

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: MFS MASSACHUSETTS INVESTORS RET OPT
1b Three-digit plan number (PN): 470
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
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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>MFS MASSACHUSETTS INVESTORS RET OPT</u>	B Three-digit plan number (PN)	<u>470</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)
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)
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)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLORADO SURGICAL AFFILIATES, LLC	c EIN-PN 81-3228396-001
a	Plan name	DIABLO COUNTRY CLUB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DIABLO COUNTRY CLUB	c EIN-PN 94-0699700-003
a	Plan name	EDES CUSTOM MEATS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOTTOMLAND PRIME, LLC	c EIN-PN 87-3797281-001
a	Plan name	FRAZER DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRAZER DENTAL CARE	c EIN-PN 23-3077648-001
a	Plan name	HAUCK BROS, INC. 401(K) PLAN	
b	Name of plan sponsor	HAUCK BROTHERS, INC.	c EIN-PN 31-0599870-001
a	Plan name	HSC 401(K) PLAN	
b	Name of plan sponsor	HEALTHCARE STAFFING & CONSULTANTS, L.L.C.	c EIN-PN 22-3789693-001
a	Plan name	PACIFIC DESIGN AND SOURCING 401(K) PLAN	
b	Name of plan sponsor	PACIFIC DESIGN AND SOURCING	c EIN-PN 27-2403668-001
a	Plan name	PHOENIX PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHOENIX PRINTING GROUP, INC. D/B/A PHOENIX PRINTING	c EIN-PN 26-1995352-001
a	Plan name	SAA LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHATZ, ANDERSON & ASSOCIATES LLC	c EIN-PN 05-0565472-001
a	Plan name	THUAN VAN NGUYEN, M.D. DEFINED BENEFIT PENSION PLAN	
b	Name of plan sponsor	THUAN VAN NGUYEN, M.D.	c EIN-PN 95-3914970-001
a	Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	c EIN-PN 38-3424306-001
a	Plan name	AYERS & BROWN, P.C. RETIREMENT PLAN	
b	Name of plan sponsor	AYERS & BROWN, P.C.	c EIN-PN 86-0541873-001

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 GRAEAGLE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor GRAEAGLE CONSTRUCTION	c EIN-PN 88-0499070-001
a	Plan name JACK YATES DRYWALL PROFIT SHARING PLAN	
b	Name of plan sponsor JACK YATES DRYWALL	c EIN-PN 27-1959275-001
a	Plan name MORRIS CERULLO WORLD EVANGELISM 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MORRIS CERULLO WORLD EVANGELISM	c EIN-PN 95-2372233-001
a	Plan name PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PUNCTUAL ABSTRACT CO. INC.	c EIN-PN 72-1228652-001
a	Plan name SALTER HEALY, LLC 401(K) PLAN	
b	Name of plan sponsor SALTER HEALY, LLC	c EIN-PN 26-1337937-001
a	Plan name SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
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 TIM SNELSON'S PUMPING UNIT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TIM SNELSON'S PUMPING UNIT	c EIN-PN 75-2715506-001
a	Plan name A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A BETTER CONTRACTOR, LLC	c EIN-PN 46-4885039-002
a	Plan name CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name COMMUNITY CHEVROLET COMPANY 401(K) PLAN	
b	Name of plan sponsor COMMUNITY CHEVROLET COMPANY	c EIN-PN 84-0502030-002
a	Plan name COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor COMMUNITY STATE BANK	c EIN-PN 26-0620241-001

