

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: TRANSAMERICA SMALL/MID CAP VALUE RET ACCT; 1b Three-digit plan number (PN): 124; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

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

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

**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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>TRANSAMERICA SMALL/MID CAP VALUE RET ACCT</u>	<b>B</b> Three-digit plan number (PN) <u>▶ 124</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</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 CHICAGOLAND INDEPENDENT AUCTION, INC. EMPLOYEES' 401(K) SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CHICAGOLAND INDEPENDENT AUCTION, INC.	<b>c</b> EIN-PN 85-3122017-001
<b>a</b>	Plan name CICERONE ADVISERS LLC PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor CICERONE ADVISERS, LLC	<b>c</b> EIN-PN 06-1601609-001
<b>a</b>	Plan name GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GANDEE & ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1080359-001
<b>a</b>	Plan name GENERAL MICRO SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GENERAL MICRO SYSTEMS	<b>c</b> EIN-PN 95-3668223-003
<b>a</b>	Plan name KAA DESIGN GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KAA DESIGN GROUP, INC.	<b>c</b> EIN-PN 95-4631555-001
<b>a</b>	Plan name MOORE & JACKSON, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MOORE & JACKSON, LLC	<b>c</b> EIN-PN 52-2336032-001
<b>a</b>	Plan name MORELAND DEALERSHIPS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GRAND AUTO INC.	<b>c</b> EIN-PN 84-1120772-003
<b>a</b>	Plan name SERV-U 401(K) PLAN	
<b>b</b>	Name of plan sponsor SERV-U	<b>c</b> EIN-PN 37-1325760-002
<b>a</b>	Plan name TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION	<b>c</b> EIN-PN 95-4352606-001
<b>a</b>	Plan name TKNG TRANSPORTATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TKNG TRANSPORTATION, INC.	<b>c</b> EIN-PN 20-8626215-001
<b>a</b>	Plan name LAW OFFICES OF TRAVIS GAGNIER, INC. P.S. RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor LAW OFFICES OF TRAVIS GAGNIER, INC. P.S.	<b>c</b> EIN-PN 91-1904079-001
<b>a</b>	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEVITT & BOCCIO, LLP	<b>c</b> EIN-PN 47-2210945-001

<b>Part II 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	MST FINANCIAL SOLUTIONS 401(K) PLAN
<b>b</b>	Name of plan sponsor	MST FINANCIAL SOLUTIONS, LLC
<b>c</b>	EIN-PN	47-2363345-001
<b>a</b>	Plan name	ALH 401(K) PLAN
<b>b</b>	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.
<b>c</b>	EIN-PN	75-1407510-001
<b>a</b>	Plan name	NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN
<b>b</b>	Name of plan sponsor	NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER
<b>c</b>	EIN-PN	22-2918632-001
<b>a</b>	Plan name	NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	NEW YORK ACCESSORY GROUP, INC.
<b>c</b>	EIN-PN	13-4175959-002
<b>a</b>	Plan name	NEWBROOK INSURANCE AGENCY RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	NEWBROOK INSURANCE AGENCY, INC.
<b>c</b>	EIN-PN	11-2718154-001
<b>a</b>	Plan name	PERKINS MANUFACTURING NON-UNION 401(K) PLAN
<b>b</b>	Name of plan sponsor	PERKINS MANUFACTURING
<b>c</b>	EIN-PN	36-2809543-001
<b>a</b>	Plan name	PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PERSON & COVEY, INC.
<b>c</b>	EIN-PN	95-2020861-001
<b>a</b>	Plan name	PETROSKE RIEZENMAN & MEYERS, P.C. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	PETROSKE RIEZENMAN & MEYERS, P.C.
<b>c</b>	EIN-PN	20-0584514-001
<b>a</b>	Plan name	PHI RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	PARAPROFESSIONAL HEALTHCARE INSTITUTE
<b>c</b>	EIN-PN	13-3575492-001
<b>a</b>	Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BRYAN CHEVROLET LLC
<b>c</b>	EIN-PN	72-0477660-001
<b>a</b>	Plan name	CIPEX 401(K) PLAN
<b>b</b>	Name of plan sponsor	CIPEX INTERNATIONAL, LTD.
<b>c</b>	EIN-PN	95-3751982-001
<b>a</b>	Plan name	CLEAR ADVANTAGE DENTAL STUDIO INC. EMPLOYEE SAVINGS & PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CLEAR ADVANTAGE DENTAL STUDIO INC.
<b>c</b>	EIN-PN	92-3306665-001

