

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 T. ROWE PRICE RETIREMENT 2005 RET OPT
1b Three-digit plan number (PN) 480
1c Effective date of plan
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) TRANSAMERICA LIFE INSURANCE COMPANY
6400 C ST SW CEDAR RAPIDS, IA 52404
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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code \_\_\_\_\_

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

<b>A</b> Name of plan <u>T. ROWE PRICE RETIREMENT 2005 RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>480</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

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



Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor COLORADO SURGICAL AFFILIATES, LLC	<b>c</b> EIN-PN 81-3228396-001
<b>a</b>	Plan name CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	<b>c</b> EIN-PN 23-7198801-001
<b>a</b>	Plan name FOY & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FOY & ASSOCIATES, PC	<b>c</b> EIN-PN 38-3687296-001
<b>a</b>	Plan name NORTHERN NEVADA 401(K) PLAN	
<b>b</b>	Name of plan sponsor FERNLEY NUGGET CORPORATION	<b>c</b> EIN-PN 26-1620600-002
<b>a</b>	Plan name PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROPERTY MANAGEMENT OF ANDOVER, INC.	<b>c</b> EIN-PN 04-2978110-001
<b>a</b>	Plan name STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor STOCKBRIDGE ENGINEERING, INC.	<b>c</b> EIN-PN 39-1732812-001
<b>a</b>	Plan name WTP 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTRAN THERMAL PROCESSING	<b>c</b> EIN-PN 81-2963161-001
<b>a</b>	Plan name AZTECS TELECOM, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AZTECS TELECOM, INC.	<b>c</b> EIN-PN 33-0915556-001
<b>a</b>	Plan name FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	<b>c</b> EIN-PN 32-0012113-001
<b>a</b>	Plan name JAE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JEWELL ASSOCIATES ENGINEERS, INC.	<b>c</b> EIN-PN 26-1811972-001
<b>a</b>	Plan name NRG MEDIA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NRG MEDIA, LLC	<b>c</b> EIN-PN 56-2501807-001
<b>a</b>	Plan name PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C.	<b>c</b> EIN-PN 23-2704845-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RICHARD GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHARD GROUP, LLC	<b>c</b> EIN-PN 46-1249708-001
<b>a</b>	Plan name	WALBERG, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALBERG, INC.	<b>c</b> EIN-PN 81-2702296-001
<b>a</b>	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AREA AMBULANCE SERVICE	<b>c</b> EIN-PN 20-3693455-001
<b>a</b>	Plan name	ARENA EVENT SERVICES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ARENA EVENT SERVICES	<b>c</b> EIN-PN 30-0766502-001
<b>a</b>	Plan name	CANYON MEDICAL CENTER 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	R. MUTHAIAH, M.D., P.C. DBA CANYON MEDICAL CENTER	<b>c</b> EIN-PN 20-3215319-001
<b>a</b>	Plan name	CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.	<b>c</b> EIN-PN 85-0210055-002
<b>a</b>	Plan name	COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.	<b>c</b> EIN-PN 23-2835896-001
<b>a</b>	Plan name	LESSITER PUBLICATIONS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LESSITER PUBLICATIONS INC.	<b>c</b> EIN-PN 39-1169768-222
<b>a</b>	Plan name	PLAY VISIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PLAY VISIONS, INC.	<b>c</b> EIN-PN 91-1242563-001
<b>a</b>	Plan name	SATHER MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SATHER MANAGEMENT CORPORATION	<b>c</b> EIN-PN 27-1461790-001
<b>a</b>	Plan name	AMERICAN PROFICIENCY INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN PROFICIENCY INSTITUTE, INC.	<b>c</b> EIN-PN 38-2949312-001
<b>a</b>	Plan name	FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUSION INTEGRATED SOLUTIONS, LLC	<b>c</b> EIN-PN 20-1651003-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHN P. CALCATERA DPM PC	<b>c</b> EIN-PN 26-1562402-001
<b>a</b>	Plan name ETORI USA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ETORI USA, INC.	<b>c</b> EIN-PN 20-1728643-001
<b>a</b>	Plan name MCDONALD LIQUOR INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCDONALD LIQUOR INC.	<b>c</b> EIN-PN 41-1833330-001
<b>a</b>	Plan name ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ORLANDO SPRING CORP	<b>c</b> EIN-PN 95-1933966-001
<b>a</b>	Plan name PONY EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor W.C.W. CORPORATION	<b>c</b> EIN-PN 88-0206170-001
<b>a</b>	Plan name SCHAEFFER DOUGLAS TITLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHAEFFER DOUGLAS TITLE	<b>c</b> EIN-PN 20-3601896-001
<b>a</b>	Plan name ABSOLUTE ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ABSOLUTE ENERGY, L.L.C	<b>c</b> EIN-PN 20-3841025-777
<b>a</b>	Plan name GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	<b>c</b> EIN-PN 20-8143829-001
<b>a</b>	Plan name O2 SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor O2 SOLUTIONS, LLC	<b>c</b> EIN-PN 14-1964996-001
<b>a</b>	Plan name TOIGO FOUNDATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE ROBERT A. TOIGO FOUNDATION	<b>c</b> EIN-PN 13-3565426-001