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 MCCLAIN PRINTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCCLAIN PRINTING COMPANY, INC.	c EIN-PN 55-0421933-002
a	Plan name MS INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MS INTERNATIONAL, INC.	c EIN-PN 35-1562013-003
a	Plan name ONEGENERATION 401(K) PLAN	
b	Name of plan sponsor ONEGENERATION	c EIN-PN 95-4066979-001
a	Plan name PMSI EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor PROPERTY MAINTENANCE SERVICES, INC.	c EIN-PN 31-1417835-001
a	Plan name SASAKI PAINTING & SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor SASAKI PAINTING & SERVICES LLC	c EIN-PN 82-4675241-001
a	Plan name SAUGUS CONSTRUCTION CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor SAUGUS CONSTRUCTION CORPORATION	c EIN-PN 04-3131744-001
a	Plan name A WISIALKO AND COMPANY 401(K) PLAN	
b	Name of plan sponsor A WISIALKO AND COMPANY LLC	c EIN-PN 46-1598908-001
a	Plan name GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GULF SOUTH EYE ASSOCIATES (APMC)	c EIN-PN 72-1076001-777
a	Plan name BULTYNCK & CO. 401(K) PLAN	
b	Name of plan sponsor BULTYNCK & CO., P.L.L.C.	c EIN-PN 20-3920878-777
a	Plan name BULVERDE GLASS 401(K) PLAN	
b	Name of plan sponsor BULVERDE GLASS, INC	c EIN-PN 74-2941775-001
a	Plan name HAGOOD HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor HAGOOD HOMES, INC.	c EIN-PN 56-1965580-001
a	Plan name JOHNSON PRODUCTS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON PRODUCTS, INC.	c EIN-PN 95-3412748-001

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 JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON-FRANK & ASSOCIATES, INC.	c EIN-PN 95-3086260-001
a	Plan name ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ORLANDO SPRING CORP	c EIN-PN 95-1933966-001
a	Plan name POLYSHOT CORPORATION 401(K) PLAN	
b	Name of plan sponsor POLYSHOT CORPORATION	c EIN-PN 16-1384222-001
a	Plan name RAY HENSLEY, INC. RET. PLAN	
b	Name of plan sponsor RAY HENSLEY, INC.	c EIN-PN 31-0889689-001
a	Plan name TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRUE GRIT REDI-MIX LTD	c EIN-PN 20-2018457-001
a	Plan name ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABSOLUTE BUSINESS SOLUTIONS CORPORATION	c EIN-PN 54-2061431-777
a	Plan name ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN	
b	Name of plan sponsor ALL SEASONS WINDOW & DOOR MFG. INC.	c EIN-PN 75-1868821-001
a	Plan name ARISE HIGH SCHOOL 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARISE HIGH SCHOOL	c EIN-PN 20-8887944-001
a	Plan name BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BASSETT SALES CORPORATION	c EIN-PN 95-3666930-001
a	Plan name BOWEN INDUSTRIAL CONTRACTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BOWEN INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 74-2326815-222
a	Plan name CHURCHLAND ANIMAL CLINIC, INC. EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHURCHLAND ANIMAL CLINIC, INC.	c EIN-PN 54-0941437-001
a	Plan name DAN G. WILKER, DDS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor DAN G. WILKER, DDS	c EIN-PN 34-1745172-001

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	FEDERAL DEFENDERS OF MONTANA, INC. PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	FEDERAL DEFENDERS OF MONTANA, INC.
c	EIN-PN	81-0479512-001
a	Plan name	FEIST CABINETS & WOODWORKS, INC. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	FEIST CABINETS & WOODWORKS, INC.
c	EIN-PN	68-0130480-001
a	Plan name	GRANITE STATE ACOUSTICS, INC. 401(K) PLAN
b	Name of plan sponsor	GRANITE STATE ACOUSTICS, INC.
c	EIN-PN	02-0276885-001
a	Plan name	JAMES G. MURPHY, INC. 401(K) PLAN
b	Name of plan sponsor	JAMES G. MURPHY, INC.
c	EIN-PN	91-0901239-002
a	Plan name	KILLION COMMUNICATIONS CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	KILLION COMMUNICATIONS CONSULTANTS, INC.
c	EIN-PN	37-1367165-001
a	Plan name	MARTHINSEN AND SALVITTI INSURANCE GROUP 401(K) SALARY REDUCTION PLAN AND TRUST
b	Name of plan sponsor	MARTHINSEN AND SALVITTI INSURANCE GROUP
c	EIN-PN	25-1724440-001
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	SCHMIDT & STACY CONSULTING ENGINEERS, INC. 401(K) PLAN
b	Name of plan sponsor	SCHMIDT & STACY CONSULTING ENGINEERS, INC.
c	EIN-PN	75-2410170-001
a	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SLIM CHICKENS
c	EIN-PN	45-3985800-001
a	Plan name	STRUCTURAL IMAGING, LLC 401(K) PLAN
b	Name of plan sponsor	STRUCTURAL IMAGING, LLC
c	EIN-PN	91-2076151-001
a	Plan name	TOIGO FOUNDATION RETIREMENT PLAN
b	Name of plan sponsor	THE ROBERT A. TOIGO FOUNDATION
c	EIN-PN	13-3565426-001

