

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>AMERICAN CENTURY HERITAGE RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>849</u>
	1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u>
	2c Plan Sponsor's telephone number <u>319-355-6449</u>
	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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/08/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as 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>AMERICAN CENTURY HERITAGE RET OPT</u>	B Three-digit plan number (PN)	<u>849</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>39-0989781</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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c EIN-PN

d Entity code

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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)

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)

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	BAKERY AGENCY 401(K) PLAN	
b	Name of plan sponsor	BAKERY AGENCY LLC	c EIN-PN 27-4407040-001
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
a	Plan name	PROGRESS USA, INC. 401(K) PLAN	
b	Name of plan sponsor	PROGRESS USA, INC.	c EIN-PN 01-0682657-001
a	Plan name	PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVE AIR SYSTEMS, INC.	c EIN-PN 59-3124591-001
a	Plan name	BIG HORN WIRELINE 401(K) PLAN	
b	Name of plan sponsor	BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001
a	Plan name	PSF 401(K) PLAN	
b	Name of plan sponsor	PSF ACQUISITION COMPANY LLC	c EIN-PN 45-2976645-001
a	Plan name	REHAB 1 LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	REHAB 1 LLC	c EIN-PN 20-5270860-001
a	Plan name	BUSENBARK, CLARK & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	CLARK CPA GROUP, P.C. DBA BUSENBARK, CLARK & ASSOCIATES	c EIN-PN 84-3793000-001
a	Plan name	FRESH SOURCE PRODUCE, LLC 401(K) PLAN	
b	Name of plan sponsor	FRESH SOURCE PRODUCE, LLC	c EIN-PN 35-2514795-001
a	Plan name	FRONTIER MEDICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	FRONTIER MEDICAL ASSOCIATES	c EIN-PN 45-0558452-001
a	Plan name	FUSION HEALTH 401(K) PLAN	
b	Name of plan sponsor	FUSION HEALTHCARE STAFFING, LLC	c EIN-PN 46-2470418-001
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

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 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 CLASSIC COIL COMPANY INC. 401(K) PLAN	
b	Name of plan sponsor CLASSIC COIL COMPANY INC.	c EIN-PN 06-1503979-001
a	Plan name WESTON & AGNESS LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WESTON & AGNESS LLP	c EIN-PN 95-4668187-001
a	Plan name YE OLD STATION AUTO BODY, INC. 401(K) PLAN	
b	Name of plan sponsor YE OLD STATION AUTO BODY, INC.	c EIN-PN 06-0844760-001
a	Plan name ADVANCED COSMETIC RESEARCH LABORATORIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED COSMETIC RESEARCH LABORATORIES, INC	c EIN-PN 95-4493756-001
a	Plan name CORRIDOR MEDIA GROUP 401(K) PLAN	
b	Name of plan sponsor CORRIDOR MEDIA GROUP	c EIN-PN 76-0758768-001
a	Plan name ON POINT INSTALLATIONS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ON POINT INSTALLATIONS, INC.	c EIN-PN 27-1738155-001
a	Plan name SPORTS SPECIALISTS OF MILWAUKEE, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor SPORTS SPECIALISTS OF MILWAUKEE, INC.	c EIN-PN 39-1624600-001
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 ASSEMBLY SPECIALTY PRODUCTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ASSEMBLY SPECIALTY PRODUCTS, INC.	c EIN-PN 34-1082183-003

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 GEORGETOWN FAMILY MEDICINE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor GEORGETOWN FAMILY MEDICINE	c EIN-PN 51-0402748-001
a	Plan name MELODY LIVING 401K PLAN	
b	Name of plan sponsor MELODY LIVING ASSOCIATES- IL, L.L.C	c EIN-PN 84-4995261-001
a	Plan name SAPHYRE, INC. 401(K) PLAN	
b	Name of plan sponsor SAPHYRE, INC.	c EIN-PN 82-3177747-001
a	Plan name 2XE 401(K)	
b	Name of plan sponsor 2XE, LLC	c EIN-PN 85-0511624-001
a	Plan name HABITAT FOR HUMANITY INLAND VALLEY, INC.401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor HABITAT FOR HUMANITY INLAND VALLEY, INC.	c EIN-PN 33-0461804-001
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 HH VENTURES RETIREMENT PLAN	
b	Name of plan sponsor HH VENTURES, LLC	c EIN-PN 26-1852077-001
a	Plan name Z2 MARKETING, LTD 401(K) PLAN	
b	Name of plan sponsor Z2 MARKETING, LTD	c EIN-PN 20-0581373-001
a	Plan name DEGRAAF INTERIORS, INC 401K PLAN	
b	Name of plan sponsor DEGRAAF INTERIORS, INC.	c EIN-PN 38-3313137-001
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 INTEGRATED LABORATORY PROVIDERS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED LABORATORY PROVIDERS	c EIN-PN 82-1971376-001
a	Plan name PACIFIC DRIVE-INS LLC 401(K)	
b	Name of plan sponsor PACIFIC DRIVE-INS LLC	c EIN-PN 46-3867535-001

