

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 [X] 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

1a Name of plan: WESTERN ASSET CORE PLUS BOND RET OPT
1b Three-digit plan number (PN): 915
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): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
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>WESTERN ASSET CORE PLUS BOND RET OPT</u>	B Three-digit plan number (PN)	<u>915</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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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)

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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 BAJ INCORPORATED 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BAJ INCORPORATED	c EIN-PN 38-3517795-001
a	Plan name BALL AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor BALL AUTOMOTIVE GROUP	c EIN-PN 95-2571142-002
a	Plan name KAYE SURETY 401(K) PLAN	
b	Name of plan sponsor KAYE ASSOCIATES LLC DBA KAYE SURETY	c EIN-PN 82-5453294-001
a	Plan name ENVIROSAFE, INC. 401(K) PLAN	
b	Name of plan sponsor ENVIROSAFE, INC.	c EIN-PN 61-1247647-001
a	Plan name EPPY'S DRUG 401(K)	
b	Name of plan sponsor EPPY'S DRUG STORE, INC.	c EIN-PN 55-0607772-001
a	Plan name PROCIRCULAR, INC. 401(K) PLAN	
b	Name of plan sponsor PROCIRCULAR, INC.	c EIN-PN 81-1171034-001
a	Plan name PROFESSIONAL ELECTRIC LLC 401(K)	
b	Name of plan sponsor PROFESSIONAL ELECTRIC LLC	c EIN-PN 26-4645592-001
a	Plan name BLUEGRASS COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor BLUEGRASS PRIMARY HEALTH CARE CENTER, INC. DBA BLUEGRASS COMMUNITY H	c EIN-PN 06-1798832-001
a	Plan name FRY 401(K) PLAN	
b	Name of plan sponsor FRY ORTHODONTICS, PLLC	c EIN-PN 82-1631981-001
a	Plan name LUTHERAN SOCIAL SERVICES OF COLORADO 401(K) PLAN	
b	Name of plan sponsor LUTHERAN SOCIAL SERVICES OF COLORADO DBA LUTHERAN FAMILY SERVICES RO	c EIN-PN 84-0775550-002
a	Plan name UPPER CERVICAL CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor UPPER CERVICAL CHIROPRACTIC OF MONMOUTH, LLC	c EIN-PN 25-1910563-001
a	Plan name VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001

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	VMC CONTRACTING, INC. 401(K) PLAN B	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-002
a	Plan name	CKW ADVISORS, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CKW ADVISORS, LLC	c EIN-PN 81-0584816-001
a	Plan name	MINNESOTA/WISCONSIN PLAYGROUND, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MINNESOTA PLAYGROUND, INC.	c EIN-PN 41-1382118-003
a	Plan name	SAMUELS & SON SEAFOOD CO. UNION 401(K) PLAN	
b	Name of plan sponsor	SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540625-001
a	Plan name	SAMUELS & SON SEAFOOD COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540626-001
a	Plan name	SHADWELL FARM 401(K) PLAN	
b	Name of plan sponsor	SHADWELL FARM, LLC	c EIN-PN 61-1065368-001
a	Plan name	SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor	SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
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	OMSUM ENGINEERING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OMSUM ENGINEERING, LLC	c EIN-PN 45-0740346-001
a	Plan name	SPURSTONE 401(K) PLAN	
b	Name of plan sponsor	SPURSTONE WEALTH MANAGEMENT LLC	c EIN-PN 26-4545691-001
a	Plan name	P&C ENTERPRISES OF OHIO LLC 401(K) PLAN	
b	Name of plan sponsor	P&C ENTERPRISES OF OHIO, LLC	c EIN-PN 82-4358517-001
a	Plan name	ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor	ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001

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	DEPENDABLE TUBE BENDING 401(K) PLAN	
b	Name of plan sponsor	DEPENDABLE TUBE BENDING	c EIN-PN 20-4351581-001
a	Plan name	DESIGN READY CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor	DESIGN READY CONTROLS, INC.	c EIN-PN 41-1649617-001
a	Plan name	MADDEN LAW GROUP, SC 401(K) PLAN	
b	Name of plan sponsor	MADDEN LAW GROUP, SC	c EIN-PN 41-2280038-001
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	MARY KELLY GREEN MD PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MARY KELLY GREEN MD PLLC	c EIN-PN 45-3454581-001
a	Plan name	WAKOTA FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	WAKOTA FEDERAL CREDIT UNION	c EIN-PN 41-0130070-002
a	Plan name	GRANDVILLE DENTAL HEALTH CENTER P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRANDVILLE DENTAL HEALTH CENTER P.C.	c EIN-PN 38-2373825-001
a	Plan name	GRAY, SALT & ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRAY, SALT & ASSOCIATES, LLP	c EIN-PN 45-0606931-001
a	Plan name	SCANLON DUNCAN LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCANLON DUNCAN LLP	c EIN-PN 85-1342342-001
a	Plan name	WHITFIELD OIL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WHITFIELD OIL CO., INC.	c EIN-PN 58-1275819-002
a	Plan name	WILDCAT OIL TOOLS 401(K) PLAN	
b	Name of plan sponsor	WILDCAT OIL TOOLS, LLC	c EIN-PN 45-4421709-001
a	Plan name	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	CLEVELAND CENTER FOR COMPREHENSIVE DENTISTRY	c EIN