

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: HARTFORD SMALL CAP GROWTH HLS RET OPT
1b Three-digit plan number (PN): 647
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.

<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>HARTFORD SMALL CAP GROWTH HLS RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>647</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)
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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 POE & CRONK 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor POE & CRONK REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 54-1212380-002
<b>a</b>	Plan name POINDEXTER NUT COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POINDEXTER NUT COMPANY	<b>c</b> EIN-PN 94-2074522-001
<b>a</b>	Plan name FAMILY PET CLINIC OF REDONDO BEACH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KKD PET VET	<b>c</b> EIN-PN 46-1590293-001
<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 FARROW CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor FARROW CORPORATION	<b>c</b> EIN-PN 95-4536736-001
<b>a</b>	Plan name TURNBRIDGE CAPITAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor TURNBRIDGE CAPITAL MANAGEMENT, LLC	<b>c</b> EIN-PN 47-0963603-001
<b>a</b>	Plan name BURGESS CONCRETE CONSTRUCTION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURGESS CONCRETE CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2694249-001
<b>a</b>	Plan name M & J LOAN, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor M & J LOAN, LLC/DBA GRIFFIN CAPITAL FUNDING	<b>c</b> EIN-PN 87-0708717-001
<b>a</b>	Plan name UNIVERSITY VILLAGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor WESTPORT HOLDINGS TAMPA, LP	<b>c</b> EIN-PN 65-1059079-001
<b>a</b>	Plan name CAPRI & ASSOCIATES INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPRI & ASSOCIATES INC.	<b>c</b> EIN-PN 23-3095696-002
<b>a</b>	Plan name GENERA ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor GENERA ENERGY, INC.	<b>c</b> EIN-PN 45-4907881-001
<b>a</b>	Plan name GENERAL TRANSERVICE, INC. AND SURE FLIGHT, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GENERAL TRANSERVICE, INC.	<b>c</b> EIN-PN 23-1717902-001

<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	MARK D. WOOD, DDS, MS, PC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARK D. WOOD, DDS, MS, PC	<b>c</b> EIN-PN 80-0026824-001
<b>a</b>	Plan name	MEDICORE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MEDICORE, LLC	<b>c</b> EIN-PN 30-0852928-001
<b>a</b>	Plan name	ROTO-ROOTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROOTER SEWER CLEANERS, INC.	<b>c</b> EIN-PN 39-0989392-222
<b>a</b>	Plan name	H & R HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	H & R HEALTHCARE	<b>c</b> EIN-PN 22-3324234-001
<b>a</b>	Plan name	ADVENTURER MANUFACTURING, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ADVENTURER MANUFACTURING INC.	<b>c</b> EIN-PN 26-2682258-001
<b>a</b>	Plan name	CORRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORRA	<b>c</b> EIN-PN 04-3819932-001
<b>a</b>	Plan name	NEXT LEVEL MARKETING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXT LEVEL MARKETING, INC.	<b>c</b> EIN-PN 59-3771780-001
<b>a</b>	Plan name	INSTITUTIONAL CASEWORK INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INSTITUTIONAL CASEWORK, INC.	<b>c</b> EIN-PN 20-4225695-001
<b>a</b>	Plan name	ONE SEMICONDUCTOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ONE SEMICONDUCTOR, LLC	<b>c</b> EIN-PN 45-2992076-001
<b>a</b>	Plan name	STEVEN G. SAFRAN, MD, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEVEN G. SAFRAN, M.D., P.A.	<b>c</b> EIN-PN 22-3282121-001
<b>a</b>	Plan name	ANDRADE GONZALEZ 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANDRADE GONZALEZ LLP	<b>c</b> EIN-PN 46-2892257-001
<b>a</b>	Plan name	JEKK TOOLS & FASTENERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEKK TOOLS & FASTENERS, INC.	<b>c</b> EIN-PN 23-2278532-001