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	PAIT GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	PAIT GROUP, LLC	c EIN-PN 46-2599194-001
a	Plan name	PALADIN LAW GROUP LLP 401(K) PLAN & TRUST	
b	Name of plan sponsor	PALADIN LAW GROUP LLP	c EIN-PN 20-0689676-001
a	Plan name	ANIMAL NUTRITION SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	ANIMAL NUTRITION SYSTEMS, LLLP	c EIN-PN 86-0536485-001
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	DSLRC ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	DSLRC ENTERPRISES, LLC	c EIN-PN 47-1912232-001
a	Plan name	JG3 401(K) PLAN	
b	Name of plan sponsor	JG3 LOGISTICS LLC	c EIN-PN 85-2439489-001
a	Plan name	JIMSTONE 401(K) PLAN	
b	Name of plan sponsor	JIMSTONE, LLC	c EIN-PN 47-2577420-001
a	Plan name	TAYLOR HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	TAYLOR HOLDINGS, INC.	c EIN-PN 61-0680425-001
a	Plan name	EGER EYE GROUP, PC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	EGER EYE GROUP, PC	c EIN-PN 25-1634387-001
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	THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name	PROJECT INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	PROJECT INDEPENDENCE	c EIN-PN 95-3147421-001

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	PRONK TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRONK TECHNOLOGIES, INC.	c EIN-PN 20-1891840-001
a	Plan name	EUFORA INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	EUFORA INTERNATIONAL	c EIN-PN 33-0617396-001
a	Plan name	BOS MANUFACTURING, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	BOS MANUFACTURING, L.L.C.	c EIN-PN 20-1152345-001
a	Plan name	FAY FAMILY DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FAY FAMILY DENTAL CARE	c EIN-PN 84-3543483-001
a	Plan name	ORION PROTECTIVE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ORION PROTECTIVE SERVICES, INC.	c EIN-PN 27-2623687-001
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	PETRO-VALVE, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	PETRO-VALVE, INC.	c EIN-PN 74-2088515-001
a	Plan name	RESTLESS SOFTWARE 401(K) PLAN	
b	Name of plan sponsor	RESTLESS SOFTWARE LLC	c EIN-PN 83-2568090-001
a	Plan name	RETINA CENTER OF TEXAS, LLC 401(K) PLAN	
b	Name of plan sponsor	RETINA CENTER OF TEXAS, LLC	c EIN-PN 84-4798276-001
a	Plan name	RISING SUN DEVELOPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	RISING SUN DEVELOPING COMPANY	c EIN-PN 31-1557343-001
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

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 SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUMMIT SITEWORKS LLC	c EIN-PN 47-0967899-001
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 THUNDER HEART PERFORMANCE CORP. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THUNDER HEART PERFORMANCE CORP	c EIN-PN 62-1630064-001
a	Plan name TIGER SANITATION, LLC 401(K) PLAN	
b	Name of plan sponsor TIGER SANITATION, LLC	c EIN-PN 71-0885851-001
a	Plan name TILO INDUSTRIES CASH BALANCE PENSION PLAN	
b	Name of plan sponsor TILO INDUSTRIES, LLC	c EIN-PN 46-1678521-001
a	Plan name TORELCO LLC 401(K) PLAN	
b	Name of plan sponsor TORELCO LLC	c EIN-PN 88-0965718-001
a	Plan name VANDALAY 401(K) PLAN	
b	Name of plan sponsor 1126 CENTRAL RESTAURANT, LLC	c EIN-PN 47-2873563-001
a	Plan name WAYNE PREPARATORY ACADEMY 401(K) PLAN	
b	Name of plan sponsor WAYNE PREPARATORY ACADEMY, LP	c EIN-PN 30-0826240-001
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 AMI SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATION MANAGEMENT, INC.	c EIN-PN 38-2134786-001
a	Plan name AUSTERE 401(K) PLAN	
b	Name of plan sponsor CARE ADVOCATE INC.	c EIN-PN 36-4567027-001
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

