

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;"><b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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**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  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**

<p><b>1a</b> Name of plan <u>MFS MID CAP VALUE RET OPT</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>712</u></p>
<p><b>2a</b> 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></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>39-0989781</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>319-355-6449</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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.

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<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

<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>MFS MID CAP VALUE RET OPT</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>712</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)
<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):		
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
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<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)



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 POLYSHOT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor POLYSHOT CORPORATION	<b>c</b> EIN-PN 16-1384222-001
<b>a</b>	Plan name LA LA LAND CREATIVE COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LA LA LAND CREATIVE COMPANY, LLC	<b>c</b> EIN-PN 83-0866803-001
<b>a</b>	Plan name THE TM GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE TM GROUP, INC.	<b>c</b> EIN-PN 38-3156552-777
<b>a</b>	Plan name PULMONARY & CRITICAL CARE ASSOCIATES, S.C. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PULMONARY & CRITICAL CARE ASSOCIATES, S.C.	<b>c</b> EIN-PN 39-1830838-002
<b>a</b>	Plan name PUNCTUAL ABSTRACT CO. INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PUNCTUAL ABSTRACT CO. INC.	<b>c</b> EIN-PN 72-1228652-001
<b>a</b>	Plan name LAW OFFICES OF DANIEL A. PARMELE, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF DANIEL A. PARMELE, P.C.	<b>c</b> EIN-PN 43-1926792-001
<b>a</b>	Plan name RED POINTE ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor RED POINTE ROOFING, LP	<b>c</b> EIN-PN 90-0957014-001
<b>a</b>	Plan name REDBARN PET PRODUCTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor REDBARN PET PRODUCTS, LLC	<b>c</b> EIN-PN 80-0554839-001
<b>a</b>	Plan name FREER MECHANICAL CONTRACTORS, INC. EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FREER MECHANICAL CONTRACTOR'S INC.	<b>c</b> EIN-PN 75-1046142-002
<b>a</b>	Plan name RICHARD GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHARD GROUP, LLC	<b>c</b> EIN-PN 46-1249708-001
<b>a</b>	Plan name GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOTEC PLUS SUN, LLC	<b>c</b> EIN-PN 20-4320976-001
<b>a</b>	Plan name ROONEY'S WELDING & FABRICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor ROONEY'S WELDING & FABRICATION, INC.	<b>c</b> EIN-PN 02-0514973-001

<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	VOXTUR ANALYTICS US CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VOXTUR ANALYTICS US CORP.	<b>c</b> EIN-PN 87-2071392-001
<b>a</b>	Plan name	CLARITY TELECOM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLARITY TELECOM LLC DBA BLUEPEAK	<b>c</b> EIN-PN 46-2667900-001
<b>a</b>	Plan name	CLEAR CREEK SKIING CORP., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLEAR CREEK SKIING CORPORATION, INC.	<b>c</b> EIN-PN 84-0619358-001
<b>a</b>	Plan name	SAMTECH INTERNATIONAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SAMTECH AUTOMOTIVE USA, INC.	<b>c</b> EIN-PN 95-4568597-001
<b>a</b>	Plan name	WESTERN PACIFIC PULP & PAPER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WESTERN PACIFIC PULP & PAPER, INC.	<b>c</b> EIN-PN 94-2906199-001
<b>a</b>	Plan name	SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SHAW'S COVE ORTHOPAEDICS, LLC	<b>c</b> EIN-PN 56-2397586-001
<b>a</b>	Plan name	DAVIDSEN EXCAVATING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAVIDSEN EXCAVATING, INC.	<b>c</b> EIN-PN 26-2880639-001
<b>a</b>	Plan name	IOWA DRAINAGE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IOWA DRAINAGE, INC.	<b>c</b> EIN-PN 42-0999823-003
<b>a</b>	Plan name	PCRM SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARTNERSHIP CONCEPTS REALTY MANAGEMENT, INC.	<b>c</b> EIN-PN 36-2850850-001
<b>a</b>	Plan name	ASV SURGICAL MANAGEMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASV SURGICAL MANAGEMENT	<b>c</b> EIN-PN 03-0536140-001
<b>a</b>	Plan name	DRABIK MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DRABIK MANUFACTURING, INC.	<b>c</b> EIN-PN 34-1503007-001
<b>a</b>	Plan name	CABLE MAN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CABLE MAN, INC.	<b>c</b> EIN-PN 64-0576514-001