<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	REPUBLICAN ATTORNEYS GENERAL ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REPUBLICAN ATTORNEYS GENERAL ASSOCIATION	<b>c</b> EIN-PN 46-4501717-001
<b>a</b>	Plan name	GH GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GH GROUP, INC.	<b>c</b> EIN-PN 68-1040851-001
<b>a</b>	Plan name	GIBSON & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GIBSON & ASSOCIATES, INC.	<b>c</b> EIN-PN 75-2057660-001
<b>a</b>	Plan name	CARDEL HOMES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARDEL U.S. MANAGEMENT, LLC	<b>c</b> EIN-PN 84-1846681-001
<b>a</b>	Plan name	CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHILES & SONS-LAMAN, INC.	<b>c</b> EIN-PN 34-4492949-003
<b>a</b>	Plan name	HALL COMMUNICATIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HALL COMMUNICATIONS, INC.	<b>c</b> EIN-PN 06-0843728-001
<b>a</b>	Plan name	MITCHELL CONSTRUCTION CO., INC. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MITCHELL CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 57-0521961-001
<b>a</b>	Plan name	NISBET ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NISBET ENTERPRISES, INC.	<b>c</b> EIN-PN 65-0685929-001
<b>a</b>	Plan name	CP TECH LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CP TECH, LLC	<b>c</b> EIN-PN 20-5616082-001
<b>a</b>	Plan name	INTELLETRACE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTELLETRACE, INC.	<b>c</b> EIN-PN 37-1514242-001
<b>a</b>	Plan name	LAKELAND ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKELAND ECONOMIC DEVELOPMENT COUNCIL	<b>c</b> EIN-PN 45-4919549-001
<b>a</b>	Plan name	BONINFANTE FRICTON INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BONINFANTE FRICTON INC.	<b>c</b> EIN-PN 27-4188636-001

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 <b>BOSWELL &amp; DUNLAP, LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BOSWELL &amp; DUNLAP, LLP</b>	<b>c</b> EIN-PN <b>59-3498279-001</b>
<b>a</b>	Plan name <b>METALLIC RECOVERY GROUP, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>METALLIC RECOVERY GROUP, INC.</b>	<b>c</b> EIN-PN <b>23-2949661-001</b>
<b>a</b>	Plan name <b>NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEUMANN MONSON, INC.</b>	<b>c</b> EIN-PN <b>42-1242646-222</b>
<b>a</b>	Plan name <b>NORTHERN BUSINESS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHERN BUSINESS PRODUCTS, INC.</b>	<b>c</b> EIN-PN <b>41-1423060-001</b>
<b>a</b>	Plan name <b>OUR HOME PHARMACY, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OUR HOME PHARMACY, INC.</b>	<b>c</b> EIN-PN <b>27-2618187-001</b>
<b>a</b>	Plan name <b>OUTDOOR LIGHTING PERSPECTIVES 401(K) RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>OUTDOOR LIGHTING PERSPECTIVES, L.L.C.</b>	<b>c</b> EIN-PN <b>62-1766403-001</b>
<b>a</b>	Plan name <b>PETE'S PLUMBING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PETE'S PLUMBING, INC.</b>	<b>c</b> EIN-PN <b>20-0937994-001</b>
<b>a</b>	Plan name <b>POWER FUNDING, LTD. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>POWER FUNDING, LTD.</b>	<b>c</b> EIN-PN <b>75-2952855-001</b>
<b>a</b>	Plan name <b>PRACTICE DIAGNOSTIC SYSTEMS, LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRACTICE DIAGNOSTIC SYSTEMS, LLC DBA PRACTICAL DATA SOLUTIONS</b>	<b>c</b> EIN-PN <b>27-0410486-001</b>
<b>a</b>	Plan name <b>PROSPERA LAW, LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROSPERA LAW, LLP</b>	<b>c</b> EIN-PN <b>27-3613349-001</b>
<b>a</b>	Plan name <b>PROTECTION TECHNOLOGIES, INC. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PROTECTION TECHNOLOGIES, INC.</b>	<b>c</b> EIN-PN <b>88-0163638-001</b>
<b>a</b>	Plan name <b>S.B.S. TRUST DEED NETWORK 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>S.B.S. TRUST DEED NETWORK</b>	<b>c</b> EIN-PN <b>95-3783564-002</b>

