

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 2em; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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 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

<p>1a Name of plan <u>T. ROWE PRICE RETIREMENT 2045 RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>488</u></p>
<p>2a 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></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <hr/> <p>2d Business code (see instructions)</p>

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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<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

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>T. ROWE PRICE RETIREMENT 2045 RET OPT</u>	B Three-digit plan number (PN) ▶	<u>488</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):		
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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 CAMELBACK PEDIATRIC DENTISTRY & ORTHODONTICS, P.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor CAMELBACK PEDIATRIC DENTISTRY & ORTHODONTICS, P.L.C.	c EIN-PN 20-0902280-001
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 CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	c EIN-PN 23-7198801-001
a	Plan name FOY & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOY & ASSOCIATES, PC	c EIN-PN 38-3687296-001
a	Plan name HAWKE MEDIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAWKE MEDIA, LLC	c EIN-PN 46-3254493-001
a	Plan name NORTHERN BUSINESS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN BUSINESS PRODUCTS, INC.	c EIN-PN 41-1423060-001
a	Plan name NORTHERN NEVADA 401(K) PLAN	
b	Name of plan sponsor FERNLEY NUGGET CORPORATION	c EIN-PN 26-1620600-002
a	Plan name PAGE & ASSOCIATES INSURANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PAGE & ASSOCIATES INSURANCE, INC.	c EIN-PN 88-1074263-001
a	Plan name STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name TENNESSEE ASSOCIATED ELECTRIC 401(K) PLAN	
b	Name of plan sponsor TENNESSEE ASSOCIATED ELECTRIC, LLC	c EIN-PN 46-1537499-001
a	Plan name WTP 401(K) PLAN	
b	Name of plan sponsor WESTRAN THERMAL PROCESSING	c EIN-PN 81-2963161-001
a	Plan name APS 401(K) PLAN	
b	Name of plan sponsor ADVANCED POWDER SOLUTIONS OF TEXAS	c EIN-PN 20-3150581-001

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 AZTECS TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor AZTECS TELECOM, INC.	c EIN-PN 33-0915556-001
a	Plan name DIMENSION HARDWOOD VENEERS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DIMENSION HARDWOOD VENEERS, INC.	c EIN-PN 20-0164058-001
a	Plan name EDUCATIUS GROUP 401(K) PLAN	
b	Name of plan sponsor EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	c EIN-PN 26-4005699-001
a	Plan name FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
b	Name of plan sponsor FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	c EIN-PN 32-0012113-001
a	Plan name HUFFMAN, KELLEY & BROCK, LLC 401(K) PLAN	
b	Name of plan sponsor HUFFMAN, KELLEY & BROCK, LLC	c EIN-PN 30-0237801-001
a	Plan name HURON VALLEY RESTAURANT EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor HURON VALLEY RESTAURANT EQUIPMENT, INC.	c EIN-PN 38-3072272-001
a	Plan name JAE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JEWELL ASSOCIATES ENGINEERS, INC.	c EIN-PN 26-1811972-001
a	Plan name KEYROCK ENERGY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KEYROCK ENERGY, LLC	c EIN-PN 26-0602410-001
a	Plan name NRG MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor NRG MEDIA, LLC	c EIN-PN 56-2501807-001
a	Plan name SIVERS SEMICONDUCTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIVERS SEMICONDUCTORS, INC.	c EIN-PN 82-2069979-001
a	Plan name WALBERG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALBERG, INC.	c EIN-PN 81-2702296-001
a	Plan name AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001

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 ARENA EVENT SERVICES SAVINGS PLAN	
b	Name of plan sponsor ARENA EVENT SERVICES	c EIN-PN 30-0766502-001
a	Plan name BOB RIDINGS, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor BOB RIDINGS, INC.	c EIN-PN 37-0994988-001
a	Plan name CANYON MEDICAL CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor R. MUTHAIAH, M.D., P.C. DBA CANYON MEDICAL CENTER	c EIN-PN 20-3215319-001
a	Plan name CHARLTON CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor CHARLTON CHIROPRACTIC & WELLNESS CENTER, LLC	c EIN-PN 34-1960690-001
a	Plan name CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.	c EIN-PN 85-0210055-002
a	Plan name COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN	
b	Name of plan sponsor LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.	c EIN-PN 23-2835896-001
a	Plan name LESSITER PUBLICATIONS INC. 401(K) PLAN	
b	Name of plan sponsor LESSITER PUBLICATIONS INC.	c EIN-PN 39-1169768-222
a	Plan name MCCON BUILDING CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MCCON BUILDING CORPORATION	c EIN-PN 39-1746210-001
a	Plan name OPERAM SAVINGS PLAN	
b	Name of plan sponsor OPERAM, INC.	c EIN-PN 47-4299682-001
a	Plan name OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OPHTHALMOLOGY CENTER OF ILLINOIS	c EIN-PN 46-3808527-001
a	Plan name PLAY VISIONS 401(K) PLAN	
b	Name of plan sponsor PLAY VISIONS, INC.	c EIN-PN 91-1242563-001
a	Plan name PLENTY CONSULTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor PLENTY CONSULTING, INC.	c EIN-PN 46-4085839-001