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 FYI SYSTEMS, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor FYI SYSTEMS, INC.	<b>c</b> EIN-PN 22-2562534-001
<b>a</b>	Plan name MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MADDEN ELEVATOR COMPANY	<b>c</b> EIN-PN 27-4404800-001
<b>a</b>	Plan name MAISON LOUIS MARIE LLC DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor MAISON LOUIS MARIE LLC	<b>c</b> EIN-PN 47-4176521-002
<b>a</b>	Plan name GERRALD'S MECHANICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GERRALD'S MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 58-2047712-001
<b>a</b>	Plan name VAIL VACATION PROPERTIES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor VAIL VACATION PROPERTIES LLC	<b>c</b> EIN-PN 45-2923184-001
<b>a</b>	Plan name CLEVELAND MARBLE MOSAIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CLEVELAND MARBLE MOSAIC CO.	<b>c</b> EIN-PN 34-0151170-001
<b>a</b>	Plan name ACME PALLET, INC. EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACME PALLET, INC.	<b>c</b> EIN-PN 38-1710471-001
<b>a</b>	Plan name HOME INSTEAD 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOME INSTEAD SENIOR CARE	<b>c</b> EIN-PN 26-1145117-001
<b>a</b>	Plan name AERO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AERO CHARTER, INC.	<b>c</b> EIN-PN 43-1133102-002
<b>a</b>	Plan name SKILLINGS & SONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SKILLINGS & SONS, INC.	<b>c</b> EIN-PN 04-2491037-001
<b>a</b>	Plan name DESTINY HOME HEALTH AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DESTINY HOME HEALTH AGENCY, INC.	<b>c</b> EIN-PN 77-0616280-001
<b>a</b>	Plan name TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	<b>c</b> EIN-PN 81-4118651-001

<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	EGER PRODUCTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EGER PRODUCTS INC	<b>c</b> EIN-PN 31-0749790-001
<b>a</b>	Plan name	BIOEX CONSULTING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIOEX CONSULTING, LLC	<b>c</b> EIN-PN 26-3459118-001
<b>a</b>	Plan name	BIZLINK GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	<b>c</b> EIN-PN 94-3355611-001
<b>a</b>	Plan name	EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EVERGREEN AVIATION & SPACE MUSEUM	<b>c</b> EIN-PN 93-1069203-001
<b>a</b>	Plan name	LAGUNA SOURCE SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAGUNA SOURCE LLC	<b>c</b> EIN-PN 41-2223213-002
<b>a</b>	Plan name	THOMPSON VETERINARY CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON VETERINARY CLINIC	<b>c</b> EIN-PN 38-3184834-001
<b>a</b>	Plan name	BORCHARDT, CORONA & FAETH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BORCHARDT, CORONA & FAETH	<b>c</b> EIN-PN 77-0144125-001
<b>a</b>	Plan name	MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATTHEW L. BRIDGES DDS PLLC	<b>c</b> EIN-PN 82-1972625-001
<b>a</b>	Plan name	MICHAEL STARS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL STARS	<b>c</b> EIN-PN 35-3962410-222
<b>a</b>	Plan name	ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ORLANDO SPRING CORP	<b>c</b> EIN-PN 95-1933966-001
<b>a</b>	Plan name	PREACHER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PREACHER, LLC	<b>c</b> EIN-PN 46-4405855-001
<b>a</b>	Plan name	SCHULTZ PROCESS SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHULTZ PROCESS SERVICES, INC.	<b>c</b> EIN-PN 45-4118372-001

<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	THREE RIVERS CHRYSLER JEEP DODGE, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THREE RIVERS CHRYSLER JEEP DODGE	<b>c</b> EIN-PN 84-1670451-001
<b>a</b>	Plan name	TIM SNELSON'S PUMPING UNIT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TIM SNELSON'S PUMPING UNIT	<b>c</b> EIN-PN 75-2715506-001
<b>a</b>	Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	<b>c</b> EIN-PN 38-3424306-001
<b>a</b>	Plan name	WINCO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BMS HOLDINGS, INC.	<b>c</b> EIN-PN 43-0634395-003
<b>a</b>	Plan name	APPALACHIAN BOILER AND FAB,LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	APPALACHIAN BOILER AND FAB, LLC	<b>c</b> EIN-PN 46-0911627-001
<b>a</b>	Plan name	BLAGER CONCRETE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLAGER CONCRETE COMPANY	<b>c</b> EIN-PN 20-0634151-001
<b>a</b>	Plan name	CARS DAWYDIAK, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CARS DAWYDIAK, INC.	<b>c</b> EIN-PN 94-3065583-001
<b>a</b>	Plan name	CHRISTIAN HERITAGE ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIAN HERITAGE ACADEMY	<b>c</b> EIN-PN 36-3237612-001
<b>a</b>	Plan name	COBRA MOTO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COBRA MOTO, LLC	<b>c</b> EIN-PN 27-1784830-001
<b>a</b>	Plan name	COLLAGE ARCHITECTS LLC EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	COLLAGE ARCHITECTS LLC	<b>c</b> EIN-PN 26-3215943-001
<b>a</b>	Plan name	ELEMASTER US, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELEMASTER US, INC.	<b>c</b> EIN-PN 99-0376707-001
<b>a</b>	Plan name	GREAT LAKES WAREHOUSING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GREAT LAKES WAREHOUSING, LLC	<b>c</b> EIN-PN 38-3352246-002

