

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 VALUE RET OPT
1b Three-digit plan number (PN): 713
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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE.

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

Form 5500 (2024) v. 240311

<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> <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
--	--

**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)
---	---

---

**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 \_\_\_\_\_

---

<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>
---	--	---

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 VALUE RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>713</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)
---------------	--

<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):		
<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):		
<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 THE ART OF MANAGEMENT, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE ART OF MANAGEMENT, LLP	<b>c</b> EIN-PN 47-2620180-001
<b>a</b>	Plan name EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EQUINE MEDICAL CENTER OF OCALA	<b>c</b> EIN-PN 20-3993544-001
<b>a</b>	Plan name ESSNER MANUFACTURING, L.P. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ESSNER MANUFACTURING, L.P.	<b>c</b> EIN-PN 52-2439789-001
<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 FAIRWAY MARKET III 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FAIRWAY MARKET III	<b>c</b> EIN-PN 77-0084733-001
<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 UNIVERSITY PAIN MEDICINE CENTER LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNIVERSITY PAIN MEDICINE CENTER LLC	<b>c</b> EIN-PN 11-3822342-001
<b>a</b>	Plan name CANNON MEDICAL, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CANNON MEDICAL, INC.	<b>c</b> EIN-PN 94-3251623-001
<b>a</b>	Plan name MARION MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARION TOOL & DIE, INC. DBA MARION MANUFACTURING	<b>c</b> EIN-PN 35-2010769-001
<b>a</b>	Plan name H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	<b>c</b> EIN-PN 33-0842894-001
<b>a</b>	Plan name WEST WIND DENTAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor WEST WIND DENTAL	<b>c</b> EIN-PN 81-4317214-001
<b>a</b>	Plan name SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHEILA C. SKIP NOWELL LEADERSHIP ACADEMY	<b>c</b> EIN-PN 46-2385806-001

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 SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	<b>c</b> EIN-PN 20-0048495-001
<b>a</b>	Plan name CONSUMERTRACK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CONSUMERTRACK, INC.	<b>c</b> EIN-PN 20-0849843-001
<b>a</b>	Plan name ALVEO HEALTH LLC FKA THE CONSULT, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALVEO HEALTH LLC FKA THE CONSULT	<b>c</b> EIN-PN 31-1237647-001
<b>a</b>	Plan name DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DAVID M. FINKELSTEIN, O.D. & RYAN SHEA, O.D., L.L.C.	<b>c</b> EIN-PN 27-0631471-001
<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 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 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 TYNAN EQUIPMENT 401(K) PLAN	
<b>b</b>	Name of plan sponsor YALE INDUSTRIAL TRUCKS - TYNAN, INC.	<b>c</b> EIN-PN 35-1147878-001
<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 GERALD GRAIN INCENTIVE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GERALD GRAIN CENTER, INC.	<b>c</b> EIN-PN 34-1526549-001
<b>a</b>	Plan name CARDEN ARBOR VIEW SCHOOL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CARDEN ARBOR VIEW SCHOOL, INC.	<b>c</b> EIN-PN 95-3695686-002

<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	CARING ENTERPRISES INCORPORATED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARING ENTERPRISES INCORPORATED	<b>c</b> EIN-PN 42-1461742-001
<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	WALBERG, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALBERG, INC.	<b>c</b> EIN-PN 81-2702296-001
<b>a</b>	Plan name	CHIROPRACTIC PLUS OF TRICITIES, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHIROPRACTIC PLUS OF TRICITIES, P.C.	<b>c</b> EIN-PN 20-3867928-001
<b>a</b>	Plan name	SBAC ANIMAL CLINIC, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SBAC ANIMAL CLINIC, INC	<b>c</b> EIN-PN 33-4162060-001
<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	MODERN WOMEN'S CARE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MODERN WOMEN'S CARE	<b>c</b> EIN-PN 27-1337010-001
<b>a</b>	Plan name	NO. 8 SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	QED SOFTWARE LIMITED, LLC	<b>c</b> EIN-PN 51-0408203-001
<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	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	STADLER PLUMBING & HEATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STADLER PLUMBING & HEATING, INC.	<b>c</b> EIN-PN 38-3295246-001
<b>a</b>	Plan name	DTS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DARNELL TECHNICAL SERVICES, INC.	<b>c</b> EIN-PN 77-0622546-777

<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	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>a</b>	Plan name	BARBARA E. WHITWORTH, D.D.S. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BARBARA E. WHITWORTH, D.D.S.	<b>c</b> EIN-PN 75-2633818-001
<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	LAKELAND ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKELAND ECONOMIC DEVELOPMENT COUNCIL	<b>c</b> EIN-PN 45-4919549-001
<b>a</b>	Plan name	QIU ACCOUNTANCY CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QIU ACCOUNTANCY CORP.	<b>c</b> EIN-PN 95-4629680-001
<b>a</b>	Plan name	FEIST CABINETS & WOODWORKS, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEIST CABINETS & WOODWORKS, INC.	<b>c</b> EIN-PN 68-0130480-001
<b>a</b>	Plan name	MASTERS ELECTRICAL SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASTERS ELECTRICAL SERVICES, LTD	<b>c</b> EIN-PN 74-2618930-777
<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	PRECIOUS MOMENTS FOUNDATION EMPLOYEES 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PRECIOUS MOMENTS FOUNDATION	<b>c</b> EIN-PN 31-1721271-001
<b>a</b>	Plan name	RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RIVERHILLS HEALTHCARE, INC.	<b>c</b> EIN-PN 31-1412447-002
<b>a</b>	Plan name	SLIM CHICKENS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SLIM CHICKENS	<b>c</b> EIN-PN 45-3985800-001

