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| <p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p> |
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

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| <p>1a Name of plan <u>FRANKLIN DYNATECH RET OPT</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>325</u></p> |
| <p>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) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p> | <p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>82-5217478</u></p> <hr/> <p>2c Plan Sponsor's telephone number</p> <hr/> <p>2d Business code (see instructions)</p> |

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

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

| | | | |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| SIGN HERE | | Date | |
| | Signature of plan administrator | | Enter name of individual signing as plan administrator |
| SIGN HERE | | Date | |
| | Signature of employer/plan sponsor | | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE | <u>Filed with authorized/valid electronic signature.</u> | <u>08/22/2025</u> | <u>NEIL KOENCK</u> |
| | Signature of DFE | Date | Enter name of individual signing as DFE |

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| 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> <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:

| | |
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| 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)

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| 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 _____

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| 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>FRANKLIN DYNATECH RET OPT</u> | B Three-digit plan number (PN) | <u>▶</u> <u>325</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> | |

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| 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) |
|---------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

| | | |
|---------------------------------------------------|----------------------|-----------------------------------------------------------------------------------------------------|
| 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) |
| a Name of MTIA, CCT, PSA, or 103-12 IE: | | |
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| 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) |
| 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) |

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)

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:

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d Entity code

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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)

| 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 CLINKSCALES PORTABLE TOILETS LLC SAFE HARBOR 401(K) PLAN | |
| b | Name of plan sponsor CLINKSCALES PORTABLE TOILETS LLC | c EIN-PN 93-1086752-001 |
| a | Plan name HALLMARK MITIGATION AND CONSTRUCTION LLC 401(K) PLAN | |
| b | Name of plan sponsor HALLMARK MITIGATION & CONSTRUCTION LLC | c EIN-PN 81-1421014-001 |
| a | Plan name HAMMOND-MITCHELL, INC. 401(K) PLAN | |
| b | Name of plan sponsor HAMMOND-MITCHELL, INC. | c EIN-PN 54-0839749-001 |
| a | Plan name HAMWI MD PLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor YASER HAMWI, M.D. , PLC | c EIN-PN 42-2506197-001 |
| a | Plan name HARTLEY'S PROFIT SHARING 40L(K) PLAN | |
| b | Name of plan sponsor HARTLEY'S | c EIN-PN 01-0278553-001 |
| a | Plan name MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN | |
| b | Name of plan sponsor MOUNTAIN BORDERS ASSOCIATES INC | c EIN-PN 27-0189681-001 |
| 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 SENTINEL CONTRACTORS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SENTINEL CONTRACTORS, LLC | c EIN-PN 88-1828953-001 |
| a | Plan name SESR 401(K) PLAN | |
| b | Name of plan sponsor SOUTHEAST SHELBY COUNTY EMERGENCY MEDICAL RESCUE INC. | c EIN-PN 31-1583285-001 |
| a | Plan name SGI 401(K) PLAN | |
| b | Name of plan sponsor SGI | c EIN-PN 93-4216744-001 |
| a | Plan name SHAFER COMPANIES 401(K) PLAN | |
| b | Name of plan sponsor SHAFER REDI-MIX, INC. | c EIN-PN 38-2412059-002 |
| a | Plan name A TO Z SPEECH THERAPY 401(K) PLAN | |
| b | Name of plan sponsor A TO Z SPEECH THERAPY | c EIN-PN 81-4796737-001 |

