

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: DEUTSCHE REAL ESTATE SECURITIES RET OPT
1b Three-digit plan number (PN): 637
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

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

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

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

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

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>DEUTSCHE REAL ESTATE SECURITIES RET OPT</u>	B Three-digit plan number (PN)	<u>637</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)

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 EATON DRILLING 401(K) PLAN	
b	Name of plan sponsor EATON DRILLING CO., INC.	c EIN-PN 94-1207118-001
a	Plan name PLENARY AMERICAS USA LTD. 401(K) PLAN	
b	Name of plan sponsor PLENARY AMERICAS USA LTD.	c EIN-PN 38-3923534-001
a	Plan name PMSI EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor PROPERTY MAINTENANCE SERVICES, INC.	c EIN-PN 31-1417835-001
a	Plan name THE BROWNING GROUP INTERNATIONAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor THE BROWNING GROUP INTERNATIONAL, INC.	c EIN-PN 99-9973995-001
a	Plan name EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor EQUINE MEDICAL CENTER OF OCALA	c EIN-PN 20-3993544-001
a	Plan name THLA 401(K) PLAN	
b	Name of plan sponsor TEXAS HOTEL & LODGING ASSOCIATION	c EIN-PN 74-0940600-001
a	Plan name FAIRGROUNDS TRANSPORTATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor FAIRGROUNDS TRANSPORTATION	c EIN-PN 26-1692517-001
a	Plan name FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FAIRMOUNT PARTNERS, LLC	c EIN-PN 41-2094669-001
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 C&CT VENTURES 401(K) PLAN	
b	Name of plan sponsor C&CT VENTURES, LP	c EIN-PN 56-2410126-001
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 RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001

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 UNIVERSITY VILLAGE 401(K) PLAN	
b	Name of plan sponsor WESTPORT HOLDINGS TAMPA, LP	c EIN-PN 65-1059079-001
a	Plan name CAPSTONE COMMERCIAL PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPSTONE COMMERCIAL PROPERTIES, INC.	c EIN-PN 73-1691050-001
a	Plan name H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	c EIN-PN 33-0842894-001
a	Plan name WESTERN CAMPS, INC. 401(K) PLAN	
b	Name of plan sponsor WESTERN CAMPS, INC.	c EIN-PN 95-2499851-001
a	Plan name SHEGERIAN CONNIFF LLP 401(K) PLAN	
b	Name of plan sponsor SHEGERIAN CONNIFF LLP	c EIN-PN 83-1614034-001
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 CONTACTUS 401(K) PLAN	
b	Name of plan sponsor CONTACTUS,LLC	c EIN-PN 45-4001073-001
a	Plan name NATURE DESIGNS LANDSCAPE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ESCONDIDO LANDSCAPE, INC.	c EIN-PN 33-0348276-001
a	Plan name ADVANCED NETWORK PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED NETWORK PRODUCTS, INC.	c EIN-PN 23-2316443-001
a	Plan name ADVENTURER MANUFACTURING, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor ADVENTURER MANUFACTURING INC.	c EIN-PN 26-2682258-001
a	Plan name CORRA 401(K) PLAN	
b	Name of plan sponsor CORRA	c EIN-PN 04-3819932-001
a	Plan name NIELSEN MOTORS SALARY REDUCTION PROFIT SHARING PLAN	
b	Name of plan sponsor NIELSEN CAPITAL LLC DBA NIELSEN MOTORS	c EIN-PN 93-2601344-001

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	DAVIDSEN EXCAVATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVIDSEN EXCAVATING, INC.	c EIN-PN 26-2880639-001
a	Plan name	DDO ARTIST'S AGENCY 401(K) PLAN	
b	Name of plan sponsor	DDO ARTIST'S AGENCY	c EIN-PN 95-4708020-001
a	Plan name	SPOLIDORO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	SPOLIDORO & SONS, INC.	c EIN-PN 04-2642418-001
a	Plan name	STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name	ASSURANCE LABS RETIREMENT READINESS PLAN	
b	Name of plan sponsor	ASSURANCE DRUG TESTING LABORATORIES, LLC	c EIN-PN 20-4013455-001
a	Plan name	UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
b	Name of plan sponsor	UBORA ENGINEERING & PLANNING, INC	c EIN-PN 20-2459818-001
a	Plan name	RINEY RONQUILLO SOULE, PLLC 401(K) PLAN	
b	Name of plan sponsor	RINEY RONQUILLO SOULE, PLLC	c EIN-PN 20-4072167-001
a	Plan name	RISER MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	RISER MOTORS, INC.	c EIN-PN 71-0857865-001
a	Plan name	GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GERRITY'S SUPERMARKET, INC.	c EIN-PN 23-2150407-777
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	RUSCHES TRUCKING INC. RETIREMENT PLAN	
b	Name of plan sponsor	RUSCHE'S TRUCKING, INC.	c EIN-PN 38-1913633-001
a	Plan name	CHILDREN'S WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	CHILDREN'S WELLNESS CENTER, LLC	c EIN-PN 20-3469174-001

