

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information —enter all requested information
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1a Name of plan <u>LORD ABBETT HIGH YIELD RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>663</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/22/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>LORD ABBETT HIGH YIELD RET OPT</u>	B Three-digit plan number (PN) ▶	<u>663</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
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	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	PROGRESSIVE COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVE COMMUNICATIONS, INC.	c EIN-PN 58-2431088-001
a	Plan name	FARMERS BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FARMERS BANK	c EIN-PN 84-1599347-001
a	Plan name	LAW OFFICES OF ANDREW BLUMER CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	LAW OFFICES OF ANDREW BLUMER	c EIN-PN 41-2145148-777
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	FURRER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NORTH VALLEY FINANCIAL SERVICES LLC DBA FURRER AND ASSOCIATES	c EIN-PN 87-2736693-001
a	Plan name	RICHARD GROUP 401(K) PLAN	
b	Name of plan sponsor	RICHARD GROUP, LLC	c EIN-PN 46-1249708-001
a	Plan name	UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
b	Name of plan sponsor	UNIVERSITY PAIN MEDICINE CENTER LLC	c EIN-PN 11-3822342-001
a	Plan name	GENERA ENERGY 401(K) PLAN	
b	Name of plan sponsor	GENERA ENERGY, INC.	c EIN-PN 45-4907881-001
a	Plan name	MARK D. WOOD, DDS, MS, PC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	MARK D. WOOD, DDS, MS, PC	c EIN-PN 80-0026824-001
a	Plan name	MARPLES GEARS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARPLES GEARS, INC.	c EIN-PN 95-4226164-001
a	Plan name	ROPE CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ROPE CORP	c EIN-PN 59-3585714-001

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 CLARK'S AUTO REPAIR, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARK'S AUTO REPAIR, LLC	c EIN-PN 46-4186489-001
a	Plan name SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAMTECH AUTOMOTIVE USA, INC.	c EIN-PN 95-4568597-001
a	Plan name WEST WIND DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WEST WIND DENTAL	c EIN-PN 81-4317214-001
a	Plan name WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN PACIFIC PULP & PAPER, INC.	c EIN-PN 94-2906199-001
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 SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
b	Name of plan sponsor SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	c EIN-PN 20-0048495-001
a	Plan name CONNOR CONSULTING CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CONNOR CONSULTING CORPORATION	c EIN-PN 46-1950081-001
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 NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL TECHNOLOGIES, INC.	c EIN-PN 39-0981304-001
a	Plan name COUNTRY ROADS TRUCKING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor COUNTRY ROADS TRUCKING SYSTEMS, INC.	c EIN-PN 35-1696225-001
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 M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C. 401(K) PLAN	
b	Name of plan sponsor DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C.	c EIN-PN 27-0631471-001

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 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 INNOVATIVE INTEGRATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor INNOVATIVE INTEGRATION, INC.	c EIN-PN 20-3393992-001
a	Plan name PEACHTREE HILLS PLACE 401(K) PLAN	
b	Name of plan sponsor PT HILLS PLACE CLUB, LLC	c EIN-PN 81-2011747-001
a	Plan name ASSOCIATED SOILS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED SOILS ENGINEERING, INC.	c EIN-PN 95-2896496-001
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 DR. TODD S. LARSEN DMD PC RETIREMENT PLAN	
b	Name of plan sponsor DR. TODD S. LARSEN, DMD, PC	c EIN-PN 87-0632806-001
a	Plan name DR. TRAN MEDICAL OFFICE, INC. RETIREMENT PLAN	
b	Name of plan sponsor DR. TRAN MEDICAL OFFICE, INC.	c EIN-PN 46-1545377-001
a	Plan name JENNIFER A. KENNEDY, DDS., LLC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JENNIFER A. KENNEDY, DDS., LLC.	c EIN-PN 37-1101326-001
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 UBORA ENGINEERING & PLANNING RETIREMENT PLAN	
b	Name of plan sponsor UBORA ENGINEERING & PLANNING, INC	c EIN-PN 20-2459818-001
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 GAINLINE FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor GAINLINE FINANCIAL PARTNERS, LLC	c EIN-PN 87-2523664-001

