

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: LEGG MASON BW GLOBAL OPPORTUNITIES BOND FUND CLASS IS
1b Three-digit plan number (PN): 040
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): 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.

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	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.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>LEGG MASON BW GLOBAL OPPORTUNITIES BOND FUND CLASS IS</u>	B Three-digit plan number (PN)	<u>040</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CITIZEN ACCESS 401(K) PLAN	
b	Name of plan sponsor CITIZEN ACCESS RESIDENTIAL RESOURCES	c EIN-PN 03-0440255-001
a	Plan name HANCOCK FEDERAL CREDIT UNION EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HANCOCK FEDERAL CREDIT UNION	c EIN-PN 34-4430151-002
a	Plan name HARBOR AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor HARBOR AGENCY, INC.	c EIN-PN 38-2153954-001
a	Plan name MORNSTAIR INC. 401(K) PLAN	
b	Name of plan sponsor MORNSTAIR INC.	c EIN-PN 35-2748426-001
a	Plan name MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b	Name of plan sponsor MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a	Plan name SERCOM 401(K) PLAN	
b	Name of plan sponsor SCIENTIFIC EQUIPMENT REPAIR COMPANY	c EIN-PN 84-1469712-001
a	Plan name SHERWOOD TAX AND ACCOUNTING 401(K) PLAN	
b	Name of plan sponsor KRISTEN KEATS CPA, PC DBA. SHERWOOD TAX & ACCOUNTING	c EIN-PN 85-2133474-001
a	Plan name 365 HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor 365 HEALTH SERVICES, LLC	c EIN-PN 47-1842850-001
a	Plan name A&B MARKET, LLC 401(K) PLAN	
b	Name of plan sponsor A&B MARKET, LLC	c EIN-PN 47-2479032-001
a	Plan name A.D. PERKINS 401(K) PLAN	
b	Name of plan sponsor A.D. PERKINS CORP.	c EIN-PN 26-0350579-001
a	Plan name A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A.W. OAKES & SON, INC.	c EIN-PN 39-0967026-003
a	Plan name COMPLETE INTERACTIVE TECHNOLOGIES INC 401(K) PLAN	
b	Name of plan sponsor COMPLETE INTERACTIVE TECHNOLOGIES INC	c EIN-PN 38-2942737-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COR 401(K) PLAN	
b	Name of plan sponsor COR CONSTRUCTION SERVICES, INC.	c EIN-PN 11-3742607-001
a	Plan name HEARTLAND FINANCIAL RESOURCE GROUP 401(K) PLAN	
b	Name of plan sponsor RYAN SWALWELL DBA HEARTLAND FINANCIAL RESOURCE GROUP	c EIN-PN 47-4519658-001
a	Plan name HEI 401(K) PLAN	
b	Name of plan sponsor HOSPITALITY EVENTS, INC.	c EIN-PN 65-0693330-001
a	Plan name HERSHMAN & FORMAN, P.C. 401(K)	
b	Name of plan sponsor HERSHMAN & FORMAN, P.C.	c EIN-PN 86-1822868-001
a	Plan name NATURESCAPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NATURESCAPE	c EIN-PN 03-0448406-001
a	Plan name NETMAKER COMMUNICATIONS LLC 401(K) PLAN	
b	Name of plan sponsor NETMAKER COMMUNICATIONS, LLC	c EIN-PN 46-3834054-001
a	Plan name SMARTLY HOME LOANS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMARTLY HOME LOANS, INC	c EIN-PN 47-5162210-001
a	Plan name SOL DIGITAL 401(K) PLAN	
b	Name of plan sponsor SOL DIGITAL, LLC	c EIN-PN 84-3111821-001
a	Plan name SOMEWHERE OVER THE SPECTRUM 401(K) PLAN	
b	Name of plan sponsor SOMEWHERE OVER THE SPECTRUM LLC	c EIN-PN 86-2547628-001
a	Plan name ABRAMS PLUMBING AND HEATING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABRAMS PLUMBING AND HEATING LLC	c EIN-PN 87-3493856-001
a	Plan name ACCUTROL COMPLETE HOME SERVICES 401(K) PLAN	
b	Name of plan sponsor ACCUTROL COMPLETE HOME SERVICES, LLC	c EIN-PN 86-3952569-001
a	Plan name CR SVS US LLC 401(K) PLAN	