| 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 | COMMUNITY STAR CREDIT UNION 401(K) PLAN | |
| b | Name of plan sponsor | COMMUNITY STAR CREDIT UNION | c EIN-PN 34-0728231-002 |
| a | Plan name | COMPASS STUDIO 401(K) PLAN | |
| b | Name of plan sponsor | JP COMPASS CONSULTING AND CONSTRUCTION, INC. DBA COMPASS STUDIO | c EIN-PN 20-5387398-001 |
| a | Plan name | HEIDI'S SWENSENS OF LONG BEACH LLC 401(K) PLAN | |
| b | Name of plan sponsor | HEIDI'S SWENSENS OF LONG BEACH LLC | c EIN-PN 02-0576575-001 |
| a | Plan name | NEARLY NEW TOWN 401(K) PLAN | |
| b | Name of plan sponsor | NEARLY NEW TOWN | c EIN-PN 82-5293249-001 |
| 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 | ACCUTURN 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | ACCUTURN CORPORATION | c EIN-PN 95-2901000-001 |
| a | Plan name | ADITYA CHHIBBER BDS LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ADITYA CHHIBBER BDS LLC DBA AC ORTHODONTICS | c EIN-PN 81-1939042-002 |
| a | Plan name | COUNTRY MORNING FARMS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | COUNTRY MORNING FARMS, INC. | c EIN-PN 91-2036632-001 |
| a | Plan name | CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN | |
| b | Name of plan sponsor | MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN | c EIN-PN 48-0666889-001 |
| 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 401(K) PLAN | |
| b | Name of plan sponsor | BOKKER, INC DBA HOME INSTEAD SENIOR CARE | c EIN-PN 45-2590810-001 |
| a | Plan name | NODDLE SERVICES, LLC SALARY SAVINGS PLAN | |
| b | Name of plan sponsor | NODDLE SERVICES, LLC | c EIN-PN 82-5468680-001 |

| 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 SPARTAN PRINTING, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SPARTAN PRINTING AND PACKAGING, INC. | c EIN-PN 75-1155218-001 |
| a | Plan name SPHEREGEN 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SPHEREGEN TECHNOLOGIES, LLC | c EIN-PN 47-2610802-001 |
| a | Plan name SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SPRING GROVE CEMETERY | c EIN-PN 31-0235950-003 |
| a | Plan name STEP UP FAMILY SERVICE LLC- 401(K) | |
| b | Name of plan sponsor STEP UP FAMILY SERVICES LLC | c EIN-PN 83-4093830-001 |
| a | Plan name POPE DISTRIBUTING CO., INC. 401(K) PLAN | |
| b | Name of plan sponsor POPE DISTRIBUTING CO., INC. | c EIN-PN 73-0672369-001 |
| a | Plan name RENEW IT GROUP 401(K) PLAN | |
| b | Name of plan sponsor RENEW IT GROUP LLC | c EIN-PN 46-5146944-001 |
| a | Plan name ADVANCED WASTE & RECYCLING, INC. 401(K) PLAN | |
| b | Name of plan sponsor ADVANCED WASTE & RECYCLING, INC. | c EIN-PN 20-0110311-001 |
| a | Plan name AGNIESZKA JAMROZEK, DMD LLC DEFINED BENEFIT PENSION PLAN AND TRUST | |
| b | Name of plan sponsor AGNIESZKA JAMROZEK DMD, LLC | c EIN-PN 81-1106417-001 |
| a | Plan name AGRICAPTURE 401(K) PLAN | |
| b | Name of plan sponsor AGRICAPTURE, INC. | c EIN-PN 86-3882425-001 |
| a | Plan name AHB TOOLING & MACHINERY 401(K) PLAN & TRUST | |
| b | Name of plan sponsor AHB TOOLING & MACHINERY, LLC | c EIN-PN 83-3280314-001 |
| 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 SUPPLYDEN, INC. 401(K) PLAN | |
| b | Name of plan sponsor SUPPLYDEN, INC. | c EIN-PN 38-3603806-001 |

