
<b>a</b>	Plan name <b>CUTLER ANDERSON ARCHITECTS, PLLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CUTLER ANDERSON ARCHITECTS, PLLC</b>	<b>c</b> EIN-PN <b>91-2017916-001</b>
<b>a</b>	Plan name <b>J &amp; J HEATING &amp; AIR CONDITIONING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>J &amp; J HEATING &amp; AIR CONDITIONING, INC.</b>	<b>c</b> EIN-PN <b>04-2488433-001</b>
<b>a</b>	Plan name <b>MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MERRITT ISLAND AIR AND HEAT INC.</b>	<b>c</b> EIN-PN <b>81-0579482-001</b>
<b>a</b>	Plan name <b>MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MESSAGEBROADCAST.COM, LLC</b>	<b>c</b> EIN-PN <b>77-0480271-001</b>
<b>a</b>	Plan name <b>TENANT SERVICES, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TENANT SERVICES, INC.</b>	<b>c</b> EIN-PN <b>95-4488234-001</b>
<b>a</b>	Plan name <b>VOSS BELTING &amp; SPECIALTY CO., INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VOSS BELTING &amp; SPECIALTY CO., INC.</b>	<b>c</b> EIN-PN <b>36-2109945-001</b>
<b>a</b>	Plan name <b>YARBROUGH ELECTRONICS SALES, LLC 401(K) &amp; PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>YARBROUGH ELECTRONICS SALES</b>	<b>c</b> EIN-PN <b>86-0911466-001</b>
<b>a</b>	Plan name <b>FREDEBAUGH WELL DRILLING RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FREDEBAUGH WELL DRILLING COMPANY, INC.</b>	<b>c</b> EIN-PN <b>34-1080852-001</b>
<b>a</b>	Plan name <b>JACOBS &amp; CLEVINGER, INC. RETIREMENT SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JACOBS AND CLEVINGER, INC.</b>	<b>c</b> EIN-PN <b>36-3196244-001</b>

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 MGD 401(K) PLAN	
<b>b</b>	Name of plan sponsor DCE CONSTRUCTION, INC. DBA MESA GARAGE DOORS	<b>c</b> EIN-PN 33-0591655-001
<b>a</b>	Plan name PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROVIDENT MANAGEMENT CORPORATION	<b>c</b> EIN-PN 59-1870484-001
<b>a</b>	Plan name ZTEJAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZTEJAS, INC	<b>c</b> EIN-PN 86-0944995-001
<b>a</b>	Plan name A & L COORS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor A & L COORS, INC.	<b>c</b> EIN-PN 84-0534580-001
<b>a</b>	Plan name ALATAE MEDICAL, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALATAE MEDICAL, LLC	<b>c</b> EIN-PN 22-3705799-001
<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 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 PLASTIC COMPONENTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PLASTIC COMPONENTS, INC.	<b>c</b> EIN-PN 59-1683347-001
<b>a</b>	Plan name TROY HOUSING SERVICES CORPORATION PENSION PLAN	
<b>b</b>	Name of plan sponsor TROY HOUSING SERVICES CORPORATION	<b>c</b> EIN-PN 63-0972892-001
<b>a</b>	Plan name WALKER & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor WALKER & COMPANY, LLP	<b>c</b> EIN-PN 52-1706976-001
<b>a</b>	Plan name WARNERS MOTOR EXPRESS, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor WARNERS MOTOR EXPRESS, INC.	<b>c</b> EIN-PN 23-1303827-001

<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	COSTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COSTA FRUIT & PRODUCE COMPANY INC.	<b>c</b> EIN-PN 04-2076359-001
<b>a</b>	Plan name	EPOCH.COM SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EPOCH.COM, LLC	<b>c</b> EIN-PN 56-2432338-001
<b>a</b>	Plan name	GULF COAST VALVE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GULF COAST VALVE, INC.	<b>c</b> EIN-PN 74-1792339-001
<b>a</b>	Plan name	HYPOTENUSE RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HYPOTENUSE, INC. DBA SURVEYUSA	<b>c</b> EIN-PN 13-3592138-001
<b>a</b>	Plan name	JOHN'S FUEL SERVICE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JOHN'S FUEL SERVICE, INC.	<b>c</b> EIN-PN 04-2743687-001
<b>a</b>	Plan name	AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN SOCIETY FOR SURGERY OF THE HAND	<b>c</b> EIN-PN 31-6051199-001
<b>a</b>	Plan name	AMERICAN TELEPHONE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DESIGN BUSINESS COMMUNICATIONS, INC.	<b>c</b> EIN-PN 86-0736656-001
<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	BASSETT & BASSETT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BASSETT & BASSETT, INCORPORATED	<b>c</b> EIN-PN 38-2653541-001
<b>a</b>	Plan name	GARDEN STATE FOOD GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARDEN STATE FOOD GROUP ENTERPRISES DBA THE HUNT ROOM	<b>c</b> EIN-PN 20-5654166-001
<b>a</b>	Plan name	IABA SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTE FOR APPLIED BEHAVIOR ANALYSIS CORPORATION	<b>c</b> EIN-PN 95-3693249-001
<b>a</b>	Plan name	JOHNSON ELECTRIC SUPPLY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON ELECTRIC SUPPLY, INC.	<b>c</b> EIN-PN 04-3367863-001