b	Name of plan sponsor CR SVS US LLC	c EIN-PN 45-4051399-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HOBAN MANAGEMENT INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HOBAN MANAGEMENT INC	c EIN-PN 33-0834204-001
a	Plan name	HOME INSTEAD SENIOR CARE RETIREMENT PLAN	
b	Name of plan sponsor	PAHOS, INC. DBA HOME INSTEAD SENIOR CARE	c EIN-PN 72-1351629-001
a	Plan name	HUGO MANRIQUE, DMD, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HUGO MANRIQUE, DMD, PLLC	c EIN-PN 92-3086974-001
a	Plan name	NORTHEAST TITLE & TAG INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NORTHEAST TITLE & TAG INC	c EIN-PN 23-3034907-001
a	Plan name	NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a	Plan name	OBRA RAMOS 401(K) PLAN	
b	Name of plan sponsor	OBRA RAMOS CONSTRUCTION, LLC	c EIN-PN 46-2310284-001
a	Plan name	POLLART MILLER, LLC 401(K) PLAN	
b	Name of plan sponsor	POLLART MILLER, LLC	c EIN-PN 20-0022305-001
a	Plan name	POZITIVF FERTILITY 401(K) PLAN	
b	Name of plan sponsor	POZITIVF FERTILITY MANAGEMENT, LLC	c EIN-PN 86-2291004-001
a	Plan name	ADVANCED SHORING & UNDERPINNING 401(K)	
b	Name of plan sponsor	ADVANCED SHORING & UNDERPINNING	c EIN-PN 68-0532733-001
a	Plan name	AGCULTURE MARKETING, LLC 401(K) PLAN	
b	Name of plan sponsor	AGCULTURE MARKETING, LLC	c EIN-PN 81-3881269-001
a	Plan name	AKRON DERMATOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	AKRON DERMATOLOGY, INC.	c EIN-PN 34-1787891-001
a	Plan name	STRATEGIC ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	STRATEGIC ENVIRONMENTAL SERVICES, INC.	c EIN-PN 04-3553212-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SULLIVAN PERIODONTICS 401(K) PLAN	
b	Name of plan sponsor	MARY LINDA SULLIVAN, DMD, PC	c EIN-PN 63-1228900-001
a	Plan name	SUMMIT DENTAL & IMPLANT CLINIC 401(K) PLAN	
b	Name of plan sponsor	SUMMIT DENTAL & IMPLANT CLINIC	c EIN-PN 82-1344355-001
a	Plan name	SUMMIT POINT 401(K) PLAN	
b	Name of plan sponsor	SUMMIT POINT ROOFING, LLC	c EIN-PN 47-3363896-001
a	Plan name	SUNBURY ANIMAL HOSPITAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUNBURY ANIMAL HOSPITAL	c EIN-PN 20-1018098-001
a	Plan name	SUSSEX EYE CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUSSEX EYE CENTER	c EIN-PN 51-0349408-001
a	Plan name	T&T LIBERTY SAFES, INC. 401(K) PLAN	
b	Name of plan sponsor	T&T LIBERTY SAFES, INC.	c EIN-PN 32-0255663-001
a	Plan name	APPLIED TECH SERVICES LLC 401(K)	
b	Name of plan sponsor	APPLIED TECH SERVICES LLC	c EIN-PN 82-5498381-001
a	Plan name	BROADWAY BUILDERS 401(K) PLAN	
b	Name of plan sponsor	BROADWAY BUILDERS, INC.	c EIN-PN 42-1522144-001
a	Plan name	BRYNER CHEVROLET INC. SALARY DEFERRAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYNER CHEVROLET INC.	c EIN-PN 23-1912111-001
a	Plan name	BURNEIKIS LAW, P.C. 401(K) PLAN	
b	Name of plan sponsor	BURNEIKIS LAW, P.C.	c EIN-PN 87-1680649-001
a	Plan name	CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	CADILLAC COFFEE COMPANY	c EIN-PN 38-0570380-001
a	Plan name	VITAL INTERNATIONAL SOLUTIONS INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	VITAL INTERNATIONAL SOLUTION INCORPORATED	c EIN-PN 45-4861293-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VIVINO SELECTIONS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	VIVINO SELECTIONS, INC.	c EIN-PN 46-0995789-001
a	Plan name	WCR 401(K) PLAN	
b	Name of plan sponsor	WEST COAST RESURFACING LLC	c EIN-PN 26-1605380-001
a	Plan name	WEAVER MEMORIALS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WEAVER MEMORIALS, INC.	c EIN-PN 23-1714594-001