<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	SIELKEN DAVIS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIELKEN DAVIS, LLC	<b>c</b> EIN-PN 20-4365146-001
<b>a</b>	Plan name	CORD CONTRACTING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORD CONTRACTING CO., INC.	<b>c</b> EIN-PN 11-3194814-003
<b>a</b>	Plan name	ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. JOSEPH HOLDINGS, LLC	<b>c</b> EIN-PN 80-0109664-001
<b>a</b>	Plan name	ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ELECTECH HAWAII, INC.	<b>c</b> EIN-PN 99-0229338-001
<b>a</b>	Plan name	EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OPPENHEIMER & CO., INC.	<b>c</b> EIN-PN 11-2945779-001
<b>a</b>	Plan name	EMPLOY SOURCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPLOY SOURCE, INC.	<b>c</b> EIN-PN 27-0477134-333
<b>a</b>	Plan name	TWEEZERMAN INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWEEZERMAN INTERNATIONAL, LLC	<b>c</b> EIN-PN 20-1872710-001
<b>a</b>	Plan name	VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VALENTE YEAST COMPANY, INC.	<b>c</b> EIN-PN 11-2437305-001
<b>a</b>	Plan name	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 94-2461685-003
<b>a</b>	Plan name	VENPRO COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VENTILATION SPECIALTIES GROUP, INC. DBA VENPRO COMPANY	<b>c</b> EIN-PN 01-0817395-001
<b>a</b>	Plan name	FASTENERS ETC., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FASTENERS ETC., INC.	<b>c</b> EIN-PN 37-1362137-001
<b>a</b>	Plan name	FEDERAL MANAGEMENT SOLUTIONS PREVAILING WAGE MEP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEDERAL MANAGEMENT SOLUTIONS, LLC	<b>c</b> EIN-PN 80-8591566-001

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 GLOBAL BROADBAND SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GLOBAL BROADBAND SOLUTIONS, LLC	<b>c</b> EIN-PN 54-1871592-001
<b>a</b>	Plan name GUARDHILL FINANCIAL LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GUARDHILL FINANCIAL LLC	<b>c</b> EIN-PN 13-3670961-001
<b>a</b>	Plan name LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE	<b>c</b> EIN-PN 36-3584029-002
<b>a</b>	Plan name ABRUZZO & KINN LLP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ABRUZZO & KINN LLP	<b>c</b> EIN-PN 20-4815695-001
<b>a</b>	Plan name N.I.T. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NETWORK INFRASTRUCTURE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 06-1649373-001
<b>a</b>	Plan name NAPA VALLEY FAMILY MEDICAL GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NAPA VALLEY FAMILY MEDICAL GROUP, INC.	<b>c</b> EIN-PN 68-0258366-001
<b>a</b>	Plan name NAPCO OIL HEAT CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NAPCO OIL HEAT CORP.	<b>c</b> EIN-PN 11-2629891-001
<b>a</b>	Plan name NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NASSAU SHORES AUTOMOTIVE INC.	<b>c</b> EIN-PN 11-3146542-001
<b>a</b>	Plan name AMBASSADOR PERSONNEL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMBASSADOR PERSONNEL, INC.	<b>c</b> EIN-PN 27-4676978-001
<b>a</b>	Plan name NORTHROCK DENTAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHROCK DENTAL, P.A.	<b>c</b> EIN-PN 48-0858037-001
<b>a</b>	Plan name ATLANTIC CONCRETE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC CONCRETE COMPANY, INC.	<b>c</b> EIN-PN 51-0171445-001
<b>a</b>	Plan name AVANTE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVANTE GROUP, INC.	<b>c</b> EIN-PN 65-1033707-001

<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	AVEX FUNDING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AVEX FUNDING	<b>c</b> EIN-PN 87-0691651-001
<b>a</b>	Plan name	SALES TO INDUSTRY CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SALES TO INDUSTRY	<b>c</b> EIN-PN 11-2032808-003
<b>a</b>	Plan name	C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C2RL, INC. ENGINEERS	<b>c</b> EIN-PN 62-1838912-001
<b>a</b>	Plan name	COMMERCIAL ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMERCIAL ENERGY OF MONTANA, INC.	<b>c</b> EIN-PN 84-1413218-002
<b>a</b>	Plan name	W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	W. BRUCE CLARK, M.D., P.C.	<b>c</b> EIN-PN 14-1659231-002
<b>a</b>	Plan name	WATSON ADVENTURES, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WATSON ADVENTURES, LLC	<b>c</b> EIN-PN 52-2186522-001
<b>a</b>	Plan name	FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIGLIOZZI & COMPANY, PC	<b>c</b> EIN-PN 11-2924109-001
<b>a</b>	Plan name	FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK	<b>c</b> EIN-PN 13-5604180-002
<b>a</b>	Plan name	ADVANCE VALVE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE VALVE INC.	<b>c</b> EIN-PN 43-1040049-002
<b>a</b>	Plan name	B.E.R. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	B.E.R. REFRIGERATION, HEATING & COOLING, INC.	<b>c</b> EIN-PN 38-2862985-001
<b>a</b>	Plan name	CALL A HEAD CORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CALL A HEAD CORP	<b>c</b> EIN-PN 11-3635650-001
<b>a</b>	Plan name	CAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C&A MACHINE AND REPAIR SERVICE	<b>c</b> EIN-PN 74-1915871-001

