

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: MFS INTERNATIONAL DIVERSIFICATION RET OPT
1b Three-digit plan number (PN): 665
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> 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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

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 <u>MFS INTERNATIONAL DIVERSIFICATION RET OPT</u>	B Three-digit plan number (PN) ▶ <u>665</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:		
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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)
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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)
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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)
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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)
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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:

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d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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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):

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d Entity code

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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 K & H CONCRETE CUTTING, INC. 401(K) PLAN	
b	Name of plan sponsor K&H CONCRETE CUTTING, INC.	c EIN-PN 38-2421612-001
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 KUNCAI AMERICAS, LLC 401(K) PLAN	
b	Name of plan sponsor KUNCAI AMERICAS LLC	c EIN-PN 47-5443652-001
a	Plan name FAMILY PLANNING COUNCIL PENSION PLAN	
b	Name of plan sponsor ACCESSMATTERS	c EIN-PN 23-1878446-002
a	Plan name PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PUNCTUAL ABSTRACT CO. INC.	c EIN-PN 72-1228652-001
a	Plan name LAURAS INTERNATIONAL LLP DEFINED BENEFIT PLAN	
b	Name of plan sponsor LAURAS INTERNATIONAL USA LLP	c EIN-PN 26-1603445-002
a	Plan name LAVIN NATIONAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAVIN NATIONAL, LLC	c EIN-PN 72-1482691-001
a	Plan name TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor TITAN CONSTRUCTION & ENGINEERING SERVICES CORPORATION	c EIN-PN 84-4786495-001
a	Plan name FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor FREER MECHANICAL CONTRACTOR'S INC.	c EIN-PN 75-1046142-002
a	Plan name RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
b	Name of plan sponsor RAO MANUFACTURING COMPANY	c EIN-PN 41-0494610-002
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

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 MARION MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor MARION TOOL & DIE, INC. DBA MARION MANUFACTURING	c EIN-PN 35-2010769-001
a	Plan name MEDALLION MANAGEMENT, INC. SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MEDALLION MANAGEMENT, INC.	c EIN-PN 38-2033680-001
a	Plan name CHEROKEE FARM DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor CHEROKEE FARM DEVELOPMENT CORPORATION	c EIN-PN 46-1180603-001
a	Plan name H2R CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor H2R CORP	c EIN-PN 81-2654817-001
a	Plan name MINING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MINING EQUIPMENT, LTD.	c EIN-PN 16-1646623-222
a	Plan name MISSOURI GENERAL INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MISSOURI GENERAL INSURANCE AGENCY DBA MGI RISK ADVISORS	c EIN-PN 43-1234763-001
a	Plan name SAME DAY SERVICE 401(K) PLAN	
b	Name of plan sponsor SAME DAY SERVICE COMPANY, INC.	c EIN-PN 06-1366425-001
a	Plan name SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HECO, INC.	c EIN-PN 38-1817538-001
a	Plan name 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 DAVID HUVAL'S TRUCKING CO. 401(K) PLAN	
b	Name of plan sponsor DAVID HUVAL'S TRUCKING CO., INC.	c EIN-PN 72-1470730-001
a	Plan name ONE SOURCE INDUSTRIES, LLC 401(K) PLAN	
b	Name of plan sponsor ONE SOURCE INDUSTRIES, LLC	c EIN-PN 33-0835151-001

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 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 STEVISON HAM 401(K) PLAN	
b	Name of plan sponsor STEVISON HAM COMPANY	c EIN-PN 43-0624613-001
a	Plan name AMTECH PROFIT SHARING PLAN	
b	Name of plan sponsor AUTOMATED MACHINE & TECHNOLOGY, INC.	c EIN-PN 54-1104196-001
a	Plan name ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED COMPONENTS TECHNOLOGY, INC.	c EIN-PN 33-0439579-001
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 DRABIK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DRABIK MANUFACTURING, INC.	c EIN-PN 34-1503007-001
a	Plan name DRAGON LINE, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRAGON LINE, LLC.	c EIN-PN 81-1828114-001
a	Plan name FUSION ZONE AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor FUSION ZONE AUTOMOTIVE, INC.	c EIN-PN 27-1376889-001
a	Plan name MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MADDEN ELEVATOR COMPANY	c EIN-PN 27-4404800-001
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 CARING ENTERPRISES INCORPORATED 401(K) PLAN	
b	Name of plan sponsor CARING ENTERPRISES INCORPORATED	c EIN-PN 42-1461742-001
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