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 CHOICE CONCRETE CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 38-3294810-001
a	Plan name GRANVILLE HOMES, INC. RETIREMENT PLAN	
b	Name of plan sponsor GRANVILLE HOMES, INC.	c EIN-PN 77-0236102-002
a	Plan name GREASE MONKEY INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor GREASE MONKEY INTERNATIONAL, INC.	c EIN-PN 84-0769552-001
a	Plan name SBAC ANIMAL CLINIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SBAC ANIMAL CLINIC, INC	c EIN-PN 33-4162060-001
a	Plan name WHITEFAB, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WHITEFAB, INC.	c EIN-PN 63-0856879-001
a	Plan name COACTIVE WEALTH STRATEGISTS, LLC 401(K) PLAN	
b	Name of plan sponsor COACTIVE WEALTH STRATEGISTS, LLC	c EIN-PN 45-3909949-001
a	Plan name HAMILTON THIES & LORCH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAMILTON THIES & LORCH	c EIN-PN 20-2795886-001
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 SHEPHERD DATA SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHEPHERD DATA SERVICES, INC.	c EIN-PN 46-0469044-001
a	Plan name HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001
a	Plan name AERIES SOFTWARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AERIES SOFTWARE, INC.	c EIN-PN 33-0427993-001
a	Plan name SKILLINGS & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor SKILLINGS & SONS, INC.	c EIN-PN 04-2491037-001

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	OPEN UP RESOURCES 401(K) PLAN	
b	Name of plan sponsor	OPEN UP RESOURCES	c EIN-PN 47-3240638-001
a	Plan name	PACT CAPITAL INC. 401(K) PLAN	
b	Name of plan sponsor	PACT CAPITAL INC.	c EIN-PN 85-1011019-001
a	Plan name	ATLAS LABOR ILLINOIS LLC RETIREMENT PLAN	
b	Name of plan sponsor	ATLAS LABOR ILLINOIS LLC	c EIN-PN 83-3804981-001
a	Plan name	DTS RETIREMENT PLAN	
b	Name of plan sponsor	DARNELL TECHNICAL SERVICES, INC.	c EIN-PN 77-0622546-777
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	BARKING DOG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BARKING DOG, INC. DBA FASTSIGNS KIRKLAND	c EIN-PN 91-1637635-001
a	Plan name	THE COLUMBIA PROPERTY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE COLUMBIA PROPERTY GROUP, INC.	c EIN-PN 27-0013342-001
a	Plan name	BISBEE PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	ROADSIDE DEVELOPERS, INC. DBA BISBEE PLUMBING & HEATING	c EIN-PN 41-0915726-001
a	Plan name	BL AGRISERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	BL AGRISERVICE, INC.	c EIN-PN 39-1485813-001
a	Plan name	LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LAGUNA SOURCE LLC	c EIN-PN 41-2223213-002
a	Plan name	QIU ACCOUNTANCY CORP. 401(K) PLAN	
b	Name of plan sponsor	QIU ACCOUNTANCY CORP.	c EIN-PN 95-4629680-001
a	Plan name	MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	MATTHEW L. BRIDGES DDS PLLC	c EIN-PN 82-1972625-001

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 MOHAWK CONSTRUCTION AND SUPPLY CO. INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor MOHAWK CONSTRUCTION AND SUPPLY CO., INC.	c EIN-PN 25-1382848-001
a	Plan name PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a	Plan name SCI 401(K) PLAN	
b	Name of plan sponsor SYSTEM CONTROLS & INSTRUMENTATION, LTD.	c EIN-PN 46-0638297-001
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 TECHNOLOGY INSTALL PARTNERS 401(K) PLAN	
b	Name of plan sponsor TECHNOLOGY INSTALL PARTNERS, LLC	c EIN-PN 46-4786835-001
a	Plan name AMERICAN READING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE	c EIN-PN 23-2965253-001
a	Plan name CROMPION INTERNATIONAL, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CROMPION INTERNATIONAL, LLC	c EIN-PN 72-1468104-001
a	Plan name DIGITAL TOOL & DIE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIGITAL TOOL & DIE, INC.	c EIN-PN 38-2852638-001
a	Plan name FFTT, LLC 401 (K) PLAN	
b	Name of plan sponsor FFTT, LLC	c EIN-PN 81-0860100-001
a	Plan name 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 GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GLADYS ALLEN BRIGHAM COMMUNITY CENTER, INC.	c EIN-PN 04-2178889-001
a	Plan name HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
b	Name of plan sponsor HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	c EIN-PN 34-1165089-001