<b>a</b>	Plan name ACCORD FEDERAL SERVICES, LLC CORPORATE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACCORD FEDERAL SERVICES, LLC	<b>c</b> EIN-PN 27-2897669-002
<b>a</b>	Plan name LONE WOLF RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONE WOLF RESOURCES, LLC	<b>c</b> EIN-PN 75-2815928-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <a href="#">ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">ADVANCED AUTOMATION TECHNOLOGIES, INC.</a>	<b>c</b> EIN-PN <a href="#">52-1749594-001</a>
<b>a</b>	Plan name <a href="#">ALLIED UNIVERSAL CBU 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">UNIVERSAL SERVICES OF AMERICA, LP</a>	<b>c</b> EIN-PN <a href="#">27-1562945-002</a>
<b>a</b>	Plan name <a href="#">GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GREEN FRONT FURNITURE COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">54-0837729-003</a>
<b>a</b>	Plan name <a href="#">MASTER GROUP EMPLOYEES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MASTER PRODUCTS COPORATION</a>	<b>c</b> EIN-PN <a href="#">66-0407424-002</a>
<b>a</b>	Plan name <a href="#">TURBO TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TURBO TRANSPORTATION, INC.</a>	<b>c</b> EIN-PN <a href="#">47-2895452-001</a>
<b>a</b>	Plan name <a href="#">AMPAC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AEROSPACE MASS PROPERTIES ANALYSIS, INC.</a>	<b>c</b> EIN-PN <a href="#">23-1949127-001</a>
<b>a</b>	Plan name <a href="#">DARTMOUTH BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">DARTMOUTH BUSINESS SERVICES, INC.</a>	<b>c</b> EIN-PN <a href="#">36-4348934-001</a>
<b>a</b>	Plan name <a href="#">VANQUISH WORLDWIDE, LLC 401(K)PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VANQUISH WORLDWIDE, LLC</a>	<b>c</b> EIN-PN <a href="#">26-0395487-001</a>
<b>a</b>	Plan name <a href="#">VANQUISH WORLDWIDE, LLC FS TEAMSTERS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VANQUISH WORLDWIDE, LLC</a>	<b>c</b> EIN-PN <a href="#">26-0395489-003</a>
<b>a</b>	Plan name <a href="#">VANQUISH WORLDWIDE, LLC PREVAILING WAGE EMPLOYEES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VANQUISH WORLDWIDE, LLC</a>	<b>c</b> EIN-PN <a href="#">26-0395489-002</a>
<b>a</b>	Plan name <a href="#">MISSION DE LA CASA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MISSION DE LA CASA</a>	<b>c</b> EIN-PN <a href="#">77-0525988-001</a>
<b>a</b>	Plan name <a href="#">VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VINCENT GREENE ARCHITECTS</a>	<b>c</b> EIN-PN <a href="#">52-2066377-002</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NATIONAL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 39-0981304-001
<b>a</b>	Plan name WENCO MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WENCO MANAGEMENT, LLC	<b>c</b> EIN-PN 81-0971670-003
<b>a</b>	Plan name OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OUTAGAMIE CO-OP SERVICES, INC.	<b>c</b> EIN-PN 39-1316865-001
<b>a</b>	Plan name BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SUSAN L. BURNETTE, P.C.	<b>c</b> EIN-PN 02-0625716-001
<b>a</b>	Plan name BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BURROWS WATER PURIFICATION, INC.	<b>c</b> EIN-PN 95-3023432-001
<b>a</b>	Plan name EVER READY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor EVER READY ELECTRIC, INC.	<b>c</b> EIN-PN 39-1948378-001
<b>a</b>	Plan name EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor EVERGREEN AVIATION & SPACE MUSEUM	<b>c</b> EIN-PN 93-1069203-001
<b>a</b>	Plan name FIDELITY BUILDERS SUPPLY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FIDELITY BUILDERS SUPPLY INC.	<b>c</b> EIN-PN 34-4477025-001
<b>a</b>	Plan name THE LEIGH AGENCY SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE IDARUTH CORPORATION T/A THE LEIGH AGENCY	<b>c</b> EIN-PN 22-3020365-001
<b>a</b>	Plan name GENESIS MARINE LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GENESIS MARINE	<b>c</b> EIN-PN 45-2448783-001
<b>a</b>	Plan name MALCOLM SMITH MOTORSPORTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor MALCOLM SMITH MOTORCYCLES, INC.	<b>c</b> EIN-PN 33-0118610-001
<b>a</b>	Plan name GLENN A ZEH, DDS, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GLENN A ZEH, DDS, PC	<b>c</b> EIN-PN 84-1596272-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROUND ROCK BASEBALL CLUB, LP	<b>c</b> EIN-PN 77-0646382-001
<b>a</b>	Plan name MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MATICH CORPORATION	<b>c</b> EIN-PN 95-1810911-002
<b>a</b>	Plan name MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MED-FAST PHARMACY, INC.	<b>c</b> EIN-PN 25-1631348-001
<b>a</b>	Plan name DAVID A. PARIS, D.D.S., S.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVID A. PARIS, D.D.S., S.C.	<b>c</b> EIN-PN 39-1696459-001
<b>a</b>	Plan name AUTOBODY EXPRESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLORIDA WHOLESALE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 59-2714320-001
<b>a</b>	Plan name RULE CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor RULE CONSTRUCTION, LTD.	<b>c</b> EIN-PN 39-1708690-001