a	Plan name	WELLRIGHT 401(K) PLAN	
b	Name of plan sponsor	WELLRIGHT, INC.	c EIN-PN 36-4763852-001
a	Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DAIOHS U.S.A., INC.	c EIN-PN 95-4746377-001
a	Plan name	DANSCO ENGINEERING LLC 401(K) PLAN	
b	Name of plan sponsor	DANSCO ENGINEERING LLC	c EIN-PN 04-3788074-001
a	Plan name	DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	DC SHEETMETAL, LLC	c EIN-PN 06-1570038-002
a	Plan name	DELAWARE PROFESSIONAL FUNERAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	DELAWARE PROFESSIONAL FUNERAL SERVICES, INC	c EIN-PN 51-0381008-001
a	Plan name	DSLRC ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	DSLRC ENTERPRISES, LLC	c EIN-PN 47-1912232-001
a	Plan name	DURAMARK TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	DURAMARK TECHNOLOGIES, INC.	c EIN-PN 26-0529942-001
a	Plan name	EAP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ELEGANT ALUMINUM PRODUCTS USA LLC	c EIN-PN 46-3034570-001
a	Plan name	ECHO PRODUCTION, INC. DEFINED BENEFIT PLAN	
b	Name of plan sponsor	ECHO PRODUCTION, INC.	c EIN-PN 75-1623080-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FIVE RIVERS BANK 401(K) PLAN	
b	Name of plan sponsor	FIVE RIVERS BANK (IN ORG.) FIVE RIVERS INVESTMENT GROUP LLC	c EIN-PN 87-4571225-001
a	Plan name	FOOTHILLS SPEECH & LANGUAGE, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	FOOTHILLS SPEECH & LANGUAGE, INC.	c EIN-PN 26-2545594-001
a	Plan name	FRY 401(K) PLAN	
b	Name of plan sponsor	FRY ORTHODONTICS, PLLC	c EIN-PN 82-1631981-001
a	Plan name	IMPERIAL, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IMPERIAL, LLC	c EIN-PN 73-1310190-001
a	Plan name	IN GOOD TASTE, LLC RETIREMENT PLAN	
b	Name of plan sponsor	IN GOOD TASTE, LLC	c EIN-PN 37-2000641-001
a	Plan name	INDEAVOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INDEAVOR CORPORATION	c EIN-PN 39-1870041-001
a	Plan name	INDIANA HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor	INDIANA HEALTH GROUP	c EIN-PN 35-1706785-001
a	Plan name	INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INSTRUMEDICAL TECHNOLOGIES, INC.	c EIN-PN 35-1515768-001
a	Plan name	INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED TAX ACCOUNTING INC.	c EIN-PN 81-0699291-001
a	Plan name	JON CHASE AGENCY 401K PLAN	
b	Name of plan sponsor	JON CHASE AGENCY	c EIN-PN 30-0695620-001
a	Plan name	KDG 401(K) RETIREMENT SAVING PLAN	
b	Name of plan sponsor	THE KYLE DAVID GROUP, LLC	c EIN-PN 68-0608571-001
a	Plan name	KENNIE'S MARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNIE'S MARKETS, INC.	c EIN-PN 23-1579478-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LRM CONCRETE & EXCAVATION SERVICES	
b	Name of plan sponsor	LRM HOLDINGS, LLC	c EIN-PN 86-1394980-001
a	Plan name	MACHINE SHOP & SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	MACHINE SHOP & SUPPLY, INC.	c EIN-PN 36-3964791-001
a	Plan name	MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN	
b	Name of plan sponsor	MAGNETIC TECHNOLOGIES LTD.	c EIN-PN 04-2836991-005
a	Plan name	MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MARC DUTTON IRRIGATION, INC.	c EIN-PN 38-2152186-001
a	Plan name	MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-001
a	Plan name	MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-222
a	Plan name	ONAL GALLANT & PARTNERS PC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ONAL GALLANT & PARTNERS PC	c EIN-PN 82-2968635-001
a	Plan name	OUR COUNTRY HOME ENTERPRISES, INC CUSTOM RETIREMENT PLAN	
