

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: WESTERN ASSET CORE PLUS BOND RET OPT; 1b Three-digit plan number (PN): 614; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

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)
---	---

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.
---	--	---

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

A Name of plan <u>WESTERN ASSET CORE PLUS BOND RET OPT</u>	B Three-digit plan number (PN)	<u>614</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)
---------------	--

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)
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)

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 BLACKBURN'S FABRICATION, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor BLACKBURN'S FABRICATION, INC.	c EIN-PN 31-1446789-001
a	Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-002
a	Plan name MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANUFACTURING SOLUTIONS, INC.	c EIN-PN 48-1180359-001
a	Plan name METAL CONSTRUCTION MATERIALS, LLC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor METAL CONSTRUCTION MATERIALS, LLC.	c EIN-PN 74-2064793-001
a	Plan name RGS & G 401(K) PLAN	
b	Name of plan sponsor RUBIN, GLICKMAN, STEINBERG AND GIFFORD	c EIN-PN 23-2125472-002
a	Plan name SALIL TREHAN MD PA 401(K) PLAN	
b	Name of plan sponsor SALIL TREHAN MD PA	c EIN-PN 75-2894667-001
a	Plan name SIGNATURE DESTINATION MANAGEMENT 401(K) PLAN AND TRUST	
b	Name of plan sponsor SIGNATURE DESTINATION MANAGEMENT, LLC	c EIN-PN 72-1409387-001
a	Plan name STEVEN A. VARANO, ESQ. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STEVEN A. VARANO, ESQ.	c EIN-PN 22-3143496-001
a	Plan name VOXTUR ANALYTICS US CORP. 401(K) PLAN	
b	Name of plan sponsor VOXTUR ANALYTICS US CORP.	c EIN-PN 87-2071392-001
a	Plan name APPLIED COATINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor APPLIED COATINGS, INC.	c EIN-PN 35-1755339-001
a	Plan name DIRECT FLOORING, INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DIRECT FLOORING, INC.	c EIN-PN 27-3853454-001
a	Plan name FAMMA GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor FAMMA GROUP, INC.	c EIN-PN 45-5002659-001

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	HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HECO, INC.	c EIN-PN 38-1817538-001
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	PALMETTO REHABILITATION SPECIALISTS LLC 401(K) PLAN	
b	Name of plan sponsor	PALMETTO REHABILITATION SPECIALISTS	c EIN-PN 20-4474119-001
a	Plan name	PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY LLC	c EIN-PN 26-1612259-001
a	Plan name	PULMONARY & CRITICAL CARE ASSOCIATES, S.C. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	PULMONARY & CRITICAL CARE ASSOCIATES, S.C.	c EIN-PN 39-1830838-002
a	Plan name	RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
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	TIM MCCLOSKEY ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor	TIM MCCLOSKEY ELECTRIC, INC.	c EIN-PN 94-3347825-001
a	Plan name	TIMOTHY P. MILLER TRUCKING 401(K) PLAN	
b	Name of plan sponsor	TIMOTHY P. MILLER TRUCKING, INC.	c EIN-PN 20-2756682-001
a	Plan name	VAIL VACATION PROPERTIES LLC 401(K) PLAN	
b	Name of plan sponsor	VAIL VACATION PROPERTIES LLC	c EIN-PN 45-2923184-001
a	Plan name	YOUNG AUDIENCES OF NEW JERSEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YOUNG AUDIENCES OF NEW JERSEY, INC.	c EIN-PN 23-7384991-001

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	ALBERTELLI LAW 401(K) PLAN	
b	Name of plan sponsor	JAMES E. ALBERTELLI, P.A.	c EIN-PN 26-0659686-001
a	Plan name	ALBERTY GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALBERTY GROUP, LLC	c EIN-PN 83-4525061-001
a	Plan name	BAIN ENTERPRISES SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	BAIN ENTERPRISES LLC	c EIN-PN 02-0770037-001
a	Plan name	CHARLES R. HUNT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHARLES R. HUNT, ATTY	c EIN-PN 58-2110149-001
a	Plan name	D & S MACHINE REPAIR, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	D & S MACHINE REPAIR, INC.	c EIN-PN 38-2339143-001
a	Plan name	OPPORTUNITY WORKSHOP OF LEXINGTON, INC. RETIREMENT PLAN	
b	Name of plan sponsor	OPPORTUNITY WORKSHOP OF LEXINGTON, INC.	c EIN-PN 61-0593023-001
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	RANGER DIE, INC. 401(K) PLAN	
b	Name of plan sponsor	RANGER DIE, INC.	c EIN-PN 38-1858884-001
a	Plan name	SPARKS COMMERCIAL TIRE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPARKS COMMERCIAL TIRE, INC.	c EIN-PN 34-1506914-001
a	Plan name	TRUCK SUPPLY COMPANY OF SOUTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor	TRUCK SUPPLY COMPANY OF SOUTH CAROLINA, INC.	c EIN-PN 56-2307511-001
a	Plan name	A-1 SIGNS, INC. 401(K) PLAN	
b	Name of plan sponsor	A-1 SIGNS, INC.	c EIN-PN 72-0647398-001
a	Plan name	AMERICAN NATION BANK SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN NATION BANK	c EIN-PN 73-1258880-001

