

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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 EMERGING MARKET FUND R6 CLASS, 1b Three-digit plan number (PN) 024, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSAMERICA LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404, 2b Employer Identification Number (EIN) 82-5217478, 2c Plan Sponsor's telephone number, 2d Business code (see instructions)

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

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

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

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

<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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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**DFE/Participating Plan Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

<b>A</b> Name of plan <u>EMERGING MARKET FUND R6 CLASS</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>024</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>82-5217478</u>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

<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)



<b>Part II 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	HABITAT FOR HUMANITY SA 401(K)
<b>b</b>	Name of plan sponsor	HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER AOPKA, FLORIDA,
<b>c</b>	EIN-PN	59-3034059-001
<b>a</b>	Plan name	SESR 401(K) PLAN
<b>b</b>	Name of plan sponsor	SOUTHEAST SHELBY COUNTY EMERGENCY MEDICAL RESCUE INC.
<b>c</b>	EIN-PN	31-1583285-001
<b>a</b>	Plan name	SEVEN CORNERS PRINTING 401(K) PLAN
<b>b</b>	Name of plan sponsor	SEVEN CORNERS PRINTING COMPANY
<b>c</b>	EIN-PN	41-0992291-001
<b>a</b>	Plan name	A GREATER LOVE FOSTER FAMILY AGENCY, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	A GREATER LOVEFOSTER FAMILY AGENCY, INC.
<b>c</b>	EIN-PN	82-3295704-001
<b>a</b>	Plan name	CORNERSTONE PARKING GROUP, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	CORNERSTONE PARKING GROUP, INC.
<b>c</b>	EIN-PN	20-5195370-001
<b>a</b>	Plan name	HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HIGH PLAINS ENGINEERING & CONSULTING, LLC
<b>c</b>	EIN-PN	87-2706193-002
<b>a</b>	Plan name	NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NEPTUNE SHIPPING LIMITED
<b>c</b>	EIN-PN	26-0630492-001
<b>a</b>	Plan name	NOBILITY HEALTH 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	NOBILITY HEALTH
<b>c</b>	EIN-PN	81-0701839-001
<b>a</b>	Plan name	SIMPLIFYA 401(K) PLAN
<b>b</b>	Name of plan sponsor	SIMPLIFYA HOLDINGS, INC.
<b>c</b>	EIN-PN	87-1463596-001
<b>a</b>	Plan name	SKY'S THE LIMIT CAR CARE 401(K) PLAN
<b>b</b>	Name of plan sponsor	SKY'S THE LIMIT CAR CARE
<b>c</b>	EIN-PN	45-3438558-001
<b>a</b>	Plan name	SMARTLY HOME LOANS, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	SMARTLY HOME LOANS, INC
<b>c</b>	EIN-PN	47-5162210-001
<b>a</b>	Plan name	SMP 401(K) PLAN
<b>b</b>	Name of plan sponsor	SUPERIOR MACHINED PRODUCTS, INC.
<b>c</b>	EIN-PN	47-4533352-001

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 SNIDER INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor SNIDER INC	<b>c</b> EIN-PN 56-1649710-001
<b>a</b>	Plan name SOLOMON GROUP PRODUCTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOLOMON GROUP PRODUCTIONS, L.L.C.	<b>c</b> EIN-PN 45-2497756-001
<b>a</b>	Plan name ADA 401(K)	
<b>b</b>	Name of plan sponsor AMELIA REID AVIATION, LLC DBA AERODYNAMIC AVIATION	<b>c</b> EIN-PN 20-2571173-001
<b>a</b>	Plan name ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	<b>c</b> EIN-PN 23-1352002-002
<b>a</b>	Plan name CORSO VENTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORSO VENTURES LLC	<b>c</b> EIN-PN 82-4268298-001
<b>a</b>	Plan name CR SVS US LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CR SVS US LLC	<b>c</b> EIN-PN 45-4051399-001
<b>a</b>	Plan name CRANE REHAB CENTER, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRANE REHAB CENTER, LLC	<b>c</b> EIN-PN 72-1409970-001
<b>a</b>	Plan name CRAVE INFOTECH 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRAVE INFOTECH	<b>c</b> EIN-PN 27-1280654-001
<b>a</b>	Plan name HS BAINS INSURANCE SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor HS BAINS INSURANCE SERVICES	<b>c</b> EIN-PN 81-0962836-001
<b>a</b>	Plan name NORTHERN CROSSARM COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NORTHERN CROSSARM COMPANY, INC.	<b>c</b> EIN-PN 39-0987381-001
<b>a</b>	Plan name NORTHWEST DRAFT 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	<b>c</b> EIN-PN 45-4915664-001
<b>a</b>	Plan name OCEAN FOREST LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor OCEAN FOREST LLC	<b>c</b> EIN-PN 92-2466614-001