| 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 SYMONS ADVANCED VALUED EMPLOYEE RETIREMENT PLAN | |
| b | Name of plan sponsor SYMONS FIRE PROTECTION, INC. | c EIN-PN 03-0378557-001 |
| a | Plan name THE VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN | |
| b | Name of plan sponsor THE VALLEY FERTILIZER CHEMICAL CO, INC. | c EIN-PN 54-0415185-002 |
| a | Plan name TK JAMS DRYWALL 401(K) PLAN | |
| b | Name of plan sponsor TK JAMS DRYWALL COMPANY | c EIN-PN 26-4725394-001 |
| a | Plan name TOLLEFSEN STEEL & FABRICATION, INC. RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor TOLLEFSEN STEEL & FABRICATION, INC. | c EIN-PN 46-2263667-001 |
| a | Plan name WASATCH DISTRIBUTING COMPANY, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor WASATCH DISTRIBUTING COMPANY, INC. | c EIN-PN 87-0206345-001 |
| a | Plan name DAKINE SERVICES 401(K) PLAN | |
| b | Name of plan sponsor DAKINE SERVICES, INC. | c EIN-PN 81-1390019-001 |
| a | Plan name DALLESPORT FOUNDRY RETIREMENT PLAN | |
| b | Name of plan sponsor DALLESPORT FOUNDRY, LLC | c EIN-PN 91-1878495-001 |
| a | Plan name DAWN WAREHOUSING, INC. 401(K) PLAN | |
| b | Name of plan sponsor DAWN WAREHOUSING, INC. | c EIN-PN 54-1234908-001 |
| a | Plan name DSI RETIREMENT PLAN | |
| b | Name of plan sponsor DESIGN & SOFTWARE INTERNATIONAL, INC. | c EIN-PN 31-1435015-001 |
| a | Plan name FUJI ROBOTICS 401(K) PLAN | |
| b | Name of plan sponsor FUJI YUSOKI KOGYO CO., LTD DBA FUJI ROBOTICS | c EIN-PN 90-0049938-001 |
| a | Plan name IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor IDEOLOGY PRODUCTIONS, LLC | c EIN-PN 46-4992929-001 |
| a | Plan name JON CHASE AGENCY 401K PLAN | |
| b | Name of plan sponsor JON CHASE AGENCY | c EIN-PN 30-0695620-001 |

| 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 M HOLDINGS LLC 401(K) PLAN | |
| b | Name of plan sponsor M HOLDINGS | c EIN-PN 83-1454255-001 |
| 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 OMNI-TECH SOLUTIONS, LLC 401(K) PLAN | |
| b | Name of plan sponsor OMNI-TECH SOLUTIONS, LLC | c EIN-PN 81-4983507-001 |
| a | Plan name ORIGIN HEALTH 401(K) PLAN | |
| b | Name of plan sponsor ORIGIN HEALTH | c EIN-PN 84-3463861-001 |
| a | Plan name PACIFIC POWER ELECTRICAL CONTRACTING, LLC 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor PACIFIC POWER ELECTRICAL CONTRACTING, LLC | c EIN-PN 45-2456005-001 |
| 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 KOEHLER FARRY & COMPANY 401(K) PLAN | |
| b | Name of plan sponsor KOEHLER FARRY & COMPANY, CPA, PA | c EIN-PN 59-3379212-001 |
| a | Plan name MAXX/HOA WEST RETIREMENT PLAN | |
| b | Name of plan sponsor HOA PARTNERS WEST, LLC | c EIN-PN 81-5184683-001 |
| a | Plan name PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST | |
| b | Name of plan sponsor PARK SIDE FINANCIAL CREDIT UNION | c EIN-PN 23-7155544-001 |
| 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 PARKS JOHNSON AGENCY 401(K) PLAN | |
| b | Name of plan sponsor PARKS JOHNSON AGENCY | c EIN-PN 85-2713186-001 |

