

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 [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA PARTNERS CORE BOND RET OPT
1b Three-digit plan number (PN): 435
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>TRANSAMERICA PARTNERS CORE BOND RET OPT</u>	B Three-digit plan number (PN)	<u>435</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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)

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 CHAMPION 401(K) PLAN	
b	Name of plan sponsor CHAMPION EMPLOYER SERVICES	c EIN-PN 35-2178929-333
a	Plan name CULVER GROUP PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor THE CULVER GROUP	c EIN-PN 33-0789218-001
a	Plan name DIAGNOSTIC MRI, L.L.C. 401(K) PLAN	
b	Name of plan sponsor DIAGNOSTIC MRI, L.L.C.	c EIN-PN 76-0617060-001
a	Plan name ECHO BAY MARINA, LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ECHO BAY MARINA, LLC	c EIN-PN 06-1385013-001
a	Plan name FRAME, MATSUMOTO & COELHO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRAME, MATSUMOTO & COELHO, LLP	c EIN-PN 77-0209411-003
a	Plan name J & S CONSULTING ENGINEERS 401(K) PLAN	
b	Name of plan sponsor J&S CONSULTING ENGINEERS, INC.	c EIN-PN 20-3982143-001
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 PACKAGE MATERIALS CORPORATION 401(K) PLAN	
b	Name of plan sponsor PACKAGE MATERIALS CORPORATION	c EIN-PN 22-1914421-002
a	Plan name TERRASAT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor TERRASAT COMMUNICATIONS, INC.	c EIN-PN 02-0547267-001
a	Plan name FAMILY SERVICES OF OAHU, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FAMILY SERVICES OF OAHU, LLC	c EIN-PN 99-0359636-001
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 METRO FENCE CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor METRO FENCE COMPANY, INC.	c EIN-PN 74-6514295-001

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	NORTHWEST EYE PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.	c EIN-PN 38-1861527-002
a	Plan name	SKL PRIME SERVICES, LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SKL PRIME SERVICES, LLC	c EIN-PN 01-0551573-001
a	Plan name	STOCKTON PATHOLOGY MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STOCKTON PATHOLOGY MEDICAL GROUP	c EIN-PN 68-0005184-003
a	Plan name	Z'TEJAS, INC. 401(K) PLAN	
b	Name of plan sponsor	Z'TEJAS, INC	c EIN-PN 86-0944995-001
a	Plan name	3NSOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	3NSOLUTIONS, INC.	c EIN-PN 76-0732644-001
a	Plan name	ALATAE MEDICAL, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	ALATAE MEDICAL, LLC	c EIN-PN 22-3705799-001
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	CAPESPAN NORTH AMERICA LLC RETIREMENT PLAN	
b	Name of plan sponsor	CAPESPAN NORTH AMERICA LLC	c EIN-PN 52-2208915-001
a	Plan name	CAPITAL RESEARCH CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CAPITAL RESEARCH CENTER	c EIN-PN 52-1289734-001
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	LESLIE T. HASKINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LESLIE T. HASKINS DBA HASKINS OLDS, INC.	c EIN-PN 04-1425210-001

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	OPAL SOFT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OPALSOFT, INC.	c EIN-PN 94-3280543-001
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	THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ART SOURCE, INC.	c EIN-PN 99-0280665-001
a	Plan name	WALKER & COMPANY 401(K) PLAN	
b	Name of plan sponsor	WALKER & COMPANY, LLP	c EIN-PN 52-1706976-001
a	Plan name	WARREN'S CONCRETE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	WARREN'S CONCRETE SERVICES, INC.	c EIN-PN 65-0102699-001
a	Plan name	AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN PAPER CORPORATION	c EIN-PN 66-0392240-001
a	Plan name	DISHMAN DODGE 401(K) PLAN	
b	Name of plan sponsor	M&G INVESTMENTS, INC. DBA DISHMAN DODGE	c EIN-PN 91-0953903-002
a	Plan name	FUEL SYSTEMS, LLC EMPLOYEES PROFIT SHARING/401(K) PLAN AND TRUST	
b	Name of plan sponsor	FUEL SYSTEMS, LLC	c EIN-PN 36-4053183-001
a	Plan name	HYUNDAI DYMOS 401(K) PLAN	
b	Name of plan sponsor	HYUNDAI DYMOS MICHIGAN, LLC	c EIN-PN 32-0423491-001
a	Plan name	AACTION RENTS PROFIT SHARING PLAN	
b	Name of plan sponsor	GRILL BROTHERS PARTNERSHIP DBA AACTION RENTS	c EIN-PN 94-2373673-001
a	Plan name	ABC ACADEMY, INC. PLAN	
b	Name of plan sponsor	ABC ACADEMY, INC.	c EIN-PN 38-2498000-001
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