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 AMERICAN PHARMACY SERVICES CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN PHARMACY SERVICES CORPORATION	c EIN-PN 38-2647024-001
a	Plan name BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor BUILDERS IRON	c EIN-PN 38-3128186-001
a	Plan name CORNERSTONE FELLOWSHIP 401(K) PLAN	
b	Name of plan sponsor CORNERSTONE FELLOWSHIP	c EIN-PN 73-1316703-001
a	Plan name CORR FLIGHT S, INC. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CORR FLIGHT S INC.	c EIN-PN 47-2376307-777
a	Plan name DMLOGIC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DMLOGIC	c EIN-PN 27-1024409-001
a	Plan name FULCRUM TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor FULCRUM TECHNOLOGIES, INC.	c EIN-PN 77-0357662-001
a	Plan name ABCO CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ABCO CORPORATION	c EIN-PN 54-0838480-001
a	Plan name GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001
a	Plan name MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MCDONALDS' DESIGN & BUILD, INC.	c EIN-PN 34-1313478-001
a	Plan name MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MCGREGOR & ASSOCIATES, INC.	c EIN-PN 61-1211399-001
a	Plan name SCHEER GREEN AND BURKE LPA 401(K) PLAN	
b	Name of plan sponsor SCHEER GREEN AND BURKE LPA	c EIN-PN 34-1234557-001
a	Plan name CARDEL HOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDEL U.S. MANAGEMENT, LLC	c EIN-PN 84-1846681-001

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 CARDEN ARBOR VIEW SCHOOL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDEN ARBOR VIEW SCHOOL, INC.	c EIN-PN 95-3695686-002
a	Plan name COMPASS COMMERCIAL CONSTRUCTION GROUP 401(K) PLAN	
b	Name of plan sponsor COMPASS COMMERCIAL CONSTRUCTION GROUP	c EIN-PN 27-3042323-777
a	Plan name DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAIRY-MIX, INC.	c EIN-PN 59-0659640-001
a	Plan name DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DOUGLAS MACHINES CORP	c EIN-PN 59-1906520-001
a	Plan name DOVER TANK AND PLATE CO. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE DOVER TANK & PLATE CO.	c EIN-PN 34-0188810-002
a	Plan name IMPACT LABEL CORPORATION EMPLOYEE'S 401(K) SAVINGS PLAN	
b	Name of plan sponsor IMPACT LABEL CORPORATION	c EIN-PN 38-1746654-002
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 PARTNERS SUPPLY COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor PARTNERS SUPPLY COMPANY, INC.	c EIN-PN 62-1633017-001
a	Plan name POWERSCREEN OF FLORIDA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POWERSCREEN OF FLORIDA, INC.	c EIN-PN 59-2316750-001
a	Plan name PYRAMID SOLUTIONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PYRAMID SOLUTIONS, INC.	c EIN-PN 38-2951993-001
a	Plan name QUALEX MANUFACTURING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QUALEX MANUFACTURING, LLC	c EIN-PN 61-1273995-001
a	Plan name RIVCRETE READY MIX LLC 401(K) PLAN	
b	Name of plan sponsor RIVCRETE READY MIX LLC	c EIN-PN 81-3593378-001