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 FLORIDA BUSINESS TECHNOLOGIES LLC 401(K) PLAN	
b	Name of plan sponsor FLORIDA BUSINESS TECHNOLOGIES LLC	c EIN-PN 26-0000350-001
a	Plan name FONTENELLE & GOODREAU INSURANCE, LLC RETIREMENT PLAN	
b	Name of plan sponsor FONTENELLE & GOODREAU INSURANCE, LLC	c EIN-PN 20-5889299-001
a	Plan name PEAK PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PEAK PEDIATRICS, PLLC	c EIN-PN 84-1567538-001
a	Plan name LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC. 401(K) PLAN	
b	Name of plan sponsor LOS ANGELES CHAMBER ORCHESTRA SOCIETY, INC.	c EIN-PN 23-7010825-001
a	Plan name MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MADDEN ELEVATOR COMPANY	c EIN-PN 27-4404800-001
a	Plan name ALLIANCE PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor ALLIANCE PRIMARY CARE ASSOCIATES PLLC DBA ALLIANCE PEDIATRICS	c EIN-PN 45-3459804-001
a	Plan name CONCEPT 2001, INC. 401(K) PLAN	
b	Name of plan sponsor CONCEPT 2001, INC. DBA CONCEPT HR	c EIN-PN 58-2453817-001
a	Plan name MARZOLF IMPLEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor MARZOLF IMPLEMENT COMPANY	c EIN-PN 41-1347518-001
a	Plan name QUALITY AUTO BODY 401(K) PLAN	
b	Name of plan sponsor QUALITY AUTO BODY	c EIN-PN 22-2130034-001
a	Plan name ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-001
a	Plan name ANDRADE GONZALEZ LLP 401(K) EMPLOYEE PLAN	
b	Name of plan sponsor ANDRADE GONZALEZ LLP	c EIN-PN 46-2892257-003
a	Plan name HAMILTON MARTENS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAMILTON MARTENS, LLC	c EIN-PN 20-1343616-001

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 HAMILTON PARK OPCO 401(K) PLAN	
b	Name of plan sponsor HAMILTON PARK OPCO LLC	c EIN-PN 46-1324162-001
a	Plan name REDBARN PET PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REDBARN PET PRODUCTS, LLC	c EIN-PN 80-0554839-001
a	Plan name MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	c EIN-PN 26-1365260-001
a	Plan name ROTHSCHILD DOYNO COLLABORATIVE, P.C. 401(K) PLAN	
b	Name of plan sponsor ROTHSCHILD DOYNO COLLABORATIVE, P.C.	c EIN-PN 25-1802649-777
a	Plan name BETAR DENTAL PC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BETAR DENTAL PC, INC.	c EIN-PN 25-1799034-001
a	Plan name DUVALL FORD COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DUVALL FORD COMPANY, INC.	c EIN-PN 58-1538949-001
a	Plan name INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor INTERPRET, LLC	c EIN-PN 20-4554232-002
a	Plan name OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
a	Plan name ELITE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor ELITE CONSTRUCTION & DESIGN, INC.	c EIN-PN 20-5415510-001
a	Plan name JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001
a	Plan name BURGESS CONCRETE CONSTRUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor BURGESS CONCRETE CONSTRUCTION, INC.	c EIN-PN 38-2694249-001