b	Name of plan sponsor	OUR COUNTRY HOME ENTERPRISES, INC.	c EIN-PN 34-1524285-001
a	Plan name	PACIFIC DRIVE-INS LLC 401(K)	
b	Name of plan sponsor	PACIFIC DRIVE-INS LLC	c EIN-PN 46-3867535-001
a	Plan name	PALLADIUM NETWORKS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PALLADIUM NETWORKS, INC.	c EIN-PN 56-2098156-001
a	Plan name	KEY ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor	KEY ENGINEERING, INC.	c EIN-PN 75-3112205-001
a	Plan name	KMW 401(K) PLAN	
b	Name of plan sponsor	KELLER, MELCHIORRE AND WALSH, PLLC	c EIN-PN 83-2864534-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	KNOWLEDGE SAVES LIVES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	KNOWLEDGE SAVES LIVES, INC.	c EIN-PN 27-2230784-001
a	Plan name	KW CORPORATION 401(K) PLAN	
b	Name of plan sponsor	KW CORPORATION	c EIN-PN 26-0355410-001
a	Plan name	MASTER PLUMBING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	MASTER PLUMBING SOLUTIONS LLC	c EIN-PN 46-3187028-001
a	Plan name	MAUI PARADISE PROPERTIES 401(K) PLAN	
b	Name of plan sponsor	MAUI PARADISE PROPERTIES	c EIN-PN 46-0867014-001
a	Plan name	MAYSE PAINTING & CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor	MAYSE PAINTING & CONTRACTING LLC	c EIN-PN 82-3832107-001
a	Plan name	MBC 401(K) PLAN	
b	Name of plan sponsor	MBC & ASSOCIATES, LLC	c EIN-PN 83-2391851-001
a	Plan name	PARAGON PERFORMANCE 401K PLAN	
b	Name of plan sponsor	PARAGON PERFORMANCE	c EIN-PN 84-5134367-001
a	Plan name	PARKS DRILLING COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARKS DRILLING COMPANY	c EIN-PN 31-0796361-001
a	Plan name	PCI OF MICHIGAN, INC. 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL CODE INSPECTIONS OF MICHIGAN, INC.	c EIN-PN 38-2832701-001
a	Plan name	PEDIATRIC ASSOCIATES OF MORRIS 401(K) PLAN	
b	Name of plan sponsor	PEDIATRIC ASSOCIATES OF MORRIS	c EIN-PN 46-2139435-001
a	Plan name	PEGASYS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	PEGASYS TECHNOLOGIES, LLC	c EIN-PN 82-4668955-001
a	Plan name	PROFESSIONAL AUTOMOTIVE SERVICE LLC 401(K) PLAN	
b	Name of plan sponsor	PROFESSIONAL AUTOMOTIVE SERVICE LLC	c EIN-PN 85-3817843-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	RETIREMENT LIVING MGMT LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	RETIREMENT LIVING MGMT., LLC	c EIN-PN 38-3470221-001
a	Plan name	RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	RICHWOODS ACADEMY, LLC	c EIN-PN 84-4059471-001
a	Plan name	RIZZI LAW GROUP RETIREMENT PLAN	
b	Name of plan sponsor	RIZZI LAW GROUP, P.A.	c EIN-PN 81-0946166-001
a	Plan name	RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001
a	Plan name	ROADMAP RESEARCH GLOBAL 401(K) PLAN	
b	Name of plan sponsor	LEXICON AND LINE DBA ROADMAP RESEARCH GLOBAL	c EIN-PN 47-2210159-001
a	Plan name	ALL ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL ENVIRONMENTAL, INC.	c EIN-PN 68-0288965-001
a	Plan name	ALL STAR PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	VERL D. WARNIMONT DBA ALL STAR PLUMBING & HEATING	c EIN-PN 34-1972332-001
a	Plan name	TED GROB CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TED GROB CORPORATION	c EIN-PN 39-1027921-001
a	Plan name	THE AME GROUP 401(K) PLAN	
b	Name of plan sponsor	THE AME GROUP	c EIN-PN 35-1630314-001
a	Plan name	AUSTIN ENGINEERING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	AUSTIN ENGINEERING CO., INC.	c EIN-PN 74-2057958-001
a	Plan name	TRADER PHD 401(K)	
b	Name of plan sponsor	TRADER PHD, LLC	c EIN-PN 47-4703769-001
a	Plan name	TRAYER SOLUTIONS, LLC 401(K)	