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	COUNTY OF BERKS EMPLOYEE THRIFT PLAN	
b	Name of plan sponsor	COUNTY OF BERKS	c EIN-PN 23-6003049-001
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	ERMAN RETIREMENT ADVISORY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ERMAN RETIREMENT ADVISORY	c EIN-PN 95-3677994-001
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	LIBERTY TRANSPORTATION & STORAGE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LIBERTY TRANSPORTATION & STORAGE CO., INC.	c EIN-PN 22-1067680-001
a	Plan name	MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	MUSKEGON COUNTY MUSEUM	c EIN-PN 38-1367319-001
a	Plan name	POR-SHUN, INC 401(K) PLAN	
b	Name of plan sponsor	POR-SHUN, INC.	c EIN-PN 04-2785537-001
a	Plan name	SCARBROUGH MEDLIN & ASSOCIATES RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	SCARBROUGH MEDLIN & ASSOCIATES	c EIN-PN 75-1787225-001
a	Plan name	THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CEDAR RAPIDS DENTAL CENTER	c EIN-PN 42-1012892-002
a	Plan name	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	COMPLETE BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	COMPLETE BUSINESS SOLUTIONS	c EIN-PN 65-0807304-001
a	Plan name	DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAHME HEATING AND AIRCONDITIONING, INC.	c EIN-PN 77-0250781-001

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 DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
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 FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FELDMAN & ASSOCIATES, INC.	c EIN-PN 95-4814253-001
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 MICHAEL BATES CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor MICHAEL BATES CHEVROLET, INC.	c EIN-PN 82-1909065-001
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 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 WEGENER WELDING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEGENER WELDING, LLC	c EIN-PN 20-4664586-001
a	Plan name ZIMMER FAMILY LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ZIMMER FAMILY LAW, LLC	c EIN-PN 93-1242574-001
a	Plan name LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor LAFATA MANAGEMENT, INC.	c EIN-PN 20-1965835-001
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 PENNSYLVANIA TELEPHONE ASSOCIATION 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PENNSYLVANIA TELEPHONE ASSOCIATION	c EIN-PN 23-0961230-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TAG INTERNATIONAL, L.L.P. PROFIT SHARING PLAN	
b	Name of plan sponsor	TAG INTERNATIONAL, L.L.P.	c EIN-PN 74-2862644-001
a	Plan name	LOMMA CONSTRUCTION CORP. RETIREMENT PLAN	
b	Name of plan sponsor	LOMMA CONSTRUCTION CORP.	c EIN-PN 11-2435487-001
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
a	Plan name	QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUIK TRAVEL STAFFING, INC.	c EIN-PN 95-4826235-001
a	Plan name	COYLE REPRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COYLE REPRODUCTIONS, INC.	c EIN-PN 95-2955426-001
a	Plan name	REALTECH 401(K) PLAN	
b	Name of plan sponsor	REALTECH CONSTRUCTION CO., LLC	c EIN-PN 95-4709478-001
a	Plan name	REICHEL FOODS 401(K) PLAN	
b	Name of plan sponsor	REICHEL FOODS, INC.	c EIN-PN 90-0246502-001
a	Plan name	ARTISAN REALTY GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARTISAN REALTY GROUP, INC.	c EIN-PN 81-4631308-001
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	VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	VANDERVART CONCRETE PRODUCTS, LLC	c EIN-PN 46-5469386-001
a	Plan name	ATTILA-TEK 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ATTILA-TEK	c EIN-PN 52-2382686-001
a	Plan name	DELAWARE CLAIMS PROCESSING FACILITY, LLC 401(K) PLAN	
b	Name of plan sponsor	DELAWARE CLAIMS PROCESSING FACILITY, LLC	c EIN-PN 20-5453231-001