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 THE DYNAMIC CONSTRUCTION, INC. PROFIT SHARING & 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC CONSTRUCTION, INC.	<b>c</b> EIN-PN 31-1526251-001
<b>a</b>	Plan name UNICOI SYSTEMS, INC. AND WAHSEGA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor UNICOI SYSTEMS, INC.	<b>c</b> EIN-PN 58-2590945-001
<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 VALUERX PHARMACY SERVICES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EVINE, LLC DBA VALUERX PHARMACY SERVICES	<b>c</b> EIN-PN 47-3313679-001
<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 AMERICAN STEEL TREATING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN STEEL TREATING, INC.	<b>c</b> EIN-PN 34-1614413-001
<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 CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CALICO BUILDING SERVICES, INC.	<b>c</b> EIN-PN 33-0493568-001
<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 CORETRUST MANAGEMENT, LP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CORETRUST MANAGEMENT, LP	<b>c</b> EIN-PN 32-0475371-001
<b>a</b>	Plan name DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC DOWNHOLE SERVICES, LLC	<b>c</b> EIN-PN 26-2612443-001
<b>a</b>	Plan name ELITE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELITE CONSTRUCTION & DESIGN, INC.	<b>c</b> EIN-PN 20-5415510-001

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 GISCLAIR & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GISCLAIR & ASSOCIATES, INC.	<b>c</b> EIN-PN 72-1012609-001
<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 JOHN DEERE CLASSIC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOHN DEERE CLASSIC	<b>c</b> EIN-PN 93-1332421-001
<b>a</b>	Plan name LANCE INDUSTRIES, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor LANCE INDUSTRIES, INC.	<b>c</b> EIN-PN 90-0613621-001
<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 APPLIED COATINGS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor APPLIED COATINGS, INC.	<b>c</b> EIN-PN 35-1755339-001
<b>a</b>	Plan name BEAUFORT ENGINEERING SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BEAUFORT ENGINEERING SERVICES, INC.	<b>c</b> EIN-PN 57-0693958-001
<b>a</b>	Plan name BRICK CITY PRIMARY CARE PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRICK CITY PRIMARY CARE	<b>c</b> EIN-PN 26-4778038-001
<b>a</b>	Plan name CROWN SEARCH SERVICES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CROWN SEARCH SERVICES	<b>c</b> EIN-PN 31-1724430-001
<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 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>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	KIDZ BIZ PEDIATRICS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KIDZ BIZ PEDIATRICS	<b>c</b> EIN-PN 43-1940340-001
<b>a</b>	Plan name	LESLY KAHN & COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LESLY KAHN & COMPANY	<b>c</b> EIN-PN 95-4820708-001
<b>a</b>	Plan name	LEVIN LEGAL GROUP, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEVIN LEGAL GROUP, P.C.	<b>c</b> EIN-PN 23-2830283-001
<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	NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN SASH, INC. DBA THERMAL GARD WINDOW AND DOOR 401K PROFIT SHA	<b>c</b> EIN-PN 35-1644182-001
<b>a</b>	Plan name	HAWKE MEDIA, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAWKE MEDIA, LLC	<b>c</b> EIN-PN 46-3254493-001
<b>a</b>	Plan name	IBEW LOCAL UNION NO. 444 PENSION PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL BROTHERHOOD OF ELECTRICAL UNION WORKERS LOCAL UNION 44	<b>c</b> EIN-PN 73-6153191-001
<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	JAN-PRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRI-VISION CORPORATION II	<b>c</b> EIN-PN 47-5110107-001
<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	LISA M. SIMONE, ATTORNEY AT LAW, A PROFESSIONAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LISA M. SIMONE ATTORNEY AT LAW, A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 87-4041442-001
<b>a</b>	Plan name	T & D DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOOL & DIE DESIGN	<b>c</b> EIN-PN 38-3384452-001

<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	THE MILWAUKEE ATHLETIC CLUB, 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE MILWAUKEE ATHLETIC CLUB	<b>c</b> EIN-PN 39-0475250-001
<b>a</b>	Plan name	ABBATELLO ELECTRIC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABBATELLO ELECTRIC, LLC	<b>c</b> EIN-PN 06-1632260-001
<b>a</b>	Plan name	ALBRECO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ALBRECO, INC.	<b>c</b> EIN-PN 31-1638056-001
<b>a</b>	Plan name	BELL FORK LIFT, INC. PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BELL FORK LIFT, INC.	<b>c</b> EIN-PN 38-2094639-001
<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	CENTRAL OHIO BEHAVIORAL MEDICINE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL OHIO BEHAVIORAL MEDICINE, INC.	<b>c</b> EIN-PN 31-1532806-001
<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	CTCO BENEFIT SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CTCO BENEFIT SERVICES, LLC	<b>c</b> EIN-PN 30-0515404-002
<b>a</b>	Plan name	CTS PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CTS, INC.	<b>c</b> EIN-PN 36-4198749-001
<b>a</b>	Plan name	DORIC PRODUCTS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DORIC PRODUCTS, INC.	<b>c</b> EIN-PN 35-1391396-003
<b>a</b>	Plan name	FIRST SECURITY MORTGAGE SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIRST SECURITY MORTGAGE SERVICES, INC.	<b>c</b> EIN-PN 59-3153355-001
<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