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 LINCOLN FOUNDRY, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LINCOLN FOUNDRY, INC.	<b>c</b> EIN-PN 25-1255600-001
<b>a</b>	Plan name SCARBROUGH MEDLIN & ASSOCIATES RETIREMENT & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SCARBROUGH MEDLIN & ASSOCIATES	<b>c</b> EIN-PN 75-1787225-001
<b>a</b>	Plan name THE CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE CITIZENS BANK	<b>c</b> EIN-PN 61-0156390-002
<b>a</b>	Plan name WATSON REALTY COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WATSON REALTY COMPANY	<b>c</b> EIN-PN 95-3462904-001
<b>a</b>	Plan name ARNOLD TOOL & DIE CO. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARNOLD TOOL & DIE CO.	<b>c</b> EIN-PN 38-2004956-001
<b>a</b>	Plan name BAY TRADERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BAY TRADERS, INC.	<b>c</b> EIN-PN 92-0140124-002
<b>a</b>	Plan name CIERRA PIPE, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CIERRA PIPE, INC.	<b>c</b> EIN-PN 76-0058138-777
<b>a</b>	Plan name ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor THE ELDREDGE COMPANIES, INC.	<b>c</b> EIN-PN 23-2372461-001
<b>a</b>	Plan name FERBER & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FERBER AND SONS, INC	<b>c</b> EIN-PN 59-1499209-001
<b>a</b>	Plan name GAS FIELD SERVICES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GAS FIELD SERVICES	<b>c</b> EIN-PN 75-3169499-001
<b>a</b>	Plan name LITTLE TOTS OF ASBURY PARK 401(K) PLAN	
<b>b</b>	Name of plan sponsor LITTLE TOTS OF ASBURY PARK A NJ NONPROFIT CORPORATION	<b>c</b> EIN-PN 46-3688685-001
<b>a</b>	Plan name MARTY'S PIZZA 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARTY'S BROOKFIELD, INC.	<b>c</b> EIN-PN 39-1647623-001