| 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 | PRINCIPLE SERVICES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | PRINCIPLE SERVICES, LLC | c EIN-PN 83-3051083-001 |
| a | Plan name | TAG MANUFACTURING, INC. 401(K) PLAN | |
| b | Name of plan sponsor | TAG MANUFACTURING, INC. | c EIN-PN 72-1578630-001 |
| a | Plan name | TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | TARGET ENTERPRISES, INC. | c EIN-PN 06-1158272-001 |
| a | Plan name | TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor | TELETRONIC SERVICES, INC. | c EIN-PN 34-1317163-001 |
| a | Plan name | TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS 401(K) PLAN | |
| b | Name of plan sponsor | TERRA-ACE INTERMEDIATE HOLDINGS, LLC DBA ACE FLUID SOLUTIONS | c EIN-PN 85-3687743-237 |
| a | Plan name | AXIOM INNOVATIONS LLC 401(K) PLAN | |
| b | Name of plan sponsor | AXIOM INNOVATIONS, LLC | c EIN-PN 82-5288488-001 |
| a | Plan name | B2B RETIREMENT 401(K) PLAN & TRUST | |
| b | Name of plan sponsor | B2B STAFFING SERVICES, INC. | c EIN-PN 20-4404038-001 |
| a | Plan name | BARGAIN SERVICES, LLC 401(K) PLAN | |
| b | Name of plan sponsor | BARGAIN SERVICES, LLC | c EIN-PN 46-3585182-001 |
| a | Plan name | TRAYER SOLUTIONS, LLC 401(K) | |
| b | Name of plan sponsor | TRAYER SOLUTIONS, LLC | c EIN-PN 46-4500573-001 |
| a | Plan name | TREASURE IN THE DETAIL 401(K) PLAN | |
| b | Name of plan sponsor | TREASURE IN THE DETAIL, LLC | c EIN-PN 46-3857379-001 |
| a | Plan name | CAPUTO & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | CAPUTO & ASSOCIATES, INC. | c EIN-PN 30-0135904-001 |
| a | Plan name | DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | DELTRAN OPERATIONS USA INC | c EIN-PN 46-3331632-001 |

| 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 GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST | |
| b | Name of plan sponsor GAVRILOV LAW CORPORATION | c EIN-PN 27-0151979-001 |
| a | Plan name IRONMAN PIZZA 401(K) PLAN | |
| b | Name of plan sponsor IRONMAN PIZZA, INC. | c EIN-PN 46-1786435-001 |
| a | Plan name APEX ENDODONTICS 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor APEX ENDODONTICS | c EIN-PN 87-1558706-001 |
| a | Plan name BELMONT HARDWARE 401(K) PLAN | |
| b | Name of plan sponsor COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA | c EIN-PN 94-2724600-001 |
| a | Plan name CASSILL MOTORS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CASSILL MOTORS, INC. | c EIN-PN 42-1375775-001 |
| a | Plan name DOUBLE L REINFORCING, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DOUBLE L REINFORCING, LLC | c EIN-PN 85-2401857-001 |
| a | Plan name DR DASHBOARD 401K PLAN | |
| b | Name of plan sponsor C-MOORE ENTERTAINMENT, INC. DBA DR DASHBOARD | c EIN-PN 35-1963002-001 |
| a | Plan name DR. MICHAEL GUIRGUIS, D.D.S., INC. 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor DR. MICHAEL GUIRGUIS, D.D.S., INC. | c EIN-PN 27-0800677-001 |
| a | Plan name EYNCON 401(K) PLAN | |
| b | Name of plan sponsor EYNCON, LLC | c EIN-PN 47-2720798-001 |
| a | Plan name GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC. | c EIN-PN 57-1093357-001 |
| a | Plan name JERRY CHIDESTER MD, PLLC 401(K) PLAN | |
| b | Name of plan sponsor JERRY CHIDESTER MD, PLLC | c EIN-PN 84-4004479-001 |
| a | Plan name MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor MENCHIE'S GLOBAL HEADQUARTERS | c EIN-PN 26-1658984-001 |