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.)	
<b>a</b>	Plan name HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN	
<b>b</b>	Name of plan sponsor HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	<b>c</b> EIN-PN 34-1165089-001
<b>a</b>	Plan name HILLSON CONTRACTORS, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor HILLSON CONTRACTORS, INC.	<b>c</b> EIN-PN 02-0503186-001
<b>a</b>	Plan name AKJOHNSTON GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AKJOHNSTON GROUP, LLC	<b>c</b> EIN-PN 47-4760375-001
<b>a</b>	Plan name BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAZORIA TELEPHONE COMPANY, INC.	<b>c</b> EIN-PN 74-1179149-002
<b>a</b>	Plan name CSRA 401(K) PLAN	
<b>b</b>	Name of plan sponsor CSRA HOME HEALTH AGENCY-COLUMBIA, INC. DBA CSRA HOME HEALTH AGENCY	<b>c</b> EIN-PN 58-1369830-333
<b>a</b>	Plan name DMLOGIC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DMLOGIC	<b>c</b> EIN-PN 27-1024409-001
<b>a</b>	Plan name ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELLEFSON TRANSPORTATION GROUP, INC.	<b>c</b> EIN-PN 58-1654796-001
<b>a</b>	Plan name HARRISON M. ISHIDA, D.D.S., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HARRISON M. ISHIDA, D.D.S., INC.	<b>c</b> EIN-PN 99-0168361-001
<b>a</b>	Plan name KEY TECHNICAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEY TECHNICAL SOLUTIONS INCORPORATED	<b>c</b> EIN-PN 39-1751214-001
<b>a</b>	Plan name MAYHEW STEEL/DEERFIELD PACKAGING RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor MAYHEW STEEL PRODUCTS, INC.	<b>c</b> EIN-PN 04-1595240-777
<b>a</b>	Plan name QUIPT HOME MEDICAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor QUIPT HOME MEDICAL, INC.	<b>c</b> EIN-PN 27-1139562-001
<b>a</b>	Plan name ROADRUNNER GLASS COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROADRUNNER GLASS COMPANY, INC.	<b>c</b> EIN-PN 86-0713467-001

<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	SOCIETY, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOCIETY, INC. DBA THE ACADEMY	<b>c</b> EIN-PN 80-0231640-001
<b>a</b>	Plan name	THE LIFE ASSOCIATES, INC. & BLANKENSHIP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE LIFE ASSOCIATES, INC.	<b>c</b> EIN-PN 61-1150917-001
<b>a</b>	Plan name	WISCONSIN WOMEN'S HEALTH FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN WOMEN'S HEALTH FOUNDATION	<b>c</b> EIN-PN 39-1900678-001
<b>a</b>	Plan name	ID SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ID SYSTEMS, INC.	<b>c</b> EIN-PN 38-2419366-002
<b>a</b>	Plan name	KLEAN KANTEEN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KLEAN KANTEEN	<b>c</b> EIN-PN 94-2537951-002
<b>a</b>	Plan name	WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WONDERLAND TIRE COMPANY, INC.	<b>c</b> EIN-PN 38-2264378-001
<b>a</b>	Plan name	ALBERTELLI LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JAMES E. ALBERTELLI, P.A.	<b>c</b> EIN-PN 26-0659686-001
<b>a</b>	Plan name	BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRIDGEWAY, INC.	<b>c</b> EIN-PN 37-0984175-001
<b>a</b>	Plan name	COMMUNITY WHOLESALE TIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY WHOLESALE TIRE DISTRIBUTING, INC.	<b>c</b> EIN-PN 43-0799202-001
<b>a</b>	Plan name	COMPASS HEALTH ADMINISTRATORS 401K PLAN	
<b>b</b>	Name of plan sponsor	COMPASS HEALTH ADMINISTRATORS	<b>c</b> EIN-PN 82-2891309-001
<b>a</b>	Plan name	FISHER DESIGN, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FISHER DESIGN, INC.	<b>c</b> EIN-PN 31-0601808-001
<b>a</b>	Plan name	MWM ARCHITECTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MWM ARCHITECTS, INC.	<b>c</b> EIN-PN 75-1777368-001