<b>a</b>	Plan name BIO MEDIC CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARYLAND PLASTICS, INC.	<b>c</b> EIN-PN 52-1636609-002
<b>a</b>	Plan name NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEXT DAY DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 81-2485203-001
<b>a</b>	Plan name NISSIN PRECISION NA 401(K) PLAN	
<b>b</b>	Name of plan sponsor NISSIN PRECISION NORTH AMERICA, INC.	<b>c</b> EIN-PN 31-1279356-001
<b>a</b>	Plan name BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRIDGEWAY, INC.	<b>c</b> EIN-PN 37-0984175-001
<b>a</b>	Plan name STANDARD BUILDERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor STANDARD BUILDERS, INC.	<b>c</b> EIN-PN 20-4989039-001
<b>a</b>	Plan name STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STARDUST CELEBRATIONS, LLC	<b>c</b> EIN-PN 75-2839427-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FIRST COAST SECURITY SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST COAST SECURITY SERVICES, INC.	<b>c</b> EIN-PN 59-3647971-001
<b>a</b>	Plan name	PAUL M. POTENZA, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAUL M. POTENZA, P.C.	<b>c</b> EIN-PN 06-0990053-002
<b>a</b>	Plan name	PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PAUL MILLER FORD, INC.	<b>c</b> EIN-PN 61-0481346-001
<b>a</b>	Plan name	CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CEH AUTOMOTIVE CORP.	<b>c</b> EIN-PN 86-0200402-001
<b>a</b>	Plan name	WHITEFAB, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WHITEFAB, INC.	<b>c</b> EIN-PN 63-0856879-001
<b>a</b>	Plan name	BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BENJAMIN DEL VENTO, P.A.	<b>c</b> EIN-PN 22-1943968-001
<b>a</b>	Plan name	CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALICO BUILDING SERVICES, INC.	<b>c</b> EIN-PN 33-0493568-001
<b>a</b>	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAVINS, INC.	<b>c</b> EIN-PN 27-3977682-001
<b>a</b>	Plan name	CENTRAL FLORIDA CANCER INSTITUTE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL FLORIDA CANCER INSTITUTE	<b>c</b> EIN-PN 59-3569143-001
<b>a</b>	Plan name	COLLINS & HYING LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COLLINS & HYING LLC	<b>c</b> EIN-PN 82-0712958-001
<b>a</b>	Plan name	DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUBOIS COUNTY BLOCK & BRICK, INC.	<b>c</b> EIN-PN 35-2083897-001
<b>a</b>	Plan name	EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EAST TENNESSEE NEPHROLOGY, P.C.	<b>c</b> EIN-PN 62-1835816-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN	
<b>b</b>	Name of plan sponsor	KRIEGSMAN TRANSFER COMPANY	<b>c</b> EIN-PN 37-0635587-001
<b>a</b>	Plan name	NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	NEW ENGLAND DENTAL CENTER, P.C.	<b>c</b> EIN-PN 06-1001051-001
<b>a</b>	Plan name	OLYMPIATECH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	<b>c</b> EIN-PN 41-0919848-001
<b>a</b>	Plan name	PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PACE ANALYTICAL, INC.	<b>c</b> EIN-PN 66-0629797-001
<b>a</b>	Plan name	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	<b>c</b> EIN-PN 54-1850850-001
<b>a</b>	Plan name	SOUTH FLORIDA HOSPITAL AND HEALTH CARE ASSOCIATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOUTH FLORIDAHOSPITAL AND HEALTH CARE ASSOCIATION, INC.	<b>c</b> EIN-PN 59-0979494-001
<b>a</b>	Plan name	SOUTHERN CHEM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN CHEM, LLC	<b>c</b> EIN-PN 72-0701959-001
<b>a</b>	Plan name	TAB ENGINEERS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAB ENGINEERS, LLC	<b>c</b> EIN-PN 46-1400045-001
<b>a</b>	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b> EIN-PN 34-4319140-004
<b>a</b>	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	THE OHIO ART COMPANY	<b>c</b> EIN-PN 34-4319140-005
<b>a</b>	Plan name	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 77-0280581-001
<b>a</b>	Plan name	TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRIBLER ORPETT & MEYER, P.C.	<b>c</b> EIN-PN 36-3317353-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**  
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

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

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>T. ROWE PRICE RETIREMENT 2005 RET OPT</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>480</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	14962309
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	14962309	
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	14962309	

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	908020	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		908020

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	76808	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		76808
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		76808

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		831212
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		888725
(2) From this plan .....	<b>2l(2)</b>		16682246

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.