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	HIGROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE HAWAII GROUP, INC.	c EIN-PN 27-3129236-001
a	Plan name	HILLSON CONTRACTORS, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	HILLSON CONTRACTORS, INC.	c EIN-PN 02-0503186-001
a	Plan name	INTERNATIONAL AEROSPACE COATINGS 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL AEROSPACE COATINGS, INC.	c EIN-PN 91-1517966-002
a	Plan name	INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor	INTERVENTIONAL PAIN CONSULTANTS LLC	c EIN-PN 83-0901793-001
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	ARBOR AND PIA EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	ARBOR INSURANCE GROUP	c EIN-PN 23-2669484-001
a	Plan name	CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	CEDAR VALLEY PEDIATRIC DENTISTRY	c EIN-PN 27-0521322-001
a	Plan name	DMA HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	DMA HOLDINGS, INC.	c EIN-PN 26-1547833-001
a	Plan name	DMD BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	DMD WINDOW AND DOOR, INC.	c EIN-PN 81-4449392-001
a	Plan name	HARKRIDER, DEMYAN & RODWELL LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARKRIDER, DEMYAN & RODWELL LLC	c EIN-PN 41-2067761-001
a	Plan name	HARRISON M. ISHIDA, D.D.S., INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HARRISON M. ISHIDA, D.D.S., INC.	c EIN-PN 99-0168361-001
a	Plan name	KEYSTONE SPRING SERVICE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KEYSTONE SPRING SERVICE, INC.	c EIN-PN 25-1329257-002

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	KING AND MACGREGOR ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KING AND MACGREGOR ENVIRONMENTAL, INC.	c EIN-PN 38-3156488-001
a	Plan name	WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	WISCONSIN WOMEN'S HEALTH FOUNDATION	c EIN-PN 39-1900678-001
a	Plan name	HATTERAS PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HATTERAS PRINTING, INC.	c EIN-PN 38-2168116-001
a	Plan name	I WOOD DESIGN 401K PLAN	
b	Name of plan sponsor	I WOOD DESIGN, INC.	c EIN-PN 95-4805073-001
a	Plan name	ID SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	ID SYSTEMS, INC.	c EIN-PN 38-2419366-002
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	JAMES W. REILLY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	JAMES W. REILLY, DDS PC	c EIN-PN 58-2592630-001
a	Plan name	JAN-PRO, INC. 401(K) PLAN	
b	Name of plan sponsor	TRI-VISION CORPORATION II	c EIN-PN 47-5110107-001
a	Plan name	LISA M. SIMONE, ATTORNEY AT LAW, A PROFESSIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	LISA M. SIMONE ATTORNEY AT LAW, A PROFESSIONAL CORPORATION	c EIN-PN 87-4041442-001
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	ROCKY MOUNTAIN RESOURCES 401(K) PLAN	
b	Name of plan sponsor	RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	c EIN-PN 46-0750094-001
a	Plan name	ARIAS, TOVAR & ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor	ARIAS, TOVAR & ASSOCIATES, P.A.	c EIN-PN 65-0971956-001