<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	O'BRIEN BROS. BUSINESS FORMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	O'BRIEN BROS. BUSINESS FORMS, INC.	<b>c</b> EIN-PN 36-2796459-001
<b>a</b>	Plan name	PAUL'S AUTO REPAIR, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAUL'S AUTO REPAIR, LLC	<b>c</b> EIN-PN 27-2538433-001
<b>a</b>	Plan name	RAPT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RICHMOND AUTO PARTS TECHNOLOGY, INC.	<b>c</b> EIN-PN 61-1321586-001
<b>a</b>	Plan name	VIRGINIA IPAPO-AGUSTIN DDS INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VIRGINIA IPAPO DDS, INC.	<b>c</b> EIN-PN 26-4554490-001
<b>a</b>	Plan name	VISIT NEWPORT BEACH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VISIT NEWPORT BEACH, INC.	<b>c</b> EIN-PN 51-0225353-001
<b>a</b>	Plan name	VITL PENSION PLAN	
<b>b</b>	Name of plan sponsor	VERMONT INFORMATION TECHNOLOGY LEADERS	<b>c</b> EIN-PN 20-3131747-001
<b>a</b>	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WULCO, INC.	<b>c</b> EIN-PN 61-1171211-222
<b>a</b>	Plan name	ABSOLUTE ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE ENERGY, L.L.C	<b>c</b> EIN-PN 20-3841025-777
<b>a</b>	Plan name	D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	D.I.J. CONSTRUCTION, INC.	<b>c</b> EIN-PN 74-2291006-001
<b>a</b>	Plan name	ENGELHARDT DAIRY OF WISCONSIN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGELHARDT DAIRY OF WISCONSIN, LLC	<b>c</b> EIN-PN 45-2174947-001
<b>a</b>	Plan name	ENGINEERED SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGINEERED SYSTEMS, INC.	<b>c</b> EIN-PN 04-3194781-001
<b>a</b>	Plan name	LOMONT MOLDING, LLC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LOMONT MOLDING, LLC	<b>c</b> EIN-PN 47-1306587-001

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 LONE WOLF RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONE WOLF RESOURCES, LLC	<b>c</b> EIN-PN 75-2815928-001
<b>a</b>	Plan name ME N ED'S PIZZERIA 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MILANO RESTAURANTS INTERNATIONAL CORPORATION	<b>c</b> EIN-PN 77-0426714-001
<b>a</b>	Plan name FLOWMASTER, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FLOWMASTER, INC.	<b>c</b> EIN-PN 46-4050504-002
<b>a</b>	Plan name FONTENELLE & GOODREAU INSURANCE, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FONTENELLE & GOODREAU INSURANCE, LLC	<b>c</b> EIN-PN 20-5889299-001
<b>a</b>	Plan name INDEPENDENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor INDEPENDENT CAPITAL MANAGEMENT LLC	<b>c</b> EIN-PN 26-3029556-001
<b>a</b>	Plan name JOHNSON FINANCIAL SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor JOHNSON FINANCIAL SOLUTIONS, INC.	<b>c</b> EIN-PN 20-8464483-001
<b>a</b>	Plan name JOINER CONSTRUCTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOINER CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 75-2218562-001
<b>a</b>	Plan name OCEANWIDE RESORT HI LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OCEANWIDE RESORT HI LLC	<b>c</b> EIN-PN 81-2988222-001
<b>a</b>	Plan name SADDLEBACK DESIGN RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor SADDLEBACK DESIGN, INC.	<b>c</b> EIN-PN 84-1379148-001
<b>a</b>	Plan name TRIPLE H FOOD PROCESSORS, LLC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRIPLE H FOOD PROCESSORS, LLC.	<b>c</b> EIN-PN 47-4431714-001
<b>a</b>	Plan name BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'	<b>c</b> EIN-PN 41-2153109-001
<b>a</b>	Plan name CITIZENS INN, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CITIZENS INN, INC.	<b>c</b> EIN-PN 22-2540856-001



<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>MFS MID CAP VALUE RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>712</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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	6389859
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	9324266
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</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>	6389859	9324266
<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>		1
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		1
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	6389859	9324266

**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>		<b>(a)</b> Amount	<b>(b)</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>	82373	
<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>	-41205	
<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>		857808
<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>		898976

**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>	22513	
(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>		22513
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		22513

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		876463
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		4885712
(2) From this plan .....	<b>2l(2)</b>		2827769

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