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	BRAND JOURNALISTS LLC 401K PLAN	
b	Name of plan sponsor	BRAND JOURNALISTS LLC	c EIN-PN 27-4681999-001
a	Plan name	CASTOR GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	CASTOR GROUP, LLC	c EIN-PN 20-0785510-001
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	COR 401(K) PLAN	
b	Name of plan sponsor	COR CONSTRUCTION SERVICES, INC.	c EIN-PN 11-3742607-001
a	Plan name	CRIMSON CARE NETWORK 401(K) PLAN	
b	Name of plan sponsor	CRIMSON CARE NETWORK	c EIN-PN 82-2820387-002
a	Plan name	DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor	DIRSEC, INC.	c EIN-PN 84-1595959-001
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	EL MANDADO 401(K) PLAN	
b	Name of plan sponsor	EL MANDADO LATIN INTERNATIONAL PRODUCTS, INC.	c EIN-PN 56-2067801-001
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	KEOTA TRANSMISSION & REPAIR LLC 401(K) PLAN	
b	Name of plan sponsor	KEOTA TRANSMISSION & REPAIR LLC	c EIN-PN 27-1263484-001
a	Plan name	KEVIN GEORGES & ASSOCIATES, P.A. RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	KEVIN GEORGES & ASSOCIATES, P.A. DBA KGA ARCHITECTS	c EIN-PN 85-0320129-001
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

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	LANSING ICE AND FUEL COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	LANSING ICE AND FUEL	c EIN-PN 38-0745480-001
a	Plan name	CCS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	CCS SERVICES, LLC	c EIN-PN 75-3026195-001
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	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	FIMG 401(K) PLAN	
b	Name of plan sponsor	FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	c EIN-PN 27-3693949-001
a	Plan name	HARKERS HOLLOW GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor	HARKER'S HOLLOW GOLF CLUB	c EIN-PN 82-3107421-001
a	Plan name	HURTIS HEATING & AIR CONDITIONING, INC. 401(K) PLAN	
b	Name of plan sponsor	HURTIS HEATING & AIR CONDITIONING, INC.	c EIN-PN 45-3676136-001
a	Plan name	KIMBERLY SCHAFFER, LLC 401(K) PLAN	
b	Name of plan sponsor	KIMBERLY SCHAFFER, LLC	c EIN-PN 57-1207261-001
a	Plan name	LEO TECH, LLC RETIREMENT PLAN	
b	Name of plan sponsor	LEO TECH,LLC	c EIN-PN 47-4538892-001
a	Plan name	LEVENTHAL PUGA BRALEY P.C., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVENTHAL PUGA BRALEY P.C.	c EIN-PN 84-0852333-001
a	Plan name	LIBBOS LAW, P.C. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIBBOS LAW, P.C.	c EIN-PN 04-3111949-001
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

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	MORNSTAIR INC. 401(K) PLAN	
b	Name of plan sponsor	MORNSTAIR INC.	c EIN-PN 35-2748426-001
a	Plan name	PARKER SQUARED AND AFFILIATED COMPANIES 401(K) PLAN	
b	Name of plan sponsor	PARKER SQUARED, INC. DBA SLEEPING BABY, INC.	c EIN-PN 27-0402271-001
a	Plan name	R.D. KLEINSCHMIDT, INC. 401(K) PLAN	
b	Name of plan sponsor	R. D. KLEINSCHMIDT, INC.	c EIN-PN 38-2075748-001
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	ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE 401(K) PSP	
b	Name of plan sponsor	ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE CO.	c EIN-PN 33-0197591-001
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	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	WINSLOW CAMPUS OF CARE 401(K) PLAN	
b	Name of plan sponsor	WINSLOW CONVALESCENT CENTER DBA WINSLOW CAMPUS OF CARE	c EIN-PN 86-0320039-001
a	Plan name	JANET'S ENTERPRISE, INC. 401(K) PLAN	
b	Name of plan sponsor	JANET'S ENTERPRISE, INC.	c EIN-PN 84-2889332-002
a	Plan name	RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
a	Plan name	VERPLANK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	VERPLANK ELECTRIC INC.	c EIN-PN 75-3028527-001
a	Plan name	ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALABAMA COLON & RECTAL INSTITUTE, PC	c EIN-PN 63-0795136-001