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	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	SULLIVANS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	SULLIVANS USA, INC. 401(K) PLAN	c EIN-PN 36-3815229-001
a	Plan name	THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor	MODERN HR, INC.	c EIN-PN 81-0741257-002
a	Plan name	VALOR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	VALOR, LLC	c EIN-PN 61-1370293-001
a	Plan name	ZEHNDER COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ZEHNDER COMMUNICATIONS, INC.	c EIN-PN 72-1324835-001
a	Plan name	FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FLOWMASTER, INC.	c EIN-PN 46-4050504-002
a	Plan name	LADIES & GENTLEMEN HAIR STYLISTS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LADIES & GENTLEMEN HAIR STYLISTS, INC.	c EIN-PN 34-1548748-001
a	Plan name	TAPLIN HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	TAPLIN HOLDINGS, LLC	c EIN-PN 35-2561482-001
a	Plan name	CITIZENS INN, INC. 401(K) PLAN	
b	Name of plan sponsor	CITIZENS INN, INC.	c EIN-PN 22-2540856-001
a	Plan name	LIVONIA DERMATOLOGY, PLLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIVONIA DERMATOLOGY PLLC	c EIN-PN 85-0486422-001
a	Plan name	THE FARMERS BANK, NICHOLASVILLE EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	THE FARMERS BANK	c EIN-PN 61-0188940-001
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

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 TOMROSE CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOMROSE CONSTRUCTION, INC.	c EIN-PN 81-4771309-001
a	Plan name TOTAL NETWORK MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor TOTAL NETWORK MANUFACTURING	c EIN-PN 35-2644359-001
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 ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDERSON ORAL AND MAXILLOFACIAL SURGERY, P.C.	c EIN-PN 57-1122288-001
a	Plan name CRAIG MCMANAMAN, DO, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor CRAIG MCMANAMAN, DO, PLLC	c EIN-PN 61-1410341-001
a	Plan name MICHIGAN STATE UTILITY WORKERS COUNCIL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MICHIGAN STATE UTILITY WORKERS COUNCIL	c EIN-PN 38-0830708-001
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 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 INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor INTERPRINT, INC.	c EIN-PN 59-0871253-001
a	Plan name NEW ENGLAND ORBITAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND ORBITAL SERVICES, INC.	c EIN-PN 02-0508263-001
a	Plan name BR&GL CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BR&GL CONSTRUCTION LLC	c EIN-PN 81-2970140-002
a	Plan name BREEZWAY THRIFTY GLASS 401(K) PLAN	
b	Name of plan sponsor JOJO ENTERPRISES, INC. DBA BREEZWAY THRIFTY GLASS	c EIN-PN 33-0433751-001

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	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM 401(K) PLAN	
b	Name of plan sponsor	ELKHORN CREEK CO., LLC DBA DARBY DAN FARM	c EIN-PN 31-1529369-001
a	Plan name	SNAPPY SPORT SENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SNAPPY SPORT SENTER, INC.	c EIN-PN 81-0426659-001
a	Plan name	OTOGENETICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OTOGENETICS CORPORATION	c EIN-PN 26-1343895-001
a	Plan name	BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUTLER-JUSTICE, INC. 401(K) PROFIT SHARING PLAN	c EIN-PN 88-0401243-002
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	JOHNSTON & HUTCHINSON, LLP 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON & HUTCHINSON LLP	c EIN-PN 27-1473841-001
a	Plan name	CARDIOVASCULAR SOLUTIONS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	CARDIOVASCULAR SOLUTIONS, LLC	c EIN-PN 26-0170867-001
a	Plan name	FFTT, LLC 401 (K) PLAN	
b	Name of plan sponsor	FFTT, LLC	c EIN-PN 81-0860100-001
a	Plan name	FINANCIAL BALANCE GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FINANCIAL BALANCE GROUP, LLC	c EIN-PN 26-2990407-001
a	Plan name	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.	c EIN-PN 59-1273247-001
a	Plan name	THE LENTZ COMPANIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LENTZ COMPANIES, INC.	c EIN-PN 75-2750789-001
a	Plan name	CLARITY TELECOM, LLC 401(K) PLAN	
b	Name of plan sponsor	CLARITY TELECOM LLC DBA BLUEPEAK	c EIN-PN 46-2667900-001