<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	STAAR CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STAAR CORP. DBA FUTURE-TECH COMMUNICATIONS	<b>c</b> EIN-PN 81-4529384-001
<b>a</b>	Plan name	STEVEN M. SORENSON MD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEVEN M. SORENSON MD, INC.	<b>c</b> EIN-PN 88-3832023-001
<b>a</b>	Plan name	RESURGENCE IT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RESURGENCE IT, INC.	<b>c</b> EIN-PN 81-3507059-001
<b>a</b>	Plan name	AGRICAPTURE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGRICAPTURE, INC.	<b>c</b> EIN-PN 86-3882425-001
<b>a</b>	Plan name	SUPERIOR CONTRACTING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR CONTRACTING SERVICES, LLC	<b>c</b> EIN-PN 47-3165305-001
<b>a</b>	Plan name	SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYNDEX CORPORATION	<b>c</b> EIN-PN 74-1750316-001
<b>a</b>	Plan name	ARCHIVIST CAPITAL MANAGEMENT 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARCHIVIST CAPITAL MANAGEMENT LLC	<b>c</b> EIN-PN 81-4554277-001
<b>a</b>	Plan name	ASCEND REHAB 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ASCEND REHAB SERVICES, INC.	<b>c</b> EIN-PN 20-0927823-002
<b>a</b>	Plan name	ATTORNEYS TITLE GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ATTORNEYS TITLE GROUP	<b>c</b> EIN-PN 47-4137488-001
<b>a</b>	Plan name	THE VICTIM CENTER INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE VICTIM CENTER INC.	<b>c</b> EIN-PN 43-1149629-001
<b>a</b>	Plan name	THOMPSON SANITATION INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON SANITATION INC	<b>c</b> EIN-PN 20-5580339-001
<b>a</b>	Plan name	C & L PLUMBING COMPANY 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	C & L PLUMBING COMPANY	<b>c</b> EIN-PN 54-1190441-001

<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	C.A. TAYLOR, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	C.A. TAYLOR, LLC	<b>c</b> EIN-PN 82-0677411-001
<b>a</b>	Plan name	C3 SYSTEMS & SECURITY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C3 SYSTEMS & SECURITY	<b>c</b> EIN-PN 72-1581602-001
<b>a</b>	Plan name	CALIFORNIA CARDIOVASCULAR INSTITUTE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CALIFORNIA CARDIOVASCULAR INSTITUTE	<b>c</b> EIN-PN 88-4143827-001
<b>a</b>	Plan name	WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WALKER OFFICE SUPPLIES	<b>c</b> EIN-PN 94-2658013-001
<b>a</b>	Plan name	D.M. HARRIS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	D.M. HARRIS, LLC	<b>c</b> EIN-PN 47-2383937-001
<b>a</b>	Plan name	DACO PRECISION-TOOL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DACO PRECISION, INC.	<b>c</b> EIN-PN 39-1710167-001
<b>a</b>	Plan name	DANIEL BRIAN & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DANIEL BRIAN & ASSOCIATES	<b>c</b> EIN-PN 38-3169316-001
<b>a</b>	Plan name	DUQUENSE FENCE, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DUQUESNE FENCE, INC.	<b>c</b> EIN-PN 81-1483826-001
<b>a</b>	Plan name	ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ECHOMARK, INC.	<b>c</b> EIN-PN 88-3138477-001
<b>a</b>	Plan name	ECOPOL AMERICA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ECOPOL AMERICA, INC.	<b>c</b> EIN-PN 88-0673772-001
<b>a</b>	Plan name	FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRANK J. GRADY M.D. ASSOC	<b>c</b> EIN-PN 74-1779810-001
<b>a</b>	Plan name	INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY CONSTRUCTION & DEVELOPMENT SERVICES, INC.	<b>c</b> EIN-PN 33-1168311-001