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 JP RUEL ELECTRIC 401(K) PLAN	
b	Name of plan sponsor JP ELECTRIC AND SON, INC.	c EIN-PN 46-2288362-001
a	Plan name SST ENERGY CORPORATION EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor SST ENERGY CORPORATION	c EIN-PN 84-1109846-001
a	Plan name SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-222
a	Plan name PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION SMALL ENGINE CO., INC.	c EIN-PN 59-1985940-001
a	Plan name THE SCOTT GROUP BENEFIT SPECIALISTS, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE SCOTT GROUP BENEFIT SPECIALISTS, LLC	c EIN-PN 20-2819811-001
a	Plan name QUIVX 401(K) PLAN & TRUST	
b	Name of plan sponsor QUIVX	c EIN-PN 26-4736334-001
a	Plan name TRANSYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor TRANSPORT LEASING COMPANY, LLP DBA TRANSYSTEMS SERVICES	c EIN-PN 81-0359563-001
a	Plan name CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	c EIN-PN 47-2388058-001
a	Plan name ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED COMPONENTS TECHNOLOGY, INC.	c EIN-PN 33-0439579-001
a	Plan name ASSOCIATED SOILS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED SOILS ENGINEERING, INC.	c EIN-PN 95-2896496-001
a	Plan name DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C. 401(K) PLAN	
b	Name of plan sponsor DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C.	c EIN-PN 27-0631471-001
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

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	DENALI CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor	DENALI CONSTRUCTION SERVICES, LP DBA THERMAL DYNAMIN, DENALI COMFORT	c EIN-PN 20-1036081-001
a	Plan name	INNOVATIVE 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE STAMPING CORP.	c EIN-PN 95-3018165-001
a	Plan name	SEAQUIST ORCHARDS, LLC 401(K) PLAN	
b	Name of plan sponsor	SEAQUIST ORCHARDS, LLC	c EIN-PN 39-1431035-002
a	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
a	Plan name	WESTON PROPERTIES 401K	
b	Name of plan sponsor	WESTON PROPERTIES, LC	c EIN-PN 74-2722024-112
a	Plan name	EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name	WILLOW ST INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLOW ST INC.	c EIN-PN 22-3242365-001
a	Plan name	WINTERGREEN CONSTRUCTION SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	WINTERGREEN CONSTRUCTION SERVICES, INC.	c EIN-PN 59-3034069-001
a	Plan name	ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELLEFSON TRANSPORTATION GROUP, INC.	c EIN-PN 58-1654796-001
a	Plan name	OKMULGEE PEDIATRICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	OKMULGEE PEDIATRICS	c EIN-PN 73-1473375-001
a	Plan name	C. NICK DETURE, PA 401(K) PLAN	
b	Name of plan sponsor	C. NICK DETURE, P.A.	c EIN-PN 65-1077330-001
a	Plan name	EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor	EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004

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	P.L.P.S. 401(K) PLAN	
b	Name of plan sponsor	P.L.P.S. INC.	c EIN-PN 76-0471058-001
a	Plan name	FIRST MISSOURI CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FIRST MISSOURI CREDIT UNION	c EIN-PN 43-0492167-001
a	Plan name	CARSON CORPORATION RETIREMENT PLAN FOR LOCAL 55	
b	Name of plan sponsor	CARSON CORPORATION	c EIN-PN 22-2852356-003
a	Plan name	CARSON CORPORATION UNION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CARSON CORPORATION	c EIN-PN 22-2852356-002
a	Plan name	CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CARTER STREET CORPORATION	c EIN-PN 62-1125122-001
a	Plan name	LAKES TENNIS 401(K) PLAN	
b	Name of plan sponsor	KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY	c EIN-PN 20-1885263-001
a	Plan name	CASTOR GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CASTOR GROUP, LLC	c EIN-PN 20-0785510-001
a	Plan name	CSRA 401(K) PLAN	
b	Name of plan sponsor	CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	c EIN-PN 58-1369830-333
a	Plan name	DAVIDSEN EXCAVATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVIDSEN EXCAVATING, INC.	c EIN-PN 26-2880639-001
a	Plan name	EMPLOYEE SALARY REDUCTION PLAN OF MEGA HERTZ SALES COMPANY	
b	Name of plan sponsor	MEGA HERTZ SALES COMPANY	c EIN-PN 84-0855727-001
a	Plan name	GTXCEL, INC. 401(K) PLAN	
b	Name of plan sponsor	GTXCEL, INC.	c EIN-PN 04-3177056-001
a	Plan name	HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001