b	Name of plan sponsor	TRAYER SOLUTIONS, LLC	c EIN-PN 46-4500573-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name TRI CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor TRI CONSTRUCTION CO., INC.	c EIN-PN 04-2786413-001
a	Plan name CAPCO STEEL ERECTION COMPANY 401(K) PLAN	
b	Name of plan sponsor CAPCO STEEL ERECTION COMPANY	c EIN-PN 27-1100663-001
a	Plan name CAPITOL METRO FINANCIAL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor CAPITOL METRO FINANCIAL SERVICES, INC.	c EIN-PN 52-2069219-001
a	Plan name WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name WILLOW GRACE VETERINARY HOSPITAL 401(K) PLAN	
b	Name of plan sponsor WILLOW GRACE VETERINARY HOSPITAL	c EIN-PN 85-0851518-001
a	Plan name DEWITT LUMBER COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SAWDUST LUMBER COMPANY DBA DEWITT LUMBER COMPANY	c EIN-PN 20-8796751-001
a	Plan name DIVERSIFIED PATTERN & ENGINEERING CO., INC. RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor DIVERSIFIED PATTERN & ENGINEERING COMPANY, INC.	c EIN-PN 35-1364811-001
a	Plan name EMPLOYEE BENEFIT PLAN OF ARC OF DENVER, INC.	
b	Name of plan sponsor ARC OF DENVER, INC.	c EIN-PN 84-0614525-001
a	Plan name ENGINEERED TOOLS EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor ENGINEERED TOOLS CORPORATION	c EIN-PN 38-2315702-001
a	Plan name GARZOR INSURANCE, LLC 401(K) PLAN	
b	Name of plan sponsor GARZOR INSURANCE, LLC	c EIN-PN 26-2951778-001
a	Plan name GAZI ATASEVEN 401(K) PLAN	
b	Name of plan sponsor A TO Z REAL ESTATE TRANSACTION LLC	c EIN-PN 86-1384624-001
a	Plan name JACOBS & WALLACE, PLLC 401(K) PLAN	
b	Name of plan sponsor JACOBS & WALLACE, PLLC	c EIN-PN 82-2495338-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor	AMBIOPHARM, INC.	c EIN-PN 22-3940281-001
a	Plan name	AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001
a	Plan name	BERKELEY HALL CLUB RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BERKELEY HALL CLUB	c EIN-PN 57-1105488-001
a	Plan name	BESPOKE HOMES LLC 401(K) PLAN	
b	Name of plan sponsor	BESPOKE HOMES LLC	c EIN-PN 47-4157488-001
a	Plan name	CATALYST TECHNOLOGY GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CATALYST TECHNOLOGY GROUP, LLC	c EIN-PN 47-0977970-001
a	Plan name	CEDAR VALLEY CHEESE STORE	
b	Name of plan sponsor	CEDAR VALLEY CHEESE STORE	c EIN-PN 20-2863599-001
a	Plan name	FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	FALLBROOK FAMILY HEALTH CENTER, LLC	c EIN-PN 45-2548037-001
a	Plan name	GL KREINER, INC. 401(K) PLAN	
b	Name of plan sponsor	GL KREINER, INC.	c EIN-PN 81-1723713-001
a	Plan name	GLOBAL TABLEWARE SOLUTIONS, CORP. 401(K) PLAN	
b	Name of plan sponsor	GLOBAL TABLEWARE SOLUTIONS, CORP.	c EIN-PN 81-3230599-001
a	Plan name	GLPC 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES POTATO CHIP COMPANY, LLC	c EIN-PN 27-1435611-001
a	Plan name	GMP GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GMP GROUP, INC.	c EIN-PN 85-2276642-001
a	Plan name	GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GMS MINE REPAIR & MAINTENANCE, INC.	c EIN-PN 52-1908118-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	JEFFREY A. STOLARZ, DDS, P.C. SAFE HARBOR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	JEFFREY A. STOLARZ, DDS, P.C.	c EIN-PN 35-2111364-001
a	Plan name	JET HELSETH MFG, INC. 401(K) PLAN	
b	Name of plan sponsor	JET HELSETH MANUFACTURING, INC.	c EIN-PN 59-3402920-001
a	Plan name	LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	LABRASCA PLASTIC SURGERY, INC.	c EIN-PN 46-4013077-001