| 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 | PERINATAL MEDICAL GROUP, INC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PERINATAL MEDICAL GROUP, INC | c EIN-PN 94-2673505-001 |
| a | Plan name | PROVO LAND TITLE COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PROVO LAND TITLE COMPANY | c EIN-PN 87-0274324-001 |
| a | Plan name | QUALITY FABRICATION & DESIGN 401(K) PLAN | |
| b | Name of plan sponsor | QUALITY FABRICATION & DESIGN | c EIN-PN 75-2191833-001 |
| a | Plan name | RON HAMMES REFRIGERATION 401(K) PLAN | |
| b | Name of plan sponsor | RON HAMMES REFRIGERATION CO., INC. | c EIN-PN 39-1350539-001 |
| a | Plan name | RUIZ SALON GROUP 401(K) PLAN | |
| b | Name of plan sponsor | RUIZ WEST END MANAGEMENT LC | c EIN-PN 74-2951507-001 |
| a | Plan name | TWIN BUILDERS INC 401(K) PLAN | |
| b | Name of plan sponsor | TWIN BUILDERS INC | c EIN-PN 54-2072727-001 |
| a | Plan name | UNIQUE FABRICATIONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | UNIQUE FABRICATIONS | c EIN-PN 26-1649705-001 |
| a | Plan name | WOODLAKE HEALTHCARE AND REHABILITATION CENTER 401(K) PLAN | |
| b | Name of plan sponsor | WOODLAKE HEALTHCARE AND REHABILITATION CENTER | c EIN-PN 99-2576467-001 |
| a | Plan name | ZELLWOOD STATION RETIREMENT PLAN | |
| b | Name of plan sponsor | ZELLWOOD STATION CO-OP, INC. | c EIN-PN 59-3194342-001 |
| a | Plan name | BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NORTHCOAST CYCLES, LLC DBA BMW/ROYAL ENFIELD MOTORCYCLES OF CLEVELAND | c EIN-PN 47-0911536-001 |
| a | Plan name | BREAK IT DOWN, LLC 401(K) PLAN | |
| b | Name of plan sponsor | BREAK IT DOWN, LLC | c EIN-PN 27-1788791-001 |
| a | Plan name | BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN | |
| b | Name of plan sponsor | BREVARD MEDICAL DERMATOLOGY | c EIN-PN 36-4796769-001 |

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 | LD PLASTICS, INC. 401(K) PLAN | c | EIN-PN | 04-2702532-001 |
| b | Name of plan sponsor | LD PLASTICS, INC. | | | |
| a | Plan name | LIFELINK MEDICAL GROUP, PLLC 401(K) PLAN | c | EIN-PN | 47-2362864-001 |
| b | Name of plan sponsor | LIFELINK MEDICAL GROUP, PLLC | | | |
| a | Plan name | VETERINARY SURGICAL SPECIALISTS RETIREMENT TRUST | c | EIN-PN | 36-4893102-001 |
| b | Name of plan sponsor | VETERINARY SURGICAL SPECIALISTS | | | |
| a | Plan name | MILLS ANIMAL HOSPITAL 401(K) PLAN | c | EIN-PN | 81-1149328-001 |
| b | Name of plan sponsor | MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL | | | |
| a | Plan name | SCHLOSSER ORTHODONTICS401(K) RETIREMENT PLAN | c | EIN-PN | 85-1521677-001 |
| b | Name of plan sponsor | SCHLOSSER ORTHODONTICS, L.L.C. | | | |
| a | Plan name | SECURE FUTURE SAVINGS AND INVESTING PLAN | c | EIN-PN | 20-8799242-222 |
| b | Name of plan sponsor | RIVER CITY EQUIPMENT RENTAL & SALES | | | |
| a | Plan name | ZENITH REHABILITATION 401(K) PLAN | c | EIN-PN | 82-4302535-001 |
| b | Name of plan sponsor | ZENITH REHABILITATION, LLC | | | |
| a | Plan name | | c | EIN-PN | |
| b | Name of plan sponsor | | | | |
| a | Plan name | | c | EIN-PN | |
| b | Name of plan sponsor | | | | |
| a | Plan name | | c | EIN-PN | |
| b | Name of plan sponsor | | | | |
| a | Plan name | | c | EIN-PN | |
| b | Name of plan sponsor | | | | |
| a | Plan name | | c | EIN-PN | |
| b | Name of plan sponsor | | | | |

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| 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 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

| | |
|-------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024 | |
| A Name of plan FRANKLIN DYNATECH RET OPT | B Three-digit plan number (PN) 325 |
| 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 |
|---------------|--------------------------------------|

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

| | | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| Assets | | | |
| 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) | 4956790 | 8501755 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (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 | 4956790 | 8501755 |
| 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 | 4956790 | 8501755 |

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) | | |
| (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) | 1675043 | |
| (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 | | 1675043 |

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 | | 1675043 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | 2314173 |
| (2) From this plan | 2l(2) | | 444251 |

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 _____.