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 <a href="#">ROCKY MOUNTAIN RESOURCES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.</a>	<b>c</b> EIN-PN <a href="#">46-0750094-001</a>
<b>a</b>	Plan name <a href="#">TAHLEQUAH LUMBER COMPANY 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TAHLEQUAH LUMBER COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">73-0733285-001</a>
<b>a</b>	Plan name <a href="#">THE REALTIME GROUP 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">46-0876004-001</a>
<b>a</b>	Plan name <a href="#">VIRGINIA IPAPO-AGUSTIN DDS INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VIRGINIA IPAPO DDS, INC.</a>	<b>c</b> EIN-PN <a href="#">26-4554490-001</a>
<b>a</b>	Plan name <a href="#">VISIT NEWPORT BEACH, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VISIT NEWPORT BEACH, INC.</a>	<b>c</b> EIN-PN <a href="#">51-0225353-001</a>
<b>a</b>	Plan name <a href="#">D WUERFEL INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">D WUERFEL INC.</a>	<b>c</b> EIN-PN <a href="#">20-2121078-001</a>
<b>a</b>	Plan name <a href="#">GOGANIAN &amp; ASSOCIATES, P.C. 401(K) RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GOGANIAN &amp; ASSOCIATES, P.C.</a>	<b>c</b> EIN-PN <a href="#">47-4203482-001</a>
<b>a</b>	Plan name <a href="#">JCJ, LLP 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JCJ, LLP</a>	<b>c</b> EIN-PN <a href="#">27-4442059-001</a>
<b>a</b>	Plan name <a href="#">MCM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCM CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1223854-001</a>
<b>a</b>	Plan name <a href="#">MDSAVE, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MDSAVE, INC.</a>	<b>c</b> EIN-PN <a href="#">45-4596654-001</a>
<b>a</b>	Plan name <a href="#">FLORIDA LEISURE COMMUNITIES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FLORIDA LEISURE COMMUNITIES CORPORATION</a>	<b>c</b> EIN-PN <a href="#">59-3040840-001</a>
<b>a</b>	Plan name <a href="#">FONTENELLE &amp; GOODREAU INSURANCE, LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FONTENELLE &amp; GOODREAU INSURANCE, LLC</a>	<b>c</b> EIN-PN <a href="#">20-5889299-001</a>

<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	FOOD 4 LESS SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PAQ, INC. DBA FOOD 4 LESS	<b>c</b> EIN-PN 68-0363934-002
<b>a</b>	Plan name	JOHNSTON & HUTCHINSON, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHNSTON & HUTCHINSON LLP	<b>c</b> EIN-PN 27-1473841-001
<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	OHIO COUNCIL OF RETAIL MERCHANTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHIO COUNCIL OF RETAIL MERCHANTS	<b>c</b> EIN-PN 31-4269320-002
<b>a</b>	Plan name	BABCOCK CONSULTING GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BABCOCK CONSULTING GROUP	<b>c</b> EIN-PN 72-1385871-001
<b>a</b>	Plan name	BACK EAST, LTD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BACK EAST LTD	<b>c</b> EIN-PN 65-0706506-001
<b>a</b>	Plan name	BULTYNCK & CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BULTYNCK & CO., P.L.L.C.	<b>c</b> EIN-PN 20-3920878-777
<b>a</b>	Plan name	EASTON ENTERPRISES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EASTON ENTERPRISES, INC.	<b>c</b> EIN-PN 38-3653577-001
<b>a</b>	Plan name	JP RUEL ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JP ELECTRIC AND SON, INC.	<b>c</b> EIN-PN 46-2288362-001
<b>a</b>	Plan name	MILLER BARONDESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILLER BARONDESS, LLP	<b>c</b> EIN-PN 20-4939800-222
<b>a</b>	Plan name	SALIL TREHAN MD PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SALIL TREHAN MD PA	<b>c</b> EIN-PN 75-2894667-001
<b>a</b>	Plan name	THA ARCHITECTS ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	<b>c</b> EIN-PN 38-1561901-002

<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>
--	--	--

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 VALUE RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>713</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>
---------------	--------------------------------------

**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<b>23073409</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	<b>22975202</b>
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	23073409	22975202
<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>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	23073409	22975202

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	363629	
<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>	700525	
<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>		1599398
<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>		2663552

**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>	67381	
(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>		67381
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		67381

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2596171
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		2335958
(2) From this plan .....	<b>2l(2)</b>		5030336

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