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	ARMSTRONG CARPET & LINOLEUM CO. 401(K) PLAN	
b	Name of plan sponsor	ARMSTRONG CARPET & LINOLEUM COMPANY	c EIN-PN 94-1509072-001
a	Plan name	BROADLEAF, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BROADLEAF, INC.	c EIN-PN 26-2561880-001
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	CYPRESS PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CYPRESS PARTNERS LLC	c EIN-PN 81-4753944-001
a	Plan name	MY FIRST MONTESSORI, INC. 401(K) PLAN	
b	Name of plan sponsor	MY FIRST MONTESSORI, INC.	c EIN-PN 80-0770264-001
a	Plan name	MYOKINETIX PHYSICAL THERAPY AND PERFORMANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MYOKINETIX PHYSICAL THERAPY AND PERFORMANCE	c EIN-PN 82-3546619-001
a	Plan name	PRO BOX STORAGE 401(K) PLAN	
b	Name of plan sponsor	PRO BOX PORTABLE STORAGE, LLC	c EIN-PN 35-2485775-001
a	Plan name	RATTO LAW FIRM 401(K) PLAN & TRUST	
b	Name of plan sponsor	RATTO LAW FIRM	c EIN-PN 94-2952937-001
a	Plan name	ROME ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	ROME ENTERPRISES, INC. D/B/A/ ROME BATH REMODELING	c EIN-PN 23-2651135-001
a	Plan name	TREEHOUSE CALIFORNIA ALMONDS, LLC 401(K) PLAN	
b	Name of plan sponsor	TREEHOUSE CALIFORNIA ALMONDS, LLC	c EIN-PN 04-3671330-001
a	Plan name	TRI-RIVERS HEALTHCARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRI-RIVERS HEALTHCARE, PLLC	c EIN-PN 61-1357247-001
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

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	ARTEX LABEL & GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	ARTEX LABEL & GRAPHICS, INC.	c EIN-PN 38-3470303-001
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	BEST CLEANERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BEST CLEANERS, INC.	c EIN-PN 06-1333413-001
a	Plan name	DPIM 401(K) PLAN	
b	Name of plan sponsor	DPI MERCHANDISING, INC.	c EIN-PN 37-2029278-001
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	FLAGSHIP HEALTHCARE PROPERTIES, LLC RETIREMENT TRUST	
b	Name of plan sponsor	FLAGSHIP HEALTHCARE PROPERTIES, LLC	c EIN-PN 27-3544628-001
a	Plan name	IES COMPANIES, INC 401(K)	
b	Name of plan sponsor	I.E.S. INCORPORATED	c EIN-PN 04-2920789-001
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	DANGIE BROS., INC. 401(K) PLAN	
b	Name of plan sponsor	DANGIE BROS., INC.	c EIN-PN 81-1002279-001
a	Plan name	EAGLE ELECTRIC SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	EAGLE ELECTRIC SERVICES, LLC	c EIN-PN 06-1537747-001
a	Plan name	FORD INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	FORD INSURANCE AGENCY	c EIN-PN 63-0980116-001

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	IMPROBABLE LLC 401(K)	
b	Name of plan sponsor	IMPROBABLE LLC	c EIN-PN 38-4065584-001
a	Plan name	INDEAVOR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	INDEAVOR CORPORATION	c EIN-PN 39-1870041-001
a	Plan name	TELEPATHY NETWORKS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	TELEPATHY NETWORKS LLC	c EIN-PN 27-0056105-001
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	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	
b	Name of plan sponsor	WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	c EIN-PN 42-0680307-002
a	Plan name	BUKACEK CONSTRUCTION GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BUKACEK CONSTRUCTION GROUP, INC.	c EIN-PN 84-1906144-001
a	Plan name	CITY OFFICE REIT 401(K) PLAN	
b	Name of plan sponsor	CITY OFFICE REIT OPERATING PARTNERSHIP LP	c EIN-PN 46-4654279-001
a	Plan name	FOUNDATION TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	FOUNDATION TECHNOLOGIES, LLC	c EIN-PN 41-1967504-001
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	OLE SOUTH PROPERTIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OLE SOUTH PROPERTIES, INC.	c EIN-PN 62-1336679-001
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		
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 AMERICAN CENTURY HERITAGE RET OPT	B Three-digit plan number (PN) ▶ 849
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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.

	(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)	9633400
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11568761
(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	9633400	11568761
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	9633400	11568760

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)	924892	
(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)		1353941
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2278833

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		2278833
l Transfers of assets:			
(1) To this plan.....	2l(1)		1317579
(2) From this plan	2l(2)		1661052

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 _____.