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 KALEIDOSCOPE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ORCAS DAYCARE ASSOCIATION	<b>c</b> EIN-PN 91-1510335-001
<b>a</b>	Plan name KEKO, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KEKO, LLC DBA MOSQUITO JOE OF SOUTHERN MD	<b>c</b> EIN-PN 47-4732055-001
<b>a</b>	Plan name KEMS HOLDING CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEMS HOLDING CORP	<b>c</b> EIN-PN 27-0772063-001
<b>a</b>	Plan name KEY DATA DASHBOARD, INC. DBA KEY DATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor KEY DATA DASHBOARD, INC. DBA KEY DATA	<b>c</b> EIN-PN 87-3648034-002
<b>a</b>	Plan name LONG PHI DANG M.D. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LONG PHI DANG M.D. INC.	<b>c</b> EIN-PN 20-0383981-001
<b>a</b>	Plan name OLIVIA INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor OLIVIA INC.	<b>c</b> EIN-PN 82-1927188-001
<b>a</b>	Plan name PACIFIC DRIVE-INS LLC 401(K)	
<b>b</b>	Name of plan sponsor PACIFIC DRIVE-INS LLC	<b>c</b> EIN-PN 46-3867535-001
<b>a</b>	Plan name KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KINGS COMMUNITY ACTION ORGANIZATION, INC.	<b>c</b> EIN-PN 94-1604455-001
<b>a</b>	Plan name KONZEL CONSTRUCTION COMPANY, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor KONZEL CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 45-3596434-001
<b>a</b>	Plan name LA PROVENCE BAKERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor LA PROVENCE BAKERY	<b>c</b> EIN-PN 20-2583441-001
<b>a</b>	Plan name MARK BROWER PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MARK BROWER PROPERTIES, LLC	<b>c</b> EIN-PN 27-4577200-001
<b>a</b>	Plan name MAXTACS, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAXTACS, INC	<b>c</b> EIN-PN 81-3518247-001

<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	PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PARAGON PRINT SYSTEMS, INC.	<b>c</b> EIN-PN 23-2984595-001
<b>a</b>	Plan name	PEGASYS TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PEGASYS TECHNOLOGIES, LLC	<b>c</b> EIN-PN 82-4668955-001
<b>a</b>	Plan name	PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROVIDENCE PREPARATORY CHARTER SCHOOL	<b>c</b> EIN-PN 85-2193353-001
<b>a</b>	Plan name	RIVER MARKET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVER MARKET COMMUNITY CO-OP	<b>c</b> EIN-PN 41-1335460-001
<b>a</b>	Plan name	RIVIERA IMAGING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RIVIERA IMAGING, INC.	<b>c</b> EIN-PN 85-2960270-001
<b>a</b>	Plan name	ROCKLIN GAS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ROCKLIN GAS, LLC	<b>c</b> EIN-PN 82-2033920-001
<b>a</b>	Plan name	ROELENS VACATIONS 401(K)	
<b>b</b>	Name of plan sponsor	GO FLORIDA, INC, DBA ROELENS VACATIONS	<b>c</b> EIN-PN 26-1761622-001
<b>a</b>	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	<b>c</b> EIN-PN 76-0117689-001
<b>a</b>	Plan name	ALLISON WHITE INSURANCE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALLISON M. WHITE INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 47-5445319-001
<b>a</b>	Plan name	TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
<b>b</b>	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET LLC	<b>c</b> EIN-PN 93-4900507-001
<b>a</b>	Plan name	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	<b>c</b> EIN-PN 84-3391707-001
<b>a</b>	Plan name	THE ALAGIRI IMMIGRATION LAW FIRM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ALAGIRI IMMIGRATION LAW FIRM, INC.	<b>c</b> EIN-PN 47-3003463-001

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 <b>BAJ INCORPORATED 401(K) PROFIT SHARING PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BAJ INCORPORATED</b>	<b>c</b> EIN-PN <b>38-3517795-001</b>
<b>a</b>	Plan name <b>TORQBUDDY, LLC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TORQBUDDY LLC</b>	<b>c</b> EIN-PN <b>37-1620889-001</b>
<b>a</b>	Plan name <b>TOWN &amp; COUNTRY ANIMAL HOSPITAL, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TOWN AND COUNTRY ANIMAL HOSPITAL, INC.</b>	<b>c</b> EIN-PN <b>55-0777030-001</b>
<b>a</b>	Plan name <b>TREES FORESTS &amp; LANDSCAPES INC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>TREES FOREST &amp; LANDSCAPES INC.</b>	<b>c</b> EIN-PN <b>43-1535797-001</b>
<b>a</b>	Plan name <b>TRENCHLESS CONSTRUCTION SERVICES, L.L.C. PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRENCHLESS CONSTRUCTION SERVICES, L.L.C.</b>	<b>c</b> EIN-PN <b>91-1981784-001</b>
<b>a</b>	Plan name <b>TRENT NEISEN, DDS, PLLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRENT NEISEN, DDS, PLLC</b>	<b>c</b> EIN-PN <b>85-2718212-001</b>
<b>a</b>	Plan name <b>CAPCO STEEL ERECTION COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAPCO STEEL ERECTION COMPANY</b>	<b>c</b> EIN-PN <b>27-1100663-001</b>
<b>a</b>	Plan name <b>CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CARE ANGEL, INC.</b>	<b>c</b> EIN-PN <b>46-5083636-001</b>
<b>a</b>	Plan name <b>CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CARNIVAL EMPLOYMENT SERVICES, LLC</b>	<b>c</b> EIN-PN <b>26-4824293-001</b>
<b>a</b>	Plan name <b>WH 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WOODHOUSE CABINETRY LLC</b>	<b>c</b> EIN-PN <b>47-2422903-001</b>
<b>a</b>	Plan name <b>WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILLIAMS CONCRETE CONTRACTING LLC</b>	<b>c</b> EIN-PN <b>26-0888255-001</b>
<b>a</b>	Plan name <b>DENNY'S BODY SHOP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DENNY'S BODY SHOP</b>	<b>c</b> EIN-PN <b>82-3818063-001</b>