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	MAGELLAN MEDICAL 401(K) PLAN AND TRUST	
b	Name of plan sponsor	MAGELLAN MEDICAL TECHNOLOGY CONSULTANTS, INC.	c EIN-PN 41-1817386-002
a	Plan name	GERALD GRAIN INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	GERALD GRAIN CENTER, INC.	c EIN-PN 34-1526549-001
a	Plan name	GERRALD'S MECHANICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GERRALD'S MECHANICAL SERVICES, INC.	c EIN-PN 58-2047712-001
a	Plan name	WARREN KOZITZA PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WARREN KOZITZA, INC.	c EIN-PN 46-4265615-001
a	Plan name	RUSSELL J. S. TOM, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RUSSELL J. S. TOM, D.D.S.	c EIN-PN 99-0261249-001
a	Plan name	CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILES & SONS-LAMAN, INC.	c EIN-PN 34-4492949-003
a	Plan name	MEMORIAL CARDIOLOGY MEDICAL GROUP, INC. EMPLOYEES' PROFIT SHARING PLAN II	
b	Name of plan sponsor	MEMORIAL CARDIOLOGY MEDICAL GROUP	c EIN-PN 95-2884933-001
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	WHISNANT & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHISNANT & COMPANY, LLC	c EIN-PN 56-1084523-001
a	Plan name	MOGADORE FAMILY DENTISTRY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MOGADORE FAMILY DENTISTRY, INC.	c EIN-PN 34-1696017-001
a	Plan name	NELSON PHARMACY 401(K) PLAN	
b	Name of plan sponsor	NELSON PHARMACY CONSULTING SERVICES, PLC	c EIN-PN 01-0667577-001
a	Plan name	DEFINITIVE SOLUTIONS COMPANY, INC. RETIREMENT PLAN	
b	Name of plan sponsor	DEFINITIVE SOLUTIONS COMPANY, INC.	c EIN-PN 31-1490291-001

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 DELBIAGGIO CONSTRUCTION, INC. 401K PLAN	
b	Name of plan sponsor DELBIAGGIO CONSTRUCTION, INC.	c EIN-PN 68-0257089-001
a	Plan name INTELLISTREETS, INC. EMPLOYEES' PROFIT SHARING TRUST	
b	Name of plan sponsor INTELLISTREETS, INC.	c EIN-PN 38-2424013-002
a	Plan name ANTIQUE SILVER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ANTIQUE SILVER OF WAUKESHA, INC.	c EIN-PN 39-2044240-001
a	Plan name ANY WAY YOU WANT IT MOVING & STORAGE, INC. 401(K) PLAN	
b	Name of plan sponsor ANY WAY YOU WANT IT MOVING & STORAGE, INC.	c EIN-PN 11-3679750-001
a	Plan name DEVILS LAKE WATER SPORTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DEVILS LAKE WATER SPORTS, INC.	c EIN-PN 38-2824763-001
a	Plan name ISOVOLTA, INC. 401(K) PLAN	
b	Name of plan sponsor ISOVOLTA, INC.	c EIN-PN 13-4263768-001
a	Plan name ITC INFOTECH USA, INC. 401(K) PLAN	
b	Name of plan sponsor ITC INFOTECH USA, INC.	c EIN-PN 22-3239723-001
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 PORT PUBLICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PORT PUBLICATIONS, INC.	c EIN-PN 39-1017137-001
a	Plan name THE CASTLE 401(K) PLAN	
b	Name of plan sponsor T & M JEWELRY, INC. DBA THE CASTLE	c EIN-PN 62-1345081-001
a	Plan name ETORI USA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ETORI USA, INC.	c EIN-PN 20-1728643-001
a	Plan name THOMPSON VETERINARY CLINIC 401(K) PLAN	
b	Name of plan sponsor THOMPSON VETERINARY CLINIC	c EIN-PN 38-3184834-001

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 BOULDER HILLS LANDSCAPING RETIREMENT READINESS PLAN	
b	Name of plan sponsor BOULDER HILLS LANDSCAPING, INC.	c EIN-PN 45-2747964-001
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 MOHRFELD ELECTRIC 401(K) PLAN	
b	Name of plan sponsor MOHRFELD ELECTRIC	c EIN-PN 27-1617896-001
a	Plan name MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	c EIN-PN 81-0587881-001
a	Plan name MONROE INDUSTRIAL MACHINE SHOP, LLC 401(K) PLAN	
b	Name of plan sponsor MONROE INDUSTRIAL MACHINE SHOP, LLC	c EIN-PN 20-1041002-001
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 NORTHERN BUSINESS PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHERN BUSINESS PRODUCTS, INC.	c EIN-PN 41-1423060-001
a	Plan name ORLANDO MEDICAL CENTER, P. L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ORLANDO MEDICAL CENTER, P. L.	c EIN-PN 81-0736230-001
a	Plan name OWATONNA COUNTRY CLUB 401(K) AND TRUST	
b	Name of plan sponsor OWATONNA COUNTRY CLUB	c EIN-PN 26-0010665-001
a	Plan name PARADIGM PROPERTIES, LLC EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor PARADIGM PROPERTIES, LLC	c EIN-PN 06-1533601-001
a	Plan name PREACHER, LLC 401(K) PLAN	
b	Name of plan sponsor PREACHER, LLC	c EIN-PN 46-4405855-001
a	Plan name RIZZETTA & COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIZZETTA & COMPANY, INC.	c EIN-PN 59-3075187-001