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 SATHER MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SATHER MANAGEMENT CORPORATION	c EIN-PN 27-1461790-001
a	Plan name AMERICAN PROFICIENCY INSTITUTE 401(K) PLAN	
b	Name of plan sponsor AMERICAN PROFICIENCY INSTITUTE, INC.	c EIN-PN 38-2949312-001
a	Plan name FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name ETORI USA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ETORI USA, INC.	c EIN-PN 20-1728643-001
a	Plan name GAMBI DISPOSAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor GAMBI DISPOSAL, INC.	c EIN-PN 68-0137750-002
a	Plan name MCDONALD LIQUOR INC. 401(K) PLAN	
b	Name of plan sponsor MCDONALD LIQUOR INC.	c EIN-PN 41-1833330-001
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 PONY EXPRESS 401(K) PLAN	
b	Name of plan sponsor W.C.W. CORPORATION	c EIN-PN 88-0206170-001
a	Plan name ABSOLUTE ENERGY RETIREMENT PLAN	
b	Name of plan sponsor ABSOLUTE ENERGY, L.L.C	c EIN-PN 20-3841025-777
a	Plan name COMPREHENSIVE DENTAL SERVICES, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor COMPREHENSIVE DENTAL SERVICES, LTD.	c EIN-PN 39-1154725-001
a	Plan name DOUGHBOY RESTAURANT GROUP RETIREMENT PLAN	
b	Name of plan sponsor DOUGHBOY RESTAURANT GROUP, LLC	c EIN-PN 47-2447231-001
a	Plan name GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	c EIN-PN 20-8143829-001

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	GREAT KIDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREAT KIDS, INC.	c EIN-PN 62-1798100-001
a	Plan name	MIAMI-CAST, INC. 401(K) PLAN	
b	Name of plan sponsor	MIAMI-CAST, INC.	c EIN-PN 31-1379313-001
a	Plan name	POWER FUNDING, LTD. 401(K) PLAN	
b	Name of plan sponsor	POWER FUNDING, LTD.	c EIN-PN 75-2952855-001
a	Plan name	FLOURISH, INC. 401(K) PLAN	
b	Name of plan sponsor	FLOURISH, INC.	c EIN-PN 34-1938082-001
a	Plan name	ACCORD FEDERAL SERVICES, LLC CORPORATE 401(K) PLAN	
b	Name of plan sponsor	ACCORD FEDERAL SERVICES, LLC	c EIN-PN 27-2897669-002
a	Plan name	ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001
a	Plan name	GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GISCLAIR & ASSOCIATES, INC.	c EIN-PN 72-1012609-001
a	Plan name	THE RESEARCH GROUP OF LEXINGTON, LLC 401(K) PLAN	
b	Name of plan sponsor	THE RESEARCH GROUP OF LEXINGTON, LLC	c EIN-PN 20-1192474-001
a	Plan name	ALLIED UNIVERSAL CBU 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL SERVICES OF AMERICA, LP	c EIN-PN 27-1562945-002
a	Plan name	GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	c EIN-PN 20-2458255-001
a	Plan name	GREATER MILWAUKEE PLASTIC SURGEONS, S.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GREATER MILWAUKEE PLASTIC SURGEONS, S.C.	c EIN-PN 39-1819941-001
a	Plan name	GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GREEN FRONT FURNITURE COMPANY, INC.	c EIN-PN 54-0837729-003