<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	CARPET TIME, INC. 401(K)	
<b>b</b>	Name of plan sponsor	CARPET TIME, INC.	<b>c</b> EIN-PN 33-0454234-001
<b>a</b>	Plan name	COMPLETE WOMEN'S IMAGING, P.C. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE WOMEN'S IMAGING, P.C.	<b>c</b> EIN-PN 20-5036805-002
<b>a</b>	Plan name	DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DECKER AND BEEBE, INC	<b>c</b> EIN-PN 06-0628355-001
<b>a</b>	Plan name	FLOW-FX PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	<b>c</b> EIN-PN 37-1650185-001
<b>a</b>	Plan name	GUARDIAN ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GUARDIAN ENVIRONMENTAL SERVICES, INC.	<b>c</b> EIN-PN 38-2513074-001
<b>a</b>	Plan name	HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HALVORSEN DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 65-0445337-001
<b>a</b>	Plan name	J.J.L.G. MOTORS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	J.J.L.G. MOTORS, INC.	<b>c</b> EIN-PN 13-4181580-001
<b>a</b>	Plan name	JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES	<b>c</b> EIN-PN 94-2948334-001
<b>a</b>	Plan name	LAS VEGAS COLOR GRAPHICS EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAS VEGAS COLOR GRAPHICS, INC.	<b>c</b> EIN-PN 65-0919583-001
<b>a</b>	Plan name	M&J ELECTRICAL CONTRACTORS CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M&J ELECTRICAL CONTRACTORS CORP.	<b>c</b> EIN-PN 11-3128856-001
<b>a</b>	Plan name	NEFI	
<b>b</b>	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	<b>c</b> EIN-PN 04-2078321-001
<b>a</b>	Plan name	NELSON BROTHERS SEWER AND PLUMBING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NELSON BROTHERS SEWER AND PLUMBING INC.	<b>c</b> EIN-PN 38-1723671-001

<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	NETCOM INFORMATION TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NETCOM INFORMATION TECHNOLOGY, INC.	<b>c</b> EIN-PN 11-3464998-001
<b>a</b>	Plan name	OFFICE FURNITURE DIRECT, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	OFFICE FURNITURE DIRECT, INC.	<b>c</b> EIN-PN 11-3620000-001
<b>a</b>	Plan name	PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PNB REMITTANCE CENTERS INC.	<b>c</b> EIN-PN 94-3136317-001
<b>a</b>	Plan name	POQUET AUTO SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POQUET AUTO SALES, INC.	<b>c</b> EIN-PN 41-1888983-001
<b>a</b>	Plan name	PORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PORT GROUP	<b>c</b> EIN-PN 11-2145400-001
<b>a</b>	Plan name	SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SALINAS MANAGEMENT, LLC	<b>c</b> EIN-PN 45-4187623-001
<b>a</b>	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SBARRO, INC.	<b>c</b> EIN-PN 11-2501939-001
<b>a</b>	Plan name	SUNCOOK DENTAL 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUNCOOK FAMILY DENTISTRY DBA SUNCOOK DENTAL	<b>c</b> EIN-PN 02-0371806-001
<b>a</b>	Plan name	CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHAMPION SOLUTIONS GROUP, INC.	<b>c</b> EIN-PN 59-2347579-001
<b>a</b>	Plan name	DOCUNEST EGG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOCUNET	<b>c</b> EIN-PN 41-1727273-001
<b>a</b>	Plan name	FOSTER/PREMIER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOSTER/PREMIER, INC.	<b>c</b> EIN-PN 36-4139399-001
<b>a</b>	Plan name	FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FOUTZ & BURSUM CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 85-0115169-002