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 SCHOOL MANAGEMENT SERVICES RETIREMENT PLAN	
b	Name of plan sponsor SCHOOL MANAGEMENT SERVICES, LLC	c EIN-PN 56-2545979-001
a	Plan name SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
b	Name of plan sponsor SIGHT SAVERS OF AMERICA, INC.	c EIN-PN 30-0188234-001
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 SUN CHLORELLA USA 401(K) PLAN	
b	Name of plan sponsor SUN CHLORELLA USA	c EIN-PN 95-3807726-001
a	Plan name SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-222
a	Plan name TORBOT GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor TORBOT GROUP, INC.	c EIN-PN 05-0390138-001
a	Plan name ADVANCED ACCESS CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCED ACCESS CONTROLS, INC.	c EIN-PN 45-3587888-001
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 BLAGER CONCRETE COMPANY 401(K) PLAN	
b	Name of plan sponsor BLAGER CONCRETE COMPANY	c EIN-PN 20-0634151-001
a	Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
a	Plan name CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CANNON MEDICAL, INC.	c EIN-PN 94-3251623-001
a	Plan name COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION 401(K) PLAN	
b	Name of plan sponsor COLLABORATIVE COMPOSITE SOLUTIONS CORPORATION	c EIN-PN 47-1612263-222

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	COPLOY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COPLOY, INC.	c EIN-PN 45-5000939-001
a	Plan name	CREW ONE PRODUCTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CREW ONE PRODUCTIONS, INC.	c EIN-PN 58-1991864-001
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	HOTEL MANAGEMENT AND CONSULTING 401(K) PLAN	
b	Name of plan sponsor	HOTEL MANAGEMENT AND CONSULTING	c EIN-PN 45-3388643-001
a	Plan name	HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor	WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-222
a	Plan name	INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor	INTERPRINT, INC.	c EIN-PN 59-0871253-001
a	Plan name	LARRY KINGS CLUBHOUSE SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	LARRY KING'S CLUBHOUSE	c EIN-PN 56-2245187-001
a	Plan name	AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR GROUP, LLC	c EIN-PN 22-3620908-001
a	Plan name	BCP SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	BCP SYSTEMS, INC.	c EIN-PN 33-0753105-001
a	Plan name	EMBER, LLC 401(K) PLAN	
b	Name of plan sponsor	EMBER, LLC	c EIN-PN 42-1760276-001
a	Plan name	GLESSNER & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLESSNER & ASSOCIATES, PLLC	c EIN-PN 55-0761731-001
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)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PARK SPRINGS 401(K) PLAN	
b	Name of plan sponsor PARK SPRINGS, LLC	c EIN-PN 58-2452928-001
a	Plan name QUIPT HOME MEDICAL 401(K) PLAN	
b	Name of plan sponsor QUIPT HOME MEDICAL, INC.	c EIN-PN 27-1139562-001
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 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 HAVEN INTERIORS, LTD. 401(K) PLAN	
b	Name of plan sponsor HAVEN INTERIORS, LTD.	c EIN-PN 20-3608590-001
a	Plan name NOVO 401(K) PLAN	
b	Name of plan sponsor NOVO ADVISORS, LLC	c EIN-PN 83-2881830-001
a	Plan name PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor PATEL, GREENE & ASSOCIATES, LLC	c EIN-PN 45-2209743-001
a	Plan name SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor SEQUEL CONTRACTORS, INC.	c EIN-PN 95-4301424-002
a	Plan name SYRBERUS, INC. 401(K) PLAN	
b	Name of plan sponsor SYRBERUS, INC.	c EIN-PN 20-4850238-001
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 ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ALEX TATUM CONSTRUCTION CO., INC.	c EIN-PN 58-1520046-002
a	Plan name CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor CEH AUTOMOTIVE CORP.	c EIN-PN 86-0200402-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
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 EMG, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor EMG, INC.	c EIN-PN 94-2903016-001
a	Plan name ENCORE GLASS 401(K) PLAN	
b	Name of plan sponsor ENCORE GLASS	c EIN-PN 45-4333619-001
a	Plan name FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor FISHER DESIGN, INC.	c EIN-PN 31-0601808-001
a	Plan name FISHMAN PEDIATRIC DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ROSS H. FISHMAN, D.M.D., M.S., P.A.	c EIN-PN 45-5429730-001
a	Plan name PRIORITY MORTGAGE CORP. 401(K) PLAN	
b	Name of plan sponsor PRIORITY MORTGAGE CORP.	c EIN-PN 31-1088264-001
a	Plan name TAHLEQUAH LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TAHLEQUAH LUMBER COMPANY, INC.	c EIN-PN 73-0733285-001
a	Plan name THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PRESTWICK GROUP, INC.	c EIN-PN 39-1888813-222
a	Plan name THE RESEARCH GROUP OF LEXINGTON, LLC 401(K) PLAN	
b	Name of plan sponsor THE RESEARCH GROUP OF LEXINGTON, LLC	c EIN-PN 20-1192474-001
a	Plan name THE SOUTHEAST ALABAMA GAS DISTRICT RETIREMENT INCOME PLAN	
b	Name of plan sponsor SOUTHEAST ALABAMA GAS DISTRICT	c EIN-PN 63-6004182-001
a	Plan name WORKFORCE SOLUTIONS BORDERPLEX 401(K) PLAN	
b	Name of plan sponsor WORKFORCE SOLUTIONS BORDERPLEX, INC.	c EIN-PN 74-2911834-001
a	Plan name BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor BENJAMIN DEL VENTO, P.A.	c EIN-PN 22-1943968-001