a	Plan name	LAKEVIEW PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	LAKEVIEW PHYSICAL THERAPY AND SPINE LLC	c EIN-PN 83-4244452-001
a	Plan name	LANCE PAUL AUTOMOTIVE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LANCE PAUL AUTOMOTIVE LLC	c EIN-PN 27-2029875-001
a	Plan name	LAND LIFE COMPANY USA, PBC RETIREMENT PLAN	
b	Name of plan sponsor	LAND LIFE COMPANY USA, PBC	c EIN-PN 83-1925466-001
a	Plan name	LANEY LA, INC. 401(K) PLAN	
b	Name of plan sponsor	LANEY LA, INC.	c EIN-PN 46-5334241-001
a	Plan name	LAUREL EYE CLINIC GROUP RETIREMENT PLAN AND TRUST AGREEMENT	
b	Name of plan sponsor	LAUREL EYE CLINIC GROUP	c EIN-PN 25-1375158-002
a	Plan name	MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MCCOLLOUGH SCHOLTEN CONSTRUCTION	c EIN-PN 35-1685271-001
a	Plan name	MEAD BROTHERS EXCAVATING, INC. 401(K) PLAN	
b	Name of plan sponsor	MEAD BROTHERS EXCAVATING, INC.	c EIN-PN 38-1679273-001
a	Plan name	MEDIA MATTERS SF LLC 401(K) PLAN	
b	Name of plan sponsor	MEDIA MATTERS SF, LLC DBA ARS X MACHINA	c EIN-PN 72-1607686-001
a	Plan name	PETERSEN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY DESIGN & CONSTRUCTION, INC.	c EIN-PN 87-0328548-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name PETOSKEY SURGEONS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PETOSKEY SURGEONS, P.C.	c EIN-PN 38-3448511-001
a	Plan name PGS 401(K) PLAN	
b	Name of plan sponsor PRECISION GLOBAL SYSTEMS, INC.	c EIN-PN 38-2504223-001
a	Plan name PURE ENERGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor PURE ENERGY GROUP, INC.	c EIN-PN 86-2201015-001
a	Plan name RSA CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RSA CORPORATION	c EIN-PN 65-1201831-001
a	Plan name SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.	
b	Name of plan sponsor THE GUIDANCE CENTER, INC.	c EIN-PN 86-0223720-001
a	Plan name THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name THE DIGIVAC COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE DIGIVAC COMPANY	c EIN-PN 22-3256851-001
a	Plan name THE LAW OFFICE OF HEATHER A. LONG, LLC 401(K) PLAN	
b	Name of plan sponsor THE LAW OFFICE OF HEATHER A. LONG, LLC	c EIN-PN 33-3432013-001
a	Plan name THE SPARROW GROUP 401(K) PLAN	
b	Name of plan sponsor THE SPARROW GROUP, INC.	c EIN-PN 46-5643850-001
a	Plan name TUMBL TRAK 401(K) PLAN	
b	Name of plan sponsor V.T.L., INC	c EIN-PN 38-2824518-001
a	Plan name TUMBLEWEED MIDSTREAM 401(K) PLAN	
b	Name of plan sponsor TUMBLEWEED MIDSTREAM, LLC	c EIN-PN 84-3879436-001
a	Plan name TURKEL, CUVA, BARRIOS, P.A. 401(K) PLAN	
b	Name of plan sponsor TURKEL, CUVA, BARRIOS, P.A.	c EIN-PN 86-3329581-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO RETIREMENT PLAN	
b	Name of plan sponsor TURKISH AMERICAN SOCIETY INC. DBA SCIENCE ACADEMY OF CHICAGO	c EIN-PN 36-4153559-001
a	Plan name U.S. GOT PEOPLE RETIREMENT PLAN	
b	Name of plan sponsor DILLIGAS CORP. DBA U.S. GOT PEOPLE	c EIN-PN 26-2968177-001
a	Plan name UFS OF CO LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor UFS OF CO LLC	c EIN-PN 46-1301189-001
a	Plan name UNI-GRIP, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor UNI-GRIP, INC.	c EIN-PN 34-1108705-001
a	Plan name WRA ARCHITECTS, INC. 401K PLAN	
b	Name of plan sponsor WRA ARCHITECTS, INC	c EIN-PN 75-1084671-001
a	Plan name BRAIN TUNNELGENIX TECHNOLOGIES CORP 401(K) PLAN	
b	Name of plan sponsor BRAIN TUNNELGENIX TECHNOLOGIES CORP	c EIN-PN 03-0586076-001
a	Plan name BRIQUETTES 401(K) PLAN	