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	MERROW MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor	MERROW MANUFACTURING, LLC.	c EIN-PN 82-1734889-001
a	Plan name	SAUCIER ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	SAUCIER ENTERPRISES, INC.	c EIN-PN 45-2464513-001
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	WHITEHEAD & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITEHEAD & ASSOCIATES, INC.	c EIN-PN 58-1096001-001
a	Plan name	MODERN WOMEN'S CARE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MODERN WOMEN'S CARE	c EIN-PN 27-1337010-001
a	Plan name	HEXADYNE 401(K) PLAN	
b	Name of plan sponsor	HEXADYNE CORPORATION	c EIN-PN 20-2774386-001
a	Plan name	ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	ACME PALLET, INC.	c EIN-PN 38-1710471-001
a	Plan name	ZEHNDER COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ZEHNDER COMMUNICATIONS, INC.	c EIN-PN 72-1324835-001
a	Plan name	HOLOWICKI ENTERPRISES PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLOWICKI ENTERPRISES DBA MCDONALD'S	c EIN-PN 31-1177272-001
a	Plan name	HOME INSTEAD 401(K) PLAN	
b	Name of plan sponsor	HOME INSTEAD SENIOR CARE	c EIN-PN 26-1145117-001
a	Plan name	SKILLINGS & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	SKILLINGS & SONS, INC.	c EIN-PN 04-2491037-001
a	Plan name	AME COMMUNITY SERVICES 401 K PLAN	
b	Name of plan sponsor	AME COMMUNITY SERVICES, INC.	c EIN-PN 41-1713577-001

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	INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTEGRI, LLC	c EIN-PN 20-2613358-001
a	Plan name	INTERFAITH HOUSING ASSISTANCE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INTERFAITH HOUSING ASSISTANCE CORPORATION	c EIN-PN 95-3771946-002
a	Plan name	ST. FRANCIS SCHOOL SAVINGS AND INVESTMENT PENSION PLAN	
b	Name of plan sponsor	ST. FRANCIS SCHOOL	c EIN-PN 66-0327985-001
a	Plan name	ANNAPOLIS ACCOUNTING SERVICES 401(K) PLAN	
b	Name of plan sponsor	CJ BATTISTA, P.C. D/B/A ANNAPOLIS ACCOUNTING SERVICES	c EIN-PN 52-2248341-001
a	Plan name	STORIED MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	STORIED MANAGEMENT, LLC	c EIN-PN 82-4913513-001
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	KC SALLEY 401(K) PLAN	
b	Name of plan sponsor	OLER RELO ONE LTD.	c EIN-PN 20-4736622-001
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	PROMAN STAFFING GROUP 401(K) PLAN	
b	Name of plan sponsor	PROMAN GROUP, INC	c EIN-PN 82-2540923-001
a	Plan name	LAKES TENNIS 401(K) PLAN	
b	Name of plan sponsor	KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY	c EIN-PN 20-1885263-001
a	Plan name	MASTERS ELECTRICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	MASTERS ELECTRICAL SERVICES, LTD	c EIN-PN 74-2618930-777

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 MATRIX VISUAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor LOGIC TECHNOLOGY GROUP, INC. DBA MATRIX VISUAL SOLUTIONS	c EIN-PN 33-0773727-001
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
a	Plan name METRO WIRE AND CABLE COMPANY EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor METRO WIRE AND CABLE COMPANY	c EIN-PN 38-2147100-001
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 PARAGON PLUS, INC. DBA PARAGON STEEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PARAGON PLUS, INC. DBA PARAGON STEEL	c EIN-PN 33-0300619-001
a	Plan name PETROLEUM EQUIPMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor PETROLEUM EQUIPMENT COMPANY	c EIN-PN 62-1366038-001
a	Plan name PGI PROFIT SHARING PLAN	
b	Name of plan sponsor THE PERSIMMON GROUP, INC.	c EIN-PN 75-2515316-001
a	Plan name PR MANAGEMENT, CORP. RETIREMENT PLAN	
b	Name of plan sponsor PR MANAGEMENT, CORP.	c EIN-PN 01-0757637-001
a	Plan name SCHEER GREEN AND BURKE LPA 401(K) PLAN	
b	Name of plan sponsor SCHEER GREEN AND BURKE LPA	c EIN-PN 34-1234557-001
a	Plan name SCHULTZ PROCESS SERVICES 401(K) PLAN	
b	Name of plan sponsor SCHULTZ PROCESS SERVICES, INC.	c EIN-PN 45-4118372-001
a	Plan name SIERRA WEST CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIERRA WEST CONSTRUCTION, INC.	c EIN-PN 68-0153330-002
a	Plan name SKY ROAD LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SKY ROAD LLC	c EIN-PN 03-0571884-001