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 MHS LIFT HOLDINGS INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MHS LIFT HOLDINGS INC.	<b>c</b> EIN-PN 23-1738019-001
<b>a</b>	Plan name MICHAEL BATES CHEVROLET, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICHAEL BATES CHEVROLET, INC.	<b>c</b> EIN-PN 82-1909065-001
<b>a</b>	Plan name PARK INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PARK PRODUCTIONS INC.	<b>c</b> EIN-PN 83-2355487-001
<b>a</b>	Plan name POTTER VALLEY INVESTMENTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POTTER VALLEY INVESTMENTS, INC.	<b>c</b> EIN-PN 68-0176327-001
<b>a</b>	Plan name THE COLONIAL MANOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor COLONIAL MANOR HEALTH CARE CENTER, INC.	<b>c</b> EIN-PN 31-0868001-001
<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 CBW AUTOMATION, INC. 401(K) PROFIT SHARING PLAN AND RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor MULLER TECHNOLOGY COLORADO	<b>c</b> EIN-PN 48-0775210-001
<b>a</b>	Plan name LAGESTEE INSURANCE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LAGESTEE INSURANCE AGENCY, LTD.	<b>c</b> EIN-PN 62-1081657-001
<b>a</b>	Plan name TAPPE ARCHITECTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TAPPE ARCHITECTS, INC.	<b>c</b> EIN-PN 04-2721071-001
<b>a</b>	Plan name CIMC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALIFORNIA INDIAN MANPOWER CONSORTIUM, INC. (CIMC)	<b>c</b> EIN-PN 94-2472564-001
<b>a</b>	Plan name GENERATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor JWALANT K. VADALIA, MD, PC	<b>c</b> EIN-PN 02-0474068-001
<b>a</b>	Plan name PRECISION DOSE, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PRECISION DOSE, INC.	<b>c</b> 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.)		
<b>a</b>	Plan name <a href="#">ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADVANCED AUTOMATION TECHNOLOGIES, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1749594-001</a>
<b>a</b>	Plan name <a href="#">GKY DENTAL ARTS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GKY DENTAL ARTS INC.</a>	<b>c</b> EIN-PN <a href="#">88-4323547-001</a>
<b>a</b>	Plan name <a href="#">TOOH DINEH INDUSTRIES, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOOH DINEH INDUSTRIES, INCORPORATED</a>	<b>c</b> EIN-PN <a href="#">86-0442648-001</a>
<b>a</b>	Plan name <a href="#">TOTAL TEMPERATURE CONTROL, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOTAL TEMPERATURE CONTROL, INC.</a>	<b>c</b> EIN-PN <a href="#">04-3180967-001</a>
<b>a</b>	Plan name <a href="#">TOWN OF KENNETH CITY A MUNICIPAL CORP PENSION PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TOWN OF KENNETH CITY</a>	<b>c</b> EIN-PN <a href="#">59-6033546-001</a>
<b>a</b>	Plan name <a href="#">MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARYLAND PORTABLE CONCRETE, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1207242-002</a>
<b>a</b>	Plan name <a href="#">COYLE REPRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COYLE REPRODUCTIONS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-2955426-001</a>
<b>a</b>	Plan name <a href="#">CRB MEDICAL ASSOCIATES SAFE HARBOR 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CRB MEDICAL ASSOCIATES</a>	<b>c</b> EIN-PN <a href="#">75-2804254-001</a>
<b>a</b>	Plan name <a href="#">HAMMOND DRIVES AND EQUIPMENT 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HAMMOND DRIVES AND EQUIPMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">38-3301733-001</a>
<b>a</b>	Plan name <a href="#">ARTISTIC TILE PROFIT SHARING AND 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARTISTIC TILE, INC.</a>	<b>c</b> EIN-PN <a href="#">22-3247240-001</a>
<b>a</b>	Plan name <a href="#">HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HI-TECH LABELS, INC.</a>	<b>c</b> EIN-PN <a href="#">95-3836900-001</a>
<b>a</b>	Plan name <a href="#">MISKO, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MISKO, INC.</a>	<b>c</b> EIN-PN <a href="#">23-2506409-001</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	MISTER COOKIE FACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MISTER COOKIE FACE, INC.	<b>c</b> EIN-PN 22-3203732-001
<b>a</b>	Plan name	BEEDE & SONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LOUIS O. BEEDE & SONS, INC.	<b>c</b> EIN-PN 04-2204185-001
<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	SEABOLD GROUP 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SEABOLD CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 93-0876271-001
<b>a</b>	Plan name	SGA DESIGN GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SGA DESIGN GROUP, P.C.	<b>c</b> EIN-PN 73-1466773-001
<b>a</b>	Plan name	DYNAMIC PLASTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC PLASTICS, INC.	<b>c</b> EIN-PN 38-3094135-001
<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	BRATTON, RAZO & LORD, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRATTON, RAZO & LORD, INC.	<b>c</b> EIN-PN 84-1955100-001
<b>a</b>	Plan name	ELITE MEDICAL STAFFING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ELITE MEDICAL STAFFING, INC.	<b>c</b> EIN-PN 59-3585945-001
<b>a</b>	Plan name	JAX CAFE, INC. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAX CAFE, INC.	<b>c</b> EIN-PN 41-0887103-001
<b>a</b>	Plan name	SMITHCO MEATS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITHCO MEATS, INC.	<b>c</b> EIN-PN 91-0923041-001
<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

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 KJLA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COSTA DE ORO MEDIA, LLC	<b>c</b> EIN-PN 77-0139492-001
<b>a</b>	Plan name LUCKY CAB CO. OF NEVADA 401(K) PLAN	
<b>b</b>	Name of plan sponsor LUCKY CAB CO. OF NEVADA	<b>c</b> EIN-PN 88-0269865-001
<b>a</b>	Plan name THE LIFELINK OF PUERTO RICO SUPPLEMENTAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LIFELINK FOUNDATION, INC. D/B/A LIFELINK OF PUERTO RICO	<b>c</b> EIN-PN 59-2193032-001
<b>a</b>	Plan name CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
<b>b</b>	Name of plan sponsor CIVIL DESIGN CONCEPTS PA	<b>c</b> EIN-PN 56-2244957-001
<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 GREENFIELD GROUP, INC. PROFIT SHARING & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE GREENFIELD GROUP, INC.	<b>c</b> EIN-PN 65-0347678-001
<b>a</b>	Plan name GREENWAY GROUP ASSOCIATES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GREENWAY GROUP ASSOCIATES LLC	<b>c</b> EIN-PN 54-1899754-001
<b>a</b>	Plan name TRAEGER BROTHERS & ASSOCIATES, INC. 401(K) PS PLAN	
<b>b</b>	Name of plan sponsor TRAEGER BROTHERS & ASSOCIATES, INC.	<b>c</b> EIN-PN 59-0642249-001
<b>a</b>	Plan name TRANSPORTATION SOLUTIONS, INC. 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TRANSPORTATION SOLUTIONS, INC.	<b>c</b> EIN-PN 58-2160437-001
<b>a</b>	Plan name RELIANT HEATING AND AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor RELIANT HEATING AND AIR CONDITIONING, INC.	<b>c</b> EIN-PN 75-2227744-001
<b>a</b>	Plan name HILLMAN SECURITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor HILLMAN SECURITY & FIRE TECHNOLOGIES	<b>c</b> EIN-PN 23-1996146-001
<b>a</b>	Plan name VAS, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor VAS, LTD.	<b>c</b> EIN-PN 20-2822777-001