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 HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name INTERNATIONAL AEROSPACE COATINGS 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL AEROSPACE COATINGS, INC.	c EIN-PN 91-1517966-002
a	Plan name KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN	
b	Name of plan sponsor KORBER PHARMA PACKAGING MATERIALS LLC	c EIN-PN 47-5593447-001
a	Plan name LAURAS INTERNATIONAL LLP 401(K) PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-001
a	Plan name LUHRSEN GOLDBERG, LLC 401(K) PLAN	
b	Name of plan sponsor LUHRSEN GOLDBERG, LLC	c EIN-PN 81-2579736-001
a	Plan name MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor MANAGEMENT MATERIALS INC.	c EIN-PN 38-2412976-001
a	Plan name MAYFAIR PLASTICS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor MAYFAIR PLASTICS, INC.	c EIN-PN 38-2704694-001
a	Plan name MODERN WOMEN'S CARE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MODERN WOMEN'S CARE	c EIN-PN 27-1337010-001
a	Plan name NEUSOFT AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor NEUSOFT AMERICA, INC.	c EIN-PN 20-5601470-001
a	Plan name NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor NEW ENGLAND DENTAL CENTER, P.C.	c EIN-PN 06-1001051-001
a	Plan name PGI PROFIT SHARING PLAN	
b	Name of plan sponsor THE PERSIMMON GROUP, INC.	c EIN-PN 75-2515316-001
a	Plan name REPRODUCTIVE MEDICINE INSTITUTE, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REPRODUCTIVE MEDICINE INSTITUTE, LLC	c EIN-PN 27-1248611-001

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	RESEARCH FOR BETTER TEACHING 401(K) PLAN	c	EIN-PN	04-3145000-003
b	Name of plan sponsor	RESEARCH FOR BETTER TEACHING			
a	Plan name	ROSCOE BROWN, INC. PROFIT SHARING PLAN	c	EIN-PN	62-0810017-001
b	Name of plan sponsor	ROSCOE BROWN, INC.			
a	Plan name	SHOREWOOD ENGINEERING, INC. 401(K) RETIREMENT PLAN	c	EIN-PN	41-1620361-002
b	Name of plan sponsor	SHOREWOOD ENGINEERING, INC.			
a	Plan name	SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	c	EIN-PN	76-0364678-001
b	Name of plan sponsor	SOUTH TEXAS COMMUNITY LIVING CORPORATION			
a	Plan name	STEEL - FAB, INC. 401(K) PLAN	c	EIN-PN	04-2396722-004
b	Name of plan sponsor	STEEL-FAB, INC.			
a	Plan name	AH FACILITIES 401(K) PLAN	c	EIN-PN	22-3789700-001
b	Name of plan sponsor	ADVANTAGE REHABILITATION SERVICES, LLC			
a	Plan name	APARTMENT HOUSE BUILDERS, INC. 401K PLAN	c	EIN-PN	71-0649991-001
b	Name of plan sponsor	APARTMENT HOUSE BUILDERS, INC.			
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				

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 MFS MASSACHUSETTS INVESTORS RET OPT	B Three-digit plan number (PN) ▶ 470
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)	1
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)	21253507
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	17425152
(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	21253508	17425153
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	21253508	17425153

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)	80751	
(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)	1336100	
(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)		2226930
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3643781

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)	62538	
(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)		62538
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		62538

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		3581243
l Transfers of assets:			
(1) To this plan.....	2l(1)		1366098
(2) From this plan	2l(2)		8775696

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 _____.