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	DELL-COMM, INC. 401(K) PLAN	
b	Name of plan sponsor	DELL-COMM, INC.	c EIN-PN 41-1660280-001
a	Plan name	HOGE LUMBER COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOGE LUMBER COMPANY	c EIN-PN 34-1819246-002
a	Plan name	MISSION DE LA CASA 401(K) PLAN	
b	Name of plan sponsor	MISSION DE LA CASA	c EIN-PN 77-0525988-001
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	ROTEK INSTRUMENT CORP. 401(K) PLAN	
b	Name of plan sponsor	ROTEK INSTRUMENT CORP.	c EIN-PN 04-2468423-001
a	Plan name	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINVISION, INC.	c EIN-PN 77-0315550-001
a	Plan name	BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BEACON TRI-STATE SOLUTIONS, INC.	c EIN-PN 32-0277555-001
a	Plan name	DOWNEY & COMPANY, LLP 401(K) PLAN	
b	Name of plan sponsor	DOWNEY & COMPANY, LLP	c EIN-PN 04-3106302-001
a	Plan name	DPE, INC. 401(K) PLAN	
b	Name of plan sponsor	DPE, INC.	c EIN-PN 58-2110906-001
a	Plan name	DR. CRAIG GLICK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAIG A. GLICK, D.D.S., INC.	c EIN-PN 95-4629939-001
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	SCOOTERWORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOOTERWORKS HOLDINGS LLC	c EIN-PN 45-2033633-001

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 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 ELECTRO-MECHANICAL INDUSTRIES, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTRO-MECHANICAL INDUSTRIES, INC.	c EIN-PN 76-0626218-002
a	Plan name JCFA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JCFA	c EIN-PN 27-1822983-001
a	Plan name BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN	
b	Name of plan sponsor SUSAN L. BURNETTE, P.C.	c EIN-PN 02-0625716-001
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 LAW OFFICE OF PAUL M. GOODSON, P.C. 401(K) PLAN	
b	Name of plan sponsor THE LAW OFFICE OF PAUL M. GOODSON, P.C.	c EIN-PN 56-2227506-001
a	Plan name GEORGIA CAREER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor HMS EDUCATIONAL SERVICES, INC. DBA GEORGIA CAREER INSTITUTE	c EIN-PN 58-1838344-001
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 CONSOLIDATED MANAGEMENT AGENCY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSOLIDATED MANAGEMENT AGENCY, INC.	c EIN-PN 20-1176567-001
a	Plan name GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
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 ANNIE B. JONES COMMUNITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor ANNIE B. JONES CIVIC ARTS CENTER	c EIN-PN 36-3883523-001

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 ANTELOPE VALLEY 401(K) PLAN	
b	Name of plan sponsor ANTELOPE VALLEY 401(K) PLAN	c EIN-PN 95-4056336-002
a	Plan name ASSOCIATION RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor ASSOCIATION RESEARCH, INC.	c EIN-PN 52-1327256-001
a	Plan name HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
a	Plan name ROCKY'S HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor ROCKY'S HARDWARE, INC.	c EIN-PN 04-2373758-001
a	Plan name AUSTIN FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor AUSTIN FEDERAL CREDIT UNION	c EIN-PN 74-1593594-001
a	Plan name NEARTERM CORPORATION 401(K) PLAN	
b	Name of plan sponsor NEARTERM CORPORATION	c EIN-PN 76-0531760-001
a	Plan name INSTITUTE OF INFORMATION TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor INSTITUTE OF INFORMATION TECHNOLOGY, INC.	c EIN-PN 90-0014215-001
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 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 JENKINS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENKINS ENTERPRISES	c EIN-PN 88-0191006-001
a	Plan name JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor JULIAN ELECTRIC, INC.	c EIN-PN 36-2592808-001