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	PREMIER GOLF, LLC 401(K) PLAN	
b	Name of plan sponsor	PREMIER GOLF, LLC	c EIN-PN 84-4534811-001
a	Plan name	CONSUMERTRACK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSUMERTRACK, INC.	c EIN-PN 20-0849843-001
a	Plan name	CREATIVE PACKAGING 401(K) PLAN	
b	Name of plan sponsor	CREATIVE PACKAGING, LLC	c EIN-PN 31-1682777-001
a	Plan name	TYNAN EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	YALE INDUSTRIAL TRUCKS - TYNAN, INC.	c EIN-PN 35-1147878-001
a	Plan name	ULTIMA DESIGN OF SOUTH FLORIDA, INC. RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	ULTIMA DESIGN OF SOUTH FLORIDA, INC.	c EIN-PN 65-0407058-001
a	Plan name	DAVID FELKER, MD, P.A. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor	DAVID FELKER, MD, P.A.	c EIN-PN 65-0932108-001
a	Plan name	DAVID HUVAL'S TRUCKING CO. 401(K) PLAN	
b	Name of plan sponsor	DAVID HUVAL'S TRUCKING CO., INC.	c EIN-PN 72-1470730-001
a	Plan name	HIGHLAND COMMUNITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HIGHLAND COMMUNITY MANAGEMENT, LLC	c EIN-PN 59-3383539-001
a	Plan name	AUTOMATED GIVING SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTOMATED GIVING SOLUTIONS, LLC.	c EIN-PN 90-0284345-333
a	Plan name	HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HOME GUARD INDUSTRIES, INC.	c EIN-PN 35-1568735-001
a	Plan name	RULE CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RULE CONSTRUCTION, LTD.	c EIN-PN 39-1708690-001
a	Plan name	BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN	
b	Name of plan sponsor	BIO-MED BEHAVIORAL HEALTH CARE, P.C.	c EIN-PN 38-3469611-001

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 EAGLE FUNERAL SERVICE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAGLE FUNERAL SERVICE	c EIN-PN 84-3598744-002
a	Plan name EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN	
b	Name of plan sponsor EASLEY HEAD & NECK SURGERY, P.A.	c EIN-PN 57-0752346-002
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 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 EMBER, LLC 401(K) PLAN	
b	Name of plan sponsor EMBER, LLC	c EIN-PN 42-1760276-001
a	Plan name OHIO READY MIX, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OHIO READY MIX, INC.	c EIN-PN 34-1086697-001
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 OLDHAM HARDWOODS 401(K) PLAN	
b	Name of plan sponsor OLDHAM HARDWOODS, LLC	c EIN-PN 88-2687277-001
a	Plan name EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EXECUTIVE PROPERTY MANAGEMENT	c EIN-PN 22-2398215-001
a	Plan name FIRST SECURITY MORTGAGE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FIRST SECURITY MORTGAGE SERVICES, INC.	c EIN-PN 59-3153355-001
a	Plan name KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor KOMET USA, LLC	c EIN-PN 84-1719571-001
a	Plan name CELINA COMPANY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor CELINA TENT, INC.	c EIN-PN 34-1894249-001

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	LAKELAND ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN
b	Name of plan sponsor	LAKELAND ECONOMIC DEVELOPMENT COUNCIL
c	EIN-PN	45-4919549-001
a	Plan name	PETE'S PLUMBING 401(K) PLAN
b	Name of plan sponsor	PETE'S PLUMBING, INC.
c	EIN-PN	20-0937994-001
a	Plan name	TATE WILSON JOHNSON MEYER CHERRY PLLC 401(K) PLAN
b	Name of plan sponsor	TATE WILSON JOHNSON MEYER CHERRY PLLC
c	EIN-PN	20-5974889-001
a	Plan name	TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA
c	EIN-PN	81-4118651-001
a	Plan name	WHISNANT & COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WHISNANT & COMPANY, LLC
c	EIN-PN	56-1084523-001
a	Plan name	WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WHITEHEAD & ASSOCIATES, INC.
c	EIN-PN	58-1096001-001
a	Plan name	CAHFC 401(K) PLAN
b	Name of plan sponsor	CAPITAL AREA HOUSING FINANCE CORPORATION
c	EIN-PN	42-1550637-001
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	CENTRAL OHIO BEHAVIORAL MEDICINE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CENTRAL OHIO BEHAVIORAL MEDICINE, INC.
c	EIN-PN	31-1532806-001
a	Plan name	CLEAN FUELS RETIREMENT PLAN
b	Name of plan sponsor	CLEAN FUELS OF INDIANA, INC. DBA CLEAN FUELS NATIONAL
c	EIN-PN	35-2144332-001
a	Plan name	CLINT PHARMACEUTICALS 401(K) PLAN
b	Name of plan sponsor	CLINT PHARMACEUTICALS, INC.
c	EIN-PN	62-1322467-001
a	Plan name	COLLINS & HYING LLC RETIREMENT PLAN
b	Name of plan sponsor	COLLINS & HYING LLC
c	EIN-PN	82-0712958-001