<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	DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	DENTAL PROFESSIONALS OF FAIR LAWN, P.A.	<b>c</b> EIN-PN 22-2028230-001
<b>a</b>	Plan name	DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DOMESTIC DIESEL AND AUTO SERVICE	<b>c</b> EIN-PN 27-4834463-001
<b>a</b>	Plan name	DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DON E. KELLY CONTRACTOR, INC.	<b>c</b> EIN-PN 43-1479564-001
<b>a</b>	Plan name	EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMPIRE DIVERSIFIED ENERGY, INC.	<b>c</b> EIN-PN 30-0949242-001
<b>a</b>	Plan name	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC	<b>c</b> EIN-PN 83-3379247-001
<b>a</b>	Plan name	GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	<b>c</b> EIN-PN 95-2428410-001
<b>a</b>	Plan name	IPA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY PHARMACEUTICAL ADVISORS, LLC	<b>c</b> EIN-PN 45-3047652-001
<b>a</b>	Plan name	IRON EAGLE WELDING ACADEMY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IRON EAGLE WELDING ACADEMY	<b>c</b> EIN-PN 85-1505205-001
<b>a</b>	Plan name	CASS CONCRETE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CASS CONCRETE SERVICES LLC	<b>c</b> EIN-PN 86-3815732-001
<b>a</b>	Plan name	CENTS II 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	<b>c</b> EIN-PN 47-2003612-001
<b>a</b>	Plan name	EZGO GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EZGO GROUP, INC.	<b>c</b> EIN-PN 36-4850864-001
<b>a</b>	Plan name	FAIRWAY ELECTRIC INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAIRWAY ELECTRIC INC.	<b>c</b> EIN-PN 83-0658890-001