<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	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	<b>c</b> EIN-PN 30-0188234-001
<b>a</b>	Plan name	SMC CONSTRUCTION CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SMC CONSTRUCTION CO.	<b>c</b> EIN-PN 88-0319132-001
<b>a</b>	Plan name	TEC ELECTRICAL CONTRACTING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEC ELECTRICAL CONTRACTING, INC	<b>c</b> EIN-PN 46-0761832-001
<b>a</b>	Plan name	CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPECIALTIES UNLIMITED, INC.	<b>c</b> EIN-PN 43-1986186-001
<b>a</b>	Plan name	CARR TOOL COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CARR TOOL COMPANY	<b>c</b> EIN-PN 31-0578372-002
<b>a</b>	Plan name	GRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GRESS INSURANCE CONSULTANTS, INC.	<b>c</b> EIN-PN 85-0324896-001
<b>a</b>	Plan name	HANGMAN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HANGMAN PRODUCTS, INC.	<b>c</b> EIN-PN 95-4749074-001
<b>a</b>	Plan name	KETTER & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KETTER & ASSOCIATES	<b>c</b> EIN-PN 47-0806233-001
<b>a</b>	Plan name	A. N. ABELL CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	A. N. ABELL AUCTION CO.	<b>c</b> EIN-PN 95-1872203-001
<b>a</b>	Plan name	CEDAR VALLEY PEDIATRIC DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CEDAR VALLEY PEDIATRIC DENTISTRY	<b>c</b> EIN-PN 27-0521322-001
<b>a</b>	Plan name	COMMERCIAL WATERPROOFING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL WATERPROOFING, INC.	<b>c</b> EIN-PN 23-2589948-001
<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>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	HARRY MILLER CORP. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HARRY MILLER CORP.	<b>c</b> EIN-PN 23-0663030-001
<b>a</b>	Plan name	KIA OF LAGRANGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIA OF LAGRANGE	<b>c</b> EIN-PN 27-0980531-001
<b>a</b>	Plan name	KING SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KING SYSTEMS, LLC	<b>c</b> EIN-PN 81-0553940-001
<b>a</b>	Plan name	R. BRET CAMPBELL, DO, PLLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	R. BRET CAMPBELL, DO, PLLC	<b>c</b> EIN-PN 80-0111632-001
<b>a</b>	Plan name	SUPERSTORE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FURNITURE SUPERSTORE LLC	<b>c</b> EIN-PN 87-0698757-001
<b>a</b>	Plan name	THE IMPERIAL HAWAII VACATION CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE IMPERIAL HAWAII VACATION CLUB	<b>c</b> EIN-PN 99-0206158-001
<b>a</b>	Plan name	VEGAS OPTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VEGAS OPTICS, LLC	<b>c</b> EIN-PN 55-0896350-001
<b>a</b>	Plan name	HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWAII CELLULAR THERAPY AND TRANSPLANT LABORATORY	<b>c</b> EIN-PN 47-2107270-001
<b>a</b>	Plan name	KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KLEIN PRODUCTS, INC.	<b>c</b> EIN-PN 95-2105141-001
<b>a</b>	Plan name	PASCARELLA EYE CARE AND CONTACT LENSES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PASCARELLA EYE CARE AND CONTACT LENSES	<b>c</b> EIN-PN 27-1874057-001
<b>a</b>	Plan name	SEMILAB USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEMILAB USA LLC	<b>c</b> EIN-PN 27-0347663-001
<b>a</b>	Plan name	SOLARCRAFT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOLARCRAFT SERVICES, INC.	<b>c</b> EIN-PN 68-0106478-001