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	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SLIM CHICKENS	c EIN-PN 45-3985800-001
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	TILO INDUSTRIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TILO INDUSTRIES, LLC	c EIN-PN 46-1678521-002
a	Plan name	TIM SNELSON'S PUMPING UNIT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TIM SNELSON'S PUMPING UNIT	c EIN-PN 75-2715506-001
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	APG, INC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	APG OFFICE FURNISHINGS, INC.	c EIN-PN 31-0747489-002
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	CAIN THOMAS ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAIN THOMAS ASSOCIATES, INC.	c EIN-PN 41-1453222-001
a	Plan name	CARPETS UNLIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPECIALTIES UNLIMITED, INC.	c EIN-PN 43-1986186-001
a	Plan name	CHRISTIAN HERITAGE ACADEMY 401(K) PLAN	
b	Name of plan sponsor	CHRISTIAN HERITAGE ACADEMY	c EIN-PN 36-3237612-001
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
a	Plan name	DYNAMIC PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC PLASTICS, INC.	c EIN-PN 38-3094135-001

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	EL POLLO LOCO, INC. 401(K) PLAN	
b	Name of plan sponsor	EL POLLO LOCO, INC.	c EIN-PN 33-0377527-777
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	JOHN MAGALHAES AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN MAGALHAES AND ASSOCIATES, INC.	c EIN-PN 04-3539096-001
a	Plan name	A WISIALKO AND COMPANY 401(K) PLAN	
b	Name of plan sponsor	A WISIALKO AND COMPANY LLC	c EIN-PN 46-1598908-001
a	Plan name	A&G PIPING 401(K) PLAN	
b	Name of plan sponsor	A&G PIPING, INC.	c EIN-PN 75-1972619-001
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	ARAPAHOE ROOFING & SHEET METAL 401 (K) PLAN	
b	Name of plan sponsor	ARAPAHOE ROOFING & SHEET METAL, INC.	c EIN-PN 84-0633163-001
a	Plan name	CROY CONTRACTING, INC.401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CROY CONTRACTING, INC.	c EIN-PN 54-1616963-001
a	Plan name	CTCO BENEFIT SERVICES 401(K) PLAN	
b	Name of plan sponsor	CTCO BENEFIT SERVICES, LLC	c EIN-PN 30-0515404-002

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 ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELLEFSON TRANSPORTATION GROUP, INC.	c EIN-PN 58-1654796-001
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 LESSITER PUBLICATIONS INC. 401(K) PLAN	
b	Name of plan sponsor LESSITER PUBLICATIONS INC.	c EIN-PN 39-1169768-222
a	Plan name MBCI TRIBAL GOVERNMENT ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor MISSISSIPPI BAND OF CHOCTAW INDIANS	c EIN-PN 64-0345731-002
a	Plan name MBCI TRIBAL GOVERNMENT SERVICES 401(K) PLAN	
b	Name of plan sponsor MISSISSIPPI BAND OF CHOCTAW INDIANS	c EIN-PN 64-0345731-001
a	Plan name NORTHWEST EYE CENTER SC EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHWEST EYE CENTER S.C.	c EIN-PN 36-3145951-002
a	Plan name PRECISION CABLE ASSEMBLIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRECISION CABLE ASSEMBLIES, INC.	c EIN-PN 39-1787647-002
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 SCOTTSDALE FARMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCOTTSDALE FARMS	c EIN-PN 58-2124857-001
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 HAWKE MEDIA, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAWKE MEDIA, LLC	c EIN-PN 46-3254493-001
a	Plan name ID SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ID SYSTEMS, INC.	c EIN-PN 38-2419366-002

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	JANITORS SUPPLY CO., INC. EMPLOYEES' SAVINGS AND RETIREMENT 401(K) PLAN	
b	Name of plan sponsor	THE JANITORS SUPPLY CO., INC.	c EIN-PN 35-0981768-001
a	Plan name	MCGREGOR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MCGREGOR & ASSOCIATES, INC.	c EIN-PN 61-1211399-001
a	Plan name	NOVO 401(K) PLAN	
b	Name of plan sponsor	NOVO ADVISORS, LLC	c EIN-PN 83-2881830-001
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	SEITZ, THE FRESHER CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SEITZ, THE FRESHER CO., INC.	c EIN-PN 56-2079560-001
a	Plan name	BEHAVIORAL INTERVENTION GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BEHAVIORAL INTERVENTION GROUP	c EIN-PN 20-5450870-001
a	Plan name	BELINDA S. GRANADA DDS CASH BALANCE	
b	Name of plan sponsor	BELINDA S. GRANADA DDS PC	c EIN-PN 47-1502317-002
a	Plan name	CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC 401(K) PLAN	
b	Name of plan sponsor	CENTER FOR CHILDREN WITH SPECIAL NEEDS LLC	c EIN-PN 06-1485324-001
a	Plan name	EMPLOYEES' 401(K) RETIREMENT TRUST FOR ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	
b	Name of plan sponsor	ENGSTROM, LIPSCOMB & LACK A PROFESSIONAL CORPORATION	c EIN-PN 95-3084651-015
a	Plan name	FIRST CITIZENS BANK PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST CITIZENS BANK	c EIN-PN 63-0789504-001
a	Plan name	FIRST COAST SECURITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRST COAST SECURITY SERVICES, INC.	c EIN-PN 59-3647971-001
a	Plan name	FIRST SECURITY MORTGAGE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRST SECURITY MORTGAGE SERVICES, INC.	c EIN-PN 59-3153355-001