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="#">GLESSNER WHARTON &amp; ANDREWS INSURANCE, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GLESSNER WHARTON &amp; ANDREWS INSURANCE, LLC</a>	<b>c</b> EIN-PN <a href="#">27-0746759-001</a>
<b>a</b>	Plan name <a href="#">JIM BURKE EXCAVATING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JIM BURKE EXCAVATING INC.</a>	<b>c</b> EIN-PN <a href="#">36-4055755-001</a>
<b>a</b>	Plan name <a href="#">MERIT TITLE, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MERIT TITLE, LLC</a>	<b>c</b> EIN-PN <a href="#">20-0467684-001</a>
<b>a</b>	Plan name <a href="#">MIKE'S TREE COMPANY LLC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIKE'S TREE COMPANY LLC</a>	<b>c</b> EIN-PN <a href="#">20-1018080-001</a>
<b>a</b>	Plan name <a href="#">PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PROVISTA SOFTWARE CORPORATION</a>	<b>c</b> EIN-PN <a href="#">38-4102924-001</a>
<b>a</b>	Plan name <a href="#">QUAL TECH AIR, LLC 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">QUAL TECH AIR LLC</a>	<b>c</b> EIN-PN <a href="#">81-4869829-001</a>
<b>a</b>	Plan name <a href="#">TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRINITY CONSTRUCTION GROUP, LLC</a>	<b>c</b> EIN-PN <a href="#">35-2688581-001</a>
<b>a</b>	Plan name <a href="#">TRISON ENTERPRISES 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRISON ENTERPRISES INC.</a>	<b>c</b> EIN-PN <a href="#">91-1177364-001</a>
<b>a</b>	Plan name <a href="#">TRUENORTH COMPANIES, L.C. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TRUENORTH COMPANIES, L.C.</a>	<b>c</b> EIN-PN <a href="#">42-1513015-001</a>
<b>a</b>	Plan name <a href="#">TUMBLEWEED MIDSTREAM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TUMBLEWEED MIDSTREAM, LLC</a>	<b>c</b> EIN-PN <a href="#">84-3879436-001</a>
<b>a</b>	Plan name <a href="#">UNIQUE LAWN, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">UNIQUE LAWN, INC. DBA TRUGREEN</a>	<b>c</b> EIN-PN <a href="#">41-1346668-001</a>
<b>a</b>	Plan name <a href="#">WOODS AIR MOVEMENT LIMITED 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WOODS AIR MOVEMENT LIMITED</a>	<b>c</b> EIN-PN <a href="#">36-4946974-001</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	WSA USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WSA USA	<b>c</b> EIN-PN 27-4503720-001
<b>a</b>	Plan name	ZELLWOOD STATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ZELLWOOD STATION CO-OP, INC.	<b>c</b> EIN-PN 59-3194342-001
<b>a</b>	Plan name	ZENISCO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ZENISCO, INC.	<b>c</b> EIN-PN 47-3232410-001
<b>a</b>	Plan name	BLUE EARTH DRUG 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B.E. DRUG, INC. DBA BLUE EARTH DRUG	<b>c</b> EIN-PN 41-1968188-001
<b>a</b>	Plan name	BRIQUETTES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIQUETTES	<b>c</b> EIN-PN 46-1353447-001
<b>a</b>	Plan name	FERRETTI SEARCH 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PURSUIT SEARCH GROUP, LLC	<b>c</b> EIN-PN 83-1896110-001
<b>a</b>	Plan name	FFC CPAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FFC CPAS, LLC	<b>c</b> EIN-PN 84-2245616-001
<b>a</b>	Plan name	FIDE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EMINENT CONSULTING, LLC DBA FIDE LLC	<b>c</b> EIN-PN 82-0818461-001
<b>a</b>	Plan name	FIRST AMERICAN EMPLOYEE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIRST AMERICAN PROPERTIES, LLC	<b>c</b> EIN-PN 36-4536252-001
<b>a</b>	Plan name	LIFETIME EYECARE, LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIFETIME EYECARE, LLC	<b>c</b> EIN-PN 46-0387394-001
<b>a</b>	Plan name	LIGHTSTYLE AUTOMATED SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIGHTSTYLE AUTOMATED SYSTEMS, INC.	<b>c</b> EIN-PN 20-8193765-001
<b>a</b>	Plan name	R.L. BODEKER & SONS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	R.L. BODEKER & SONS, INC.	<b>c</b> EIN-PN 41-1379442-001

**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	UNZICKER DENTAL CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNZICKER DENTAL CORPORATION	<b>c</b> EIN-PN 82-3591748-001
<b>a</b>	Plan name	VALLEY RIDGE DENTAL ARTS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VALLEY RIDGE DENTAL ARTS LLC	<b>c</b> EIN-PN 81-4150951-001
<b>a</b>	Plan name	VERIFY INVESTOR, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VERIFY INVESTOR, INC. A DE INC.	<b>c</b> EIN-PN 46-3398188-001
<b>a</b>	Plan name	VG PARTNERS LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	VG PARTNERS, LLC	<b>c</b> EIN-PN 26-0710271-001
<b>a</b>	Plan name	CHROMA MODERN EYEWEAR EYECARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATTHEW G BARBER, OD PA	<b>c</b> EIN-PN 20-2038982-001
<b>a</b>	Plan name	GRAND BAY MARINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAND BAY MARINE, INC.	<b>c</b> EIN-PN 38-3356449-001
<b>a</b>	Plan name	GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRC DEVELOPMENT, INC.	<b>c</b> EIN-PN 27-1135741-001
<b>a</b>	Plan name	SCHER-CASH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHER-CASH, INC.	<b>c</b> EIN-PN 03-0466795-001
<b>a</b>	Plan name	SCOBELL COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SCOBELL COMPANY INC	<b>c</b> EIN-PN 25-0929359-001
<b>a</b>	Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VRK ENTERPRISES, LLC	<b>c</b> EIN-PN 81-3354376-001
<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>
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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>EMERGING MARKET FUND R6 CLASS</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>024</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>82-5217478</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>	3341383
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	3691794
<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>	3691794	3341383
<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>	3691794	3341383

**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>	41228	
<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>	412433	
<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>		453661

**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>		453661
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1092840
(2) From this plan .....	<b>2l(2)</b>		1896912

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