b	Name of plan sponsor BRIQUETTES	c EIN-PN 46-1353447-001
a	Plan name FAMILY CARE HOME HEALTH & HOSPICE LLC 401(K) PLAN	
b	Name of plan sponsor FAMILY CARE HOME HEALTH & HOSPICE LLC	c EIN-PN 81-2802771-001
a	Plan name FEDVEL CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor FEDVEL CONSTRUCTION, INC.	c EIN-PN 82-2603538-001
a	Plan name FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
b	Name of plan sponsor FG HOLDINGS, LLC	c EIN-PN 87-4171809-001
a	Plan name FINK & FINK, PLLC 401(K) PLAN	
b	Name of plan sponsor FINK & FINK, PLLC	c EIN-PN 26-1687698-001
a	Plan name LINDAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LINDAR CORPORATION	c EIN-PN 41-1752658-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	REALEFLOW, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	REALEFLOW, LLC	c EIN-PN 20-8679477-001
a	Plan name	REASON CONSULTING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	REASON CONSULTING CORPORATION	c EIN-PN 87-3746346-001
a	Plan name	URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor	URTHPACT, LLC	c EIN-PN 04-3339273-001
a	Plan name	VANGUARD CLINICAL INC. 401(K) PLAN	
b	Name of plan sponsor	VANGUARD CLINICAL INC.	c EIN-PN 81-2699127-001
a	Plan name	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	c EIN-PN 38-2487912-001
a	Plan name	CHEM TECH SERVICES 401(K) PLAN	
b	Name of plan sponsor	CHEM TECH SERVICES INC	c EIN-PN 75-1724696-001
a	Plan name	CI-DELL PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	CI-DELL PLASTICS, INC.	c EIN-PN 39-1556975-001
a	Plan name	MILK SOURCE COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	MILK SOURCE, LLC	c EIN-PN 39-1954636-001
a	Plan name	MILLER VALVE & CONTROLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MILLER VALVE & CONTROLS, LLC	c EIN-PN 85-4352454-001
a	Plan name	MILLS ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	c EIN-PN 81-1149328-001
a	Plan name	MISSION CITY REBAR, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MISSION CITY REBAR, INC.	c EIN-PN 94-2146294-004
a	Plan name	MMB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MANAGEMENT SERVICES, INC.	c EIN-PN 73-1443852-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE 401(K) PLAN	
b Name of plan sponsor	MONTESSORI CHILDREN'S HOUSE GRAND TRAVERSE	c EIN-PN 38-2536891-001

a Plan name	SAPHYRE, INC. 401(K) PLAN	
b Name of plan sponsor	SAPHYRE, INC.	c EIN-PN 82-3177747-001

a Plan name	SENTINEL CONTRACTORS 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	SENTINEL CONTRACTORS, LLC	c EIN-PN 88-1828953-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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a Plan name		
b Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan LEGG MASON BW GLOBAL OPPORTUNITIES BOND FUND CLASS IS	B Three-digit plan number (PN) ▶ 040
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 82-5217478

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	5792986
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6476644
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	5792986	6476644
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	5792986	6476644

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	511773	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-1589919	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		-1078146

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1078146
l Transfers of assets:			
(1) To this plan	2l(1)		23348713
(2) From this plan	2l(2)		21586909

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.