<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	DENNIS K. STOLLER, D.D.S., LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DENNIS K. STOLLER, D.D.S., LTD.	<b>c</b> EIN-PN 37-1067546-003
<b>a</b>	Plan name	HOLIDAY FORD LINCOLN-MERCURY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOLIDAY FORD LINCOLN-MERCURY, INC.	<b>c</b> EIN-PN 77-0267771-001
<b>a</b>	Plan name	NEESE 401(K)	
<b>b</b>	Name of plan sponsor	NEESE HEATING & AIR CONDITIONING INC.	<b>c</b> EIN-PN 58-2005554-001
<b>a</b>	Plan name	INSTITUTE OF INFORMATION TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTE OF INFORMATION TECHNOLOGY, INC.	<b>c</b> EIN-PN 90-0014215-001
<b>a</b>	Plan name	E.M.B., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDSCAPER'S DEPOT, INC.	<b>c</b> EIN-PN 02-0419465-001
<b>a</b>	Plan name	WISCONSIN LIFTING SPECIALISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN LIFTING SPECIALISTS, INC.	<b>c</b> EIN-PN 39-1130436-001
<b>a</b>	Plan name	BRIGHT SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BRIGHT PERSONNEL & BUSINESS CONSULTANTS, INC.	<b>c</b> EIN-PN 54-1189236-001
<b>a</b>	Plan name	BRITTON INDUSTRIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRITTON INDUSTRIES, INC.	<b>c</b> EIN-PN 22-3769860-001
<b>a</b>	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor	C.C. CONSTRUCTION, INC.	<b>c</b> EIN-PN 04-2903497-222
<b>a</b>	Plan name	C.J.M. LIGHTING SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C.J.M ELECTRIC & LIGHTING SERVICE, INC.	<b>c</b> EIN-PN 33-0393497-001
<b>a</b>	Plan name	C.K.'S LOCKSHOP & SECURITY CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C.K.'S LOCKSHOP & SECURITY CENTER	<b>c</b> EIN-PN 65-0306864-001
<b>a</b>	Plan name	P. AGNES, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P. AGNES, INC.	<b>c</b> EIN-PN 23-1583648-888

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 STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA	<b>c</b> EIN-PN 58-1575076-001
<b>a</b>	Plan name KNOWLOGY GOLDMINE	
<b>b</b>	Name of plan sponsor KNOWLOGY CORPORATION	<b>c</b> EIN-PN 13-3848008-001
<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 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 DAVIS HOMES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVIS HOMES, LLC	<b>c</b> EIN-PN 26-2767353-001
<b>a</b>	Plan name GIBSON OVERSEAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor GIBSON OVERSEAS, INC.	<b>c</b> EIN-PN 95-3393699-002
<b>a</b>	Plan name GUILFORD PAIN MANAGEMENT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GUILFORD PAIN MANAGEMENT	<b>c</b> EIN-PN 56-2193727-001
<b>a</b>	Plan name HILLWIG-GOODROW, LLC, 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor HILLWIG-GOODROW, INC.	<b>c</b> EIN-PN 26-3921976-001
<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 INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTERFAITH NEIGHBORS, INC.	<b>c</b> EIN-PN 22-2896129-001
<b>a</b>	Plan name KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEEL ENTERPRISES OF LA LLC	<b>c</b> EIN-PN 72-1158560-001
<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>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 ASSET ALLOCATION SHORT/INTERMEDIATE HORIZON RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>430</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	6003092
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	5890152
<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>	6003092	5890152
<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>	6003092	5890152

**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>	440267	
<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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		440267

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	32445	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		32445
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		32445

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		407822
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1117123
(2) From this plan .....	<b>2l(2)</b>		1637885

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