<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	WOOD AG MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WOOD AG MANAGEMENT, INC.	<b>c</b> EIN-PN 81-4829814-001
<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	CTS PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CTS, INC.	<b>c</b> EIN-PN 36-4198749-001
<b>a</b>	Plan name	EMG, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EMG, INC.	<b>c</b> EIN-PN 94-2903016-001
<b>a</b>	Plan name	ROI DNA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROI DNA	<b>c</b> EIN-PN 27-1203715-001
<b>a</b>	Plan name	SOUTH BAY PLASTIC SURGEONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SOUTH BAY PLASTIC SURGEONS	<b>c</b> EIN-PN 47-1903749-001
<b>a</b>	Plan name	THE RICE PARTNERSHIP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE RICE PARTNERSHIP, LLC	<b>c</b> EIN-PN 81-0671115-001
<b>a</b>	Plan name	ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL SEASONS WINDOW & DOOR MFG. INC.	<b>c</b> EIN-PN 75-1868821-001
<b>a</b>	Plan name	BENETRENDS, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BENETRENDS, INC.	<b>c</b> EIN-PN 35-2519056-002
<b>a</b>	Plan name	BESTCO ELECTRIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BESTCO ELECTRIC, INC.	<b>c</b> EIN-PN 94-2212170-002
<b>a</b>	Plan name	DOUGLAS MACHINES CORP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DOUGLAS MACHINES CORP	<b>c</b> EIN-PN 59-1906520-001
<b>a</b>	Plan name	GOPATH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOPATH GLOBAL LLC	<b>c</b> EIN-PN 27-1105704-001

<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	HEARTLAND FOOD PRODUCTS GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TC HEARTLAND, LLC DBA HEARTLAND FOOD PRODUCTS GROUP	<b>c</b> EIN-PN 20-1938376-001
<b>a</b>	Plan name	AXSUN, CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AXSUN, CORP.	<b>c</b> EIN-PN 99-0376382-001
<b>a</b>	Plan name	JOLLEY'S COMPOUNDING PHARMACY INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	JOLLEY'S COMPOUNDING PHARMACY INC.	<b>c</b> EIN-PN 20-0513036-001
<b>a</b>	Plan name	MICROFIRST, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICROFIRST, INC.	<b>c</b> EIN-PN 22-2783590-001
<b>a</b>	Plan name	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MID-VALLEY HEALTH SERVICES LONG TERM CARE, INC.	<b>c</b> EIN-PN 26-1365260-001
<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	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	DARTMOUTH BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DARTMOUTH BUSINESS SERVICES, INC.	<b>c</b> EIN-PN 36-4348934-001
<b>a</b>	Plan name	FOUR WHEELS OF TEXAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOUR WHEELS OF TEXAS, INC.	<b>c</b> EIN-PN 75-2631966-001
<b>a</b>	Plan name	LPM ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LPM ELECTRIC, INC	<b>c</b> EIN-PN 03-0396161-001
<b>a</b>	Plan name	SAGE PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAGE PARTNERS, LLC	<b>c</b> EIN-PN 46-3113665-001
<b>a</b>	Plan name	SPARKS COMMERCIAL TIRE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPARKS COMMERCIAL TIRE, INC.	<b>c</b> EIN-PN 34-1506914-001

<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>HARTFORD SMALL CAP GROWTH HLS RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>647</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.

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<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>	14980252
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	16117508
<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>	16117508	14980252
<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>	2	2
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	2	2
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	16117506	14980250

**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>	44430	
<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>	1908433	
<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>		1952863

**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>	173729	
(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>		173729
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		173729

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1779134
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		1756131
(2) From this plan .....	<b>2l(2)</b>		4672521

**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 \_\_\_\_\_.