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 KOMOROUS-TOWEY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KOMOROUS-TOWEY ARCHITECTS	c EIN-PN 94-3384004-001
a	Plan name CENTENNIAL TECHNOLOGIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CENTENNIAL TECHNOLOGIES, INC.	c EIN-PN 38-2164329-001
a	Plan name BENCOR SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BENCOR, INC.	c EIN-PN 59-3578144-001
a	Plan name BENJAMIN I. CLOVE, D.D.S., P.C. 401(K) PLAN	
b	Name of plan sponsor BENJAMIN I. CLOVE, D.D.S., P.C.	c EIN-PN 20-2878610-001
a	Plan name DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DERMATOLOGY ASSOCIATES, PC	c EIN-PN 39-1896149-002
a	Plan name DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
b	Name of plan sponsor DUBOIS COUNTY BLOCK & BRICK, INC.	c EIN-PN 35-2083897-001
a	Plan name EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
b	Name of plan sponsor EASTERN WAREHOUSE DISTRIBUTORS, LLC	c EIN-PN 23-2566520-001
a	Plan name FAIRMONT DESIGNS RETIREMENT PLAN	
b	Name of plan sponsor CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS	c EIN-PN 94-2930113-001
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 HASTY TASTY FOOD SERVICE 401(K) SAVINGS PLAN	
b	Name of plan sponsor HASTY TASTY FOOD SERVICE	c EIN-PN 36-3490914-001
a	Plan name HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor INTERFAITH NEIGHBORS, INC.	c EIN-PN 22-2896129-001

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 IROQUOIS BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor IROQUOIS BUILDERS, INC.	c EIN-PN 36-4390501-001
a	Plan name KAPOOR ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor KAPOOR ENTERPRISES, INC.	c EIN-PN 77-0374359-001
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 KRADLE TO KINDERGARTEN RETIREMENT AND 401(K) PLAN	
b	Name of plan sponsor KRADLE TO KINDERGARTEN, INC.	c EIN-PN 22-3406810-001
a	Plan name MANSKE COMPANIES 401(K) PLAN AND TRUST	
b	Name of plan sponsor MANSKE MACHINERY INC.	c EIN-PN 39-1644408-001
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 MELTON, ESPY & WILLIAMS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor MELTON, ESPY & WILLIAMS P.C.	c EIN-PN 63-0720022-001
a	Plan name P.S. GREETINGS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor P.S. GREETINGS, INC.	c EIN-PN 36-2995710-001
a	Plan name PRIME IMAGE, INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor PRIME IMAGE DELAWARE, INC. D/B/A PRIME IMAGE	c EIN-PN 77-0078386-001
a	Plan name PROFESSIONAL PAINT CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL PAINT CENTER, INC.	c EIN-PN 94-1731587-001
a	Plan name PROJECT HOPE BOSTON, INC. RETIREMENT PLAN	
b	Name of plan sponsor PROJECT HOPE BOSTON, INC.	c EIN-PN 04-2748880-001

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	RAIL WORLD LLC 401(K) PLAN	
b Name of plan sponsor	RAIL WORLD LLC	c EIN-PN 52-2344008-001
a Plan name	S.C. ROSSI & COMPANY, INC. 401(K) PLAN	
b Name of plan sponsor	S. C. ROSSI & COMPANY, INC.	c EIN-PN 54-1151999-001
a Plan name	SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN	
b Name of plan sponsor	SEQUEL CONTRACTORS, INC.	c EIN-PN 95-4301424-002
a Plan name	SHNA 401(K) PLAN	
b Name of plan sponsor	DKSH NORTH AMERICA, INC.	c EIN-PN 52-1985590-001
a Plan name	TECO, INC. 401(K) PLAN	
b Name of plan sponsor	TECO, INC.	c EIN-PN 52-2038001-001
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	UNICORN HRO LLC EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	UNICORN HRO LLC	c EIN-PN 27-1441892-001
a Plan name	ATLANTIC CORRUGATED BOX, INC. 401(K) PLAN	
b Name of plan sponsor	ATLANTIC CORRUGATED BOX, INC.	c EIN-PN 54-1297441-001
a Plan name		
b Name of plan sponsor		c EIN-PN
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b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN
a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan TRANSAMERICA PARTNERS CORE BOND RET OPT	B Three-digit plan number (PN) ▶ 435
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

	(a) Beginning of Year	(b) End of Year
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)	7768030
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8040017
(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	7768030	8040017
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7768030	8040017

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)	144966	
(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		144966

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)	74127	
(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)		74127
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		74127

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		70839
l Transfers of assets:			
(1) To this plan.....	2l(1)		959241
(2) From this plan	2l(2)		758093

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 _____.