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	NWGE 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST GENERAL ENGINEERING	c EIN-PN 68-0454297-001
a	Plan name	ROI DNA 401(K) PLAN	
b	Name of plan sponsor	ROI DNA	c EIN-PN 27-1203715-001
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	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 ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	ROUND ROCK BASEBALL CLUB, LP	c EIN-PN 77-0646382-001
a	Plan name	VITL PENSION PLAN	
b	Name of plan sponsor	VERMONT INFORMATION TECHNOLOGY LEADERS	c EIN-PN 20-3131747-001
a	Plan name	BESTCO ELECTRIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BESTCO ELECTRIC, INC.	c EIN-PN 94-2212170-002
a	Plan name	CHAHTA HOLDING GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CHAHTA HOLDING GROUP, INC.	c EIN-PN 26-4761691-001
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 WUERFEL INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	D WUERFEL INC.	c EIN-PN 20-2121078-001
a	Plan name	ENGINEERED METAL PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	ENGINEERED METAL PRODUCTS, LLC	c EIN-PN 20-1958314-001
a	Plan name	MDSAVE, INC. 401(K) PLAN	
b	Name of plan sponsor	MDSAVE, INC.	c EIN-PN 45-4596654-001

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	AVERA & SMITH LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AVERA & SMITH LLP	c EIN-PN 54-2118084-001
a	Plan name	BROWBLEE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	BROWBLEE LUMBER COMPANY	c EIN-PN 25-1542521-001
a	Plan name	E.M.B., INC. 401(K) PLAN	
b	Name of plan sponsor	LANDSCAPER'S DEPOT, INC.	c EIN-PN 02-0419465-001
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	FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FLOWMASTER, INC.	c EIN-PN 46-4050504-002
a	Plan name	FONTENELLE & GOODREAU INSURANCE, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FONTENELLE & GOODREAU INSURANCE, LLC	c EIN-PN 20-5889299-001
a	Plan name	FOREMAN TOOL AND MOLD 401(K) PLAN	
b	Name of plan sponsor	FOREMAN TOOL AND MOLD	c EIN-PN 82-3225815-001
a	Plan name	JOINER CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOINER CONSTRUCTION COMPANY, INC.	c EIN-PN 75-2218562-001
a	Plan name	OASYS 401(K) PLAN	
b	Name of plan sponsor	OFFICE AUTOMATION SYSTEMS, LTD. DBA OASYS, LTD.	c EIN-PN 52-1747644-001
a	Plan name	PIENTA ENTERPRISES, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	PIENTA ENTERPRISES, INC.	c EIN-PN 38-2434419-001
a	Plan name	B & B TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
a	Plan name	BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
b	Name of plan sponsor	BUDGET DRY WATERPROOFING, INC.	c EIN-PN 20-8805605-001

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	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'	c EIN-PN 41-2153109-001
a	Plan name	DAVID A. PARIS, D.D.S., S.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID A. PARIS, D.D.S., S.C.	c EIN-PN 39-1696459-001
a	Plan name	EASTON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	EASTON ENTERPRISES, INC.	c EIN-PN 38-3653577-001
a	Plan name	GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	GUIDE WEALTH PARTNERS, INC.	c EIN-PN 42-1350912-001
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	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	SALIL TREHAN MD PA 401(K) PLAN	
b	Name of plan sponsor	SALIL TREHAN MD PA	c EIN-PN 75-2894667-001
a	Plan name	SPAY 401(K) PLAN	
b	Name of plan sponsor	SPAY, INC.	c EIN-PN 47-4011165-777
a	Plan name	TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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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 MFS INTERNATIONAL DIVERSIFICATION RET OPT	B Three-digit plan number (PN) ▶ 665
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)	1
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)	22566025
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	17027114
(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	22566026	17027114
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	22566026	17027114

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)	381901	
(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)	883127	
(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)		164878
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		1429906

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)	60152	
(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)		60152
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60152

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1369754
l Transfers of assets:			
(1) To this plan	2l(1)		2076300
(2) From this plan	2l(2)		8984966

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 _____.