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	CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTER POINT FAMILY DENTISTRY, PLLC	c EIN-PN 27-4512893-002
a	Plan name	COMPASS HEALTH ADMINISTRATORS 401K PLAN	
b	Name of plan sponsor	COMPASS HEALTH ADMINISTRATORS	c EIN-PN 82-2891309-001
a	Plan name	EMG, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	EMG, INC.	c EIN-PN 94-2903016-001
a	Plan name	OAHU METAL & GLAZING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	OAHU METAL & GLAZING, LLC	c EIN-PN 84-3089701-001
a	Plan name	PROCESSES BY MARTIN, INC. 401(K) PLAN	
b	Name of plan sponsor	PROCESSES BY MARTIN, INC.	c EIN-PN 95-4434945-001
a	Plan name	TACO ALOHA, INC. 401(K) PLAN	
b	Name of plan sponsor	TACO ALOHA, INC.	c EIN-PN 99-0171500-002
a	Plan name	ALIKA C. GARCIA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALIKA C. GARCIA	c EIN-PN 81-0742572-001
a	Plan name	COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMSTOCK JOHNSON ARCHITECTS, INC.	c EIN-PN 68-0039251-003
a	Plan name	D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
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	FLOORGUARD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FLOORGUARD, INC.	c EIN-PN 36-4027503-001
a	Plan name	LONE WOLF RESOURCES 401(K) PLAN	
b	Name of plan sponsor	LONE WOLF RESOURCES, LLC	c 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.)			
a	Plan name	MCM 401(K) PLAN	
b	Name of plan sponsor	MCM CONSTRUCTION, INC.	c EIN-PN 31-1223854-001
a	Plan name	MCR SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	MCR SERVICES LLC	c EIN-PN 39-1969575-002
a	Plan name	MDL 401(K) PLAN	
b	Name of plan sponsor	MINERAL DEVELOPMENT, LLC	c EIN-PN 46-5488841-001
a	Plan name	MDSAVE, INC. 401(K) PLAN	
b	Name of plan sponsor	MDSAVE, INC.	c EIN-PN 45-4596654-001
a	Plan name	ME N ED'S PIZZERIA 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MILANO RESTAURANTS INTERNATIONAL CORPORATION	c EIN-PN 77-0426714-001
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	FOREWAY TRANSPORTATION EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	FOREWAY TRANSPORTATION, INC.	c EIN-PN 38-2165402-001
a	Plan name	JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHNSON-FRANK & ASSOCIATES, INC.	c EIN-PN 95-3086260-001
a	Plan name	JOHNSTON & HUTCHINSON, LLP 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON & HUTCHINSON LLP	c EIN-PN 27-1473841-001
a	Plan name	OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor	PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name	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	PHCM 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PROVIDENCE HEALTHCARE MANAGEMENT, INC.	c EIN-PN 01-0919235-001

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	SOUTHWEST 66 CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SOUTHWEST 66 CREDIT UNION	c EIN-PN 75-0815084-002
a	Plan name	TRIPLE CROWN PRODUCTS 401(K) EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIPLE CROWN PRODUCTS	c EIN-PN 39-1785048-001
a	Plan name	ALOHA HABILITATION SERVICES, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ALOHA HABILITATION SERVICES, INC.	c EIN-PN 99-0356254-001
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	CJ15 LLC 401(K) PLAN	
b	Name of plan sponsor	CJ15 LLC	c EIN-PN 47-4824628-001
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	LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
b	Name of plan sponsor	LPT CPA'S + ADVISORS PLLC	c EIN-PN 75-2618166-001
a	Plan name	LUSONIA, INC 401(K) PLAN	
b	Name of plan sponsor	LUSONIA, INC.	c EIN-PN 81-2059728-001
a	Plan name	MILILANI PHYSICAL THERAPY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILILANI PHYSICAL THERAPY, LLC	c EIN-PN 91-6551087-001
a	Plan name	MILLER ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILLER ENVIRONMENTAL, INC.	c EIN-PN 33-0878786-002
a	Plan name	OMNI BUSINESS SYSTEMS-FAX PLUS INC. RETIREMENT PLAN	
b	Name of plan sponsor	OMNI BUSINESS SYSTEMS-FAX PLUS INC	c EIN-PN 52-1568684-002
a	Plan name	TFC MANUFACTURING, INC. RETIREMENT PLAN TRUST	
b	Name of plan sponsor	TFC MANUFACTURING, INC.	c EIN-PN 91-1951857-001

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	TUCKER, ALBIN & ASSOCIATES 401(K) PLAN	
b Name of plan sponsor	TUCKER, ALBIN & ASSOCIATES	c EIN-PN 32-0386771-001

a Plan name	WEST COAST FIRESTOPPING, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	WEST COAST FIRESTOPPING, INC.	c EIN-PN 20-8550680-001

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	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 DEUTSCHE REAL ESTATE SECURITIES RET OPT	B Three-digit plan number (PN) ▶ 637
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)	5762961
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	5334306
(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	5762961	5334306
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	5762961	5334306

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)	147982	
(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)	256746	
(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		404728

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)	26541	
(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)		26541
j Total expenses. Add all expense amounts in column (b) and enter total	2j		26541

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		378187
l Transfers of assets:			
(1) To this plan	2l(1)		684611
(2) From this plan	2l(2)		1491453

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.)	4a		
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.).....	4b		
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.)	4c		
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.).....	4d		
e Was this plan covered by a fidelity bond?	4e		
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		
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?.....	4g		
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?	4h		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		
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.).....	4j		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		
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.	4n		

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 _____.