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 BERICH MASONRY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BERICH MASONRY, INC.	c EIN-PN 20-2612940-001
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 JCL SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor JCL SERVICE COMPANY LLC	c EIN-PN 46-0577895-001
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 LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor LOMONT MOLDING, LLC	c EIN-PN 47-1306587-001
a	Plan name MDL 401(K) PLAN	
b	Name of plan sponsor MINERAL DEVELOPMENT, LLC	c EIN-PN 46-5488841-001
a	Plan name DANHAUER DRUG COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANHAUER DRUG, INC.	c EIN-PN 61-0992161-001
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 GREENS OPERATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor GREENS OPERATIONS, INC	c EIN-PN 47-3688571-001
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 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 BULLINGTON ASSOCIATES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BULLINGTON ASSOCIATES, INC.	c EIN-PN 62-0880010-001

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	EASTON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	EASTON ENTERPRISES, INC.	c EIN-PN 38-3653577-001
a	Plan name	FOY & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FOY & ASSOCIATES, PC	c EIN-PN 38-3687296-001
a	Plan name	GRZECA LAW GROUP, S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRZECA LAW GROUP, S.C.	c EIN-PN 39-1822885-001
a	Plan name	INDUSTRIAL COMPONENTS, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	INDUSTRIAL COMPONENTS SALES, INC.	c EIN-PN 39-2001134-001
a	Plan name	REALEYES MEDIA, LLC 401(K) P/S PLAN	
b	Name of plan sponsor	REALEYES MEDIA, LLC	c EIN-PN 51-0491459-001
a	Plan name	SAKOR TECHNOLOGIES PROFIT SHARING PLAN	
b	Name of plan sponsor	SAKOR TECHNOLOGIES, INC.	c EIN-PN 38-2712885-001
a	Plan name	SPIEGEL & SPIEGEL PA MONEY PURCHASE PENSION PLAN & 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAMCO PROPERTIES, INC.	c EIN-PN 59-2396906-001
a	Plan name	WENER & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	WENER & SONS, INC.	c EIN-PN 84-1172087-001
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

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
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LORD ABBETT HIGH YIELD RET OPT	B Three-digit plan number (PN) ▶ 663
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
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
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)	9190506
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	10275840
(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	9190506	10275840
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	9190506	10275840

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	707683	
(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		707683

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)	76376	
(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)		76376
j Total expenses. Add all expense amounts in column (b) and enter total	2j		76376

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		631307
l Transfers of assets:			
(1) To this plan	2l(1)		2196735
(2) From this plan	2l(2)		1742708

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 _____.