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 MARYLAND PLASTICS UNION 401(K) PLAN	
b	Name of plan sponsor MARYLAND PLASTICS, INC.	c EIN-PN 52-1636609-003
a	Plan name MASTER GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor MASTER PRODUCTS COPORATION	c EIN-PN 66-0407424-002
a	Plan name TURBO TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TURBO TRANSPORTATION, INC.	c EIN-PN 47-2895452-001
a	Plan name DARTMOUTH BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DARTMOUTH BUSINESS SERVICES, INC.	c EIN-PN 36-4348934-001
a	Plan name DATA PATH, INC. 401(K) P/S PLAN	
b	Name of plan sponsor DATA PATH, INC.	c EIN-PN 90-0242296-001
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 VANQUISH WORLDWIDE, LLC 401(K)PLAN	
b	Name of plan sponsor VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395487-001
a	Plan name VANQUISH WORLDWIDE, LLC FS TEAMSTERS 401(K) PLAN	
b	Name of plan sponsor VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-003
a	Plan name VANQUISH WORLDWIDE, LLC PREVAILING WAGE EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-002
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 ROYALTY CLEARINGHOUSE, LTD. 401(K) PLAN	
b	Name of plan sponsor ROYALTY CLEARINGHOUSE, LTD	c EIN-PN 38-3687330-001
a	Plan name VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VINCENT GREENE ARCHITECTS	c EIN-PN 52-2066377-002

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 NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL TECHNOLOGIES, INC.	c EIN-PN 39-0981304-001
a	Plan name BEAUFORT ENGINEERING SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor BEAUFORT ENGINEERING SERVICES, INC.	c EIN-PN 57-0693958-001
a	Plan name INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor INNOVATION EDGE	c EIN-PN 20-8196742-002
a	Plan name SCOTT A. FISHMAN, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCOTT A. FISHMAN, D.D.S., INC. DBA PEDIATRIC DENTAL ARTS	c EIN-PN 27-1598713-001
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 NEW KNOXVILLE SUPPLY CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW KNOXVILLE SUPPLY CO. INC.	c EIN-PN 34-4314480-001
a	Plan name OASYS 401(K) PLAN	
b	Name of plan sponsor OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001
a	Plan name OTOGENETICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor OTOGENETICS CORPORATION	c EIN-PN 26-1343895-001
a	Plan name OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OUTAGAMIE CO-OP SERVICES, INC.	c EIN-PN 39-1316865-001
a	Plan name BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
a	Plan name EVER READY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EVER READY ELECTRIC, INC.	c EIN-PN 39-1948378-001
a	Plan name EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
b	Name of plan sponsor EVERGREEN AVIATION & SPACE MUSEUM	c EIN-PN 93-1069203-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	FIKES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIKES PUGET SOUND, INC	c EIN-PN 72-1572875-001
a	Plan name	CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor	CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001
a	Plan name	GENESIS MARINE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GENESIS MARINE	c EIN-PN 45-2448783-001
a	Plan name	MALCOLM SMITH MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor	MALCOLM SMITH MOTORCYCLES, INC.	c EIN-PN 33-0118610-001
a	Plan name	THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	ROUND ROCK BASEBALL CLUB, LP	c EIN-PN 77-0646382-001
a	Plan name	MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MATICH CORPORATION	c EIN-PN 95-1810911-002
a	Plan name	MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MED-FAST PHARMACY, INC.	c EIN-PN 25-1631348-001
a	Plan name	MEDIA STAGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDIA STAGE, INC.	c EIN-PN 65-0221317-001
a	Plan name	ASSOCIATES IN PIE, PLLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATES IN PIE, PLLC	c EIN-PN 82-1772713-001
a	Plan name	BIO MEDIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MARYLAND PLASTICS, INC.	c EIN-PN 52-1636609-002
a	Plan name	NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEXT DAY DELIVERY SERVICE, INC.	c EIN-PN 81-2485203-001
a	Plan name	NISSIN PRECISION NA 401(K) PLAN	
b	Name of plan sponsor	NISSIN PRECISION NORTH AMERICA, INC.	c EIN-PN 31-1279356-001