<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	MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARQUEZ BROTHERS INTERNATIONAL, INC	<b>c</b> EIN-PN 94-2789431-889
<b>a</b>	Plan name	P&L AUTOMOTIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	P&L AUTOMOTIVE	<b>c</b> EIN-PN 41-1437177-001
<b>a</b>	Plan name	PALPILOT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.	<b>c</b> EIN-PN 77-0320008-001
<b>a</b>	Plan name	SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SELECTRODE INDUSTRIES, INC.	<b>c</b> EIN-PN 11-2677850-002
<b>a</b>	Plan name	THE BROWNSTONE AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWNSTONE AGENCY, INC.	<b>c</b> EIN-PN 13-2766983-001
<b>a</b>	Plan name	THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	<b>c</b> EIN-PN 16-1597759-001
<b>a</b>	Plan name	WILDER AUTO RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WILDER AUTO GROUP, INC. DBA WILDER TOYOTA	<b>c</b> EIN-PN 91-1130065-001
<b>a</b>	Plan name	WILLIAM W. LYONS, DDS, P.C., 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM W. LYONS, DDS, P.C.	<b>c</b> EIN-PN 26-3126437-001
<b>a</b>	Plan name	DEM GROUP, LLC MULTIPLE EMPLOYER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEM GROUP, LLC	<b>c</b> EIN-PN 36-4625473-333
<b>a</b>	Plan name	HARDMAN CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HARDMAN CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-2236416-001
<b>a</b>	Plan name	HARRY WARREN OF GEORGIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	<b>c</b> EIN-PN 65-1179808-001
<b>a</b>	Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARRY WARREN, INC.	<b>c</b> EIN-PN 59-1523664-001

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 MADISON AVENUE PHYSICIANS, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MADISON AVENUE PHYSICIANS, P.C.	<b>c</b> EIN-PN 13-4177864-001
<b>a</b>	Plan name MANITOWOC MARINA LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MANITOWOC MARINA LLC	<b>c</b> EIN-PN 45-3057530-001
<b>a</b>	Plan name MARAN, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MARAN, INC.	<b>c</b> EIN-PN 94-2444640-777
<b>a</b>	Plan name TECHNICOM SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor TECHNICOM SERVICES, INC. DBA INTERBAY TECHNOLOGIES	<b>c</b> EIN-PN 36-4412325-001
<b>a</b>	Plan name PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor PURPLE ONION	<b>c</b> EIN-PN 39-1649217-001
<b>a</b>	Plan name R.C.I. PLBG INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor R.C.I. PLBG INC.	<b>c</b> EIN-PN 45-2239899-001
<b>a</b>	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name MEDICALERT 401(K) PLAN	
<b>b</b>	Name of plan sponsor MEDICALERT FOUNDATION UNITED STATES, INC.	<b>c</b> EIN-PN 94-1494446-002
<b>a</b>	Plan name BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOSS COMMUNICATION TECHNOLOGIES, INC.	<b>c</b> EIN-PN 99-0259632-001
<b>a</b>	Plan name BOSTER, KOBAYASHI 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOSTER, KOBAYASHI & ASSOCIATES	<b>c</b> EIN-PN 94-2746874-001
<b>a</b>	Plan name BOURQUE MECHANICAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOURQUE MECHANICAL SYSTEMS, INC.	<b>c</b> EIN-PN 14-1788006-002
<b>a</b>	Plan name BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BRAHMAN CAPITAL	<b>c</b> EIN-PN 13-3542470-001

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 EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EASTERN ARMORED SERVICES, INC.	<b>c</b> EIN-PN 22-3193394-001
<b>a</b>	Plan name EASTSIDE GLASS AND SEALANTS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EASTSIDE GLASS CONTRACT GLAZING SPECIALISTS COMPANY DBA EASTSIDE	<b>c</b> EIN-PN 26-1564849-001
<b>a</b>	Plan name HOTEL MANAGEMENT OF NEW ORLEANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor HOTEL MANAGEMENT OF NEW ORLEANS, L.L.C.	<b>c</b> EIN-PN 72-0848974-001
<b>a</b>	Plan name MILAN INSTITUTE PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMARILLO COLLEGE OF HAIRDRESSING DBA MILAN INSTITUTE	<b>c</b> EIN-PN 75-1640547-001
<b>a</b>	Plan name RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RENOWN TAG AND LABEL, INC.	<b>c</b> EIN-PN 11-2530597-001
<b>a</b>	Plan name RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RICE DERIVATIVE HOLDINGS, L.P.	<b>c</b> EIN-PN 13-3750267-001
<b>a</b>	Plan name RICHIE & GUERINGER, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RICHIE & GUERINGER, P.C.	<b>c</b> EIN-PN 74-2744788-777
<b>a</b>	Plan name THOROUGHbred SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor THOROUGHbred SOFTWARE INTERNATIONAL, INC.	<b>c</b> EIN-PN 22-2427223-401
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	<b>c</b> EIN-PN

<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>TRANSAMERICA SMALL/MID CAP VALUE RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>124</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</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.

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	7707334	6241613
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</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>	7707334	6241613
<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>	7707334	6241613

**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>		
<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>	692970	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		692970

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		692970
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		447566
(2) From this plan .....	<b>2l(2)</b>		2606257

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