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 CONTRACT SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONTRACT SOURCE, INC.	c EIN-PN 34-1605726-001
a	Plan name CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CROWN SEARCH SERVICES	c EIN-PN 31-1724430-001
a	Plan name CTCO BENEFIT SERVICES 401(K) PLAN	
b	Name of plan sponsor CTCO BENEFIT SERVICES, LLC	c EIN-PN 30-0515404-002
a	Plan name DEFINITIVE SOLUTIONS COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor DEFINITIVE SOLUTIONS COMPANY, INC.	c EIN-PN 31-1490291-001
a	Plan name DUFF QUARRY, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor DUFF QUARRY, INC.	c EIN-PN 34-0929698-001
a	Plan name EASTON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor EASTON ENTERPRISES, INC.	c EIN-PN 38-3653577-001
a	Plan name FAIRCOUNT INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor FAIRCOUNT, LLC	c EIN-PN 59-3566721-001
a	Plan name FITZPATRICK, ZIMMERMAN & ROSE CO. LPA 401(K) PLAN	
b	Name of plan sponsor FITZPATRICK, ZIMMERMAN & ROSE CO. LPA	c EIN-PN 34-1094182-001
a	Plan name FLINT CHILDREN'S CENTER, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FLINT CHILDREN'S CENTER, P.C.	c EIN-PN 38-1858407-009
a	Plan name HARVEST SUPERMARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor HARVEST SUPERMARKETS, INC.	c EIN-PN 35-1439567-002
a	Plan name INTELLETRACE, INC. 401(K) PLAN	
b	Name of plan sponsor INTELLETRACE, INC.	c EIN-PN 37-1514242-001
a	Plan name INTERNATIONAL AEROSPACE COATINGS 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL AEROSPACE COATINGS, INC.	c EIN-PN 91-1517966-002

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	NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	NEUMANN MONSON, INC.	c EIN-PN 42-1242646-222
a	Plan name	ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ONE SEMICONDUCTOR, LLC	c EIN-PN 45-2992076-001
a	Plan name	PBD 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THREE PIRATES, LLC DBA POINT BLANK DISTRIBUTING	c EIN-PN 76-0736584-001
a	Plan name	PCRM SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	PARTNERSHIP CONCEPTS REALTY MANAGEMENT, INC.	c EIN-PN 36-2850850-001
a	Plan name	PDMA CORPORATION SAVINGS PLAN	
b	Name of plan sponsor	PDMA CORPORATION	c EIN-PN 59-3191224-001
a	Plan name	PROGRESSIVEHEALTH 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVEHEALTH	c EIN-PN 35-1907348-002
a	Plan name	T & D DESIGN 401(K) PLAN	
b	Name of plan sponsor	TOOL & DIE DESIGN	c EIN-PN 38-3384452-001
a	Plan name	T-G ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	T-G ENTERPRISES, INC.	c EIN-PN 61-0864715-001
a	Plan name	TECHNOLOGY INSTALL PARTNERS 401(K) PLAN	
b	Name of plan sponsor	TECHNOLOGY INSTALL PARTNERS, LLC	c EIN-PN 46-4786835-001
a	Plan name	THE ORTHOPAEDIC NETWORK, INC. PS & 401(K) PLAN - CONS ORTHO	
b	Name of plan sponsor	THE ORTHOPAEDIC NETWORK, INC.	c EIN-PN 34-1927193-002
a	Plan name	THE ZITA GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE ZITA GROUP, LLC	c EIN-PN 20-8612123-001
a	Plan name	UNISA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISA, INC.	c EIN-PN 84-1235301-001

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
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WESTERN ASSET CORE PLUS BOND RET OPT	B Three-digit plan number (PN) ▶ 614
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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	30338365
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	21621675
(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	30338365	21621675
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	17	17
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	17	17
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	30338348	21621658

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)	1205974	
(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)	-1386087	
(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		-180113

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)	185877	
(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)		185877
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		185877

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-365990
l Transfers of assets:			
(1) To this plan.....	2l(1)		2674601
(2) From this plan	2l(2)		11025301

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 _____.