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 WM RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WIRESMASTERS, INCORPORATED	c EIN-PN 36-2083604-003
a	Plan name BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRIDGEWAY, INC.	c EIN-PN 37-0984175-001
a	Plan name OK MEDIA SOLUTIONS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OK MEDIA SOLUTIONS, INC.	c EIN-PN 45-2633274-001
a	Plan name K KERN PAINTING LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor K KERN PAINTING LLC	c EIN-PN 54-2101884-001
a	Plan name STANDARD MAINTENANCE COMPANY 401(K) PLAN	
b	Name of plan sponsor STANDARD MAINTENANCE COMPANY, LLC	c EIN-PN 62-1741930-001
a	Plan name FIRST COAST SECURITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST COAST SECURITY SERVICES, INC.	c EIN-PN 59-3647971-001
a	Plan name CARROLL ACE HARDWARE 401(K) PLAN	
b	Name of plan sponsor CARROLL ACE HARDWARE	c EIN-PN 42-1461838-001
a	Plan name PAUL M. POTENZA, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL M. POTENZA, P.C.	c EIN-PN 06-0990053-002
a	Plan name PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor PAUL MILLER FORD, INC.	c EIN-PN 61-0481346-001
a	Plan name PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PAYNE, MALECHEK, SCHERR, CAMPBELL & MOORE, P.C.	c EIN-PN 74-2459387-001
a	Plan name SURPRISE ENDODONTICS, P.L.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor SURPRISE ENDODONTICS, P.L.C.	c EIN-PN 20-4574483-001
a	Plan name CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor CEH AUTOMOTIVE CORP.	c EIN-PN 86-0200402-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TECH MANUFACTURING AND MACHINING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TECH MANUFACTURING AND MACHINING, INC.	c EIN-PN 43-3817616-001
a	Plan name	WHITE BRENNER LLP 401(K) PLAN	
b	Name of plan sponsor	WHITE BRENNER LLP	c EIN-PN 46-1799572-001
a	Plan name	CALIBER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	PRIME ELECTRICAL WBE, L.L.C. DBA CALIBER SOLUTIONS	c EIN-PN 26-4751651-001
a	Plan name	CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALICO BUILDING SERVICES, INC.	c EIN-PN 33-0493568-001
a	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAVINS, INC.	c EIN-PN 27-3977682-001
a	Plan name	CENTRAL FLORIDA CANCER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	CENTRAL FLORIDA CANCER INSTITUTE	c EIN-PN 59-3569143-001
a	Plan name	COLLINS & HYING LLC RETIREMENT PLAN	
b	Name of plan sponsor	COLLINS & HYING LLC	c EIN-PN 82-0712958-001
a	Plan name	COLORADO CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor	COLORADO CREDIT UNION	c EIN-PN 84-0660269-003
a	Plan name	CTS PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	CTS, INC.	c EIN-PN 36-4198749-001
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	FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	FISHER DESIGN, INC.	c EIN-PN 31-0601808-001
a	Plan name	KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN	
b	Name of plan sponsor	KRIEGSMAN TRANSFER COMPANY	c EIN-PN 37-0635587-001

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	LUSO FEDERAL CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor	LUSO FEDERAL CREDIT UNION	c EIN-PN 04-6279799-001
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	OLYMPIATECH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	c EIN-PN 41-0919848-001
a	Plan name	PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN	
b	Name of plan sponsor	PACE ANALYTICAL, INC.	c EIN-PN 66-0629797-001
a	Plan name	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	c EIN-PN 54-1850850-001
a	Plan name	SENECA PETROLEUM COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SENECA PETROLEUM COMPANY, INC.	c EIN-PN 36-1755250-002
a	Plan name	SOUTH FLORIDA HOSPITAL AND HEALTH CARE ASSOCIATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SOUTH FLORIDAHOSPITAL AND HEALTH CARE ASSOCIATION, INC.	c EIN-PN 59-0979494-001
a	Plan name	SYSTEM 22, INC. 401(K) PLAN	
b	Name of plan sponsor	SYSTEM 22, INC.	c EIN-PN 23-2734281-001
a	Plan name	TAB ENGINEERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAB ENGINEERS, LLC	c EIN-PN 46-1400045-001
a	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-004
a	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-005
a	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	c EIN-PN 77-0280581-001

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	TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TRIBLER ORPETT & MEYER, P.C.	c EIN-PN 36-3317353-001

a Plan name	AM2 SOLUTIONS, LLC RETIREMENT PLAN	
b Name of plan sponsor	AM2 SOLUTIONS LLC	c EIN-PN 20-8887397-001

a Plan name	UNITED ENERGY WORKERS HEALTHCARE 401(K) SAVINGS PLAN	
b Name of plan sponsor	UNITED ENERGY WORKERS HEALTHCARE	c EIN-PN 88-2242746-001

a Plan name		
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

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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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

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.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan T. ROWE PRICE RETIREMENT 2045 RET OPT	B Three-digit plan number (PN) ▶ 488
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
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)	20555377	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	20555377	
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	20555377	

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)	2333667	
(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		2333667

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)	109541	
(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)		109541
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		109541

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2224126
l Transfers of assets:			
(1) To this plan.....	2l(1)		2048291
(2) From this plan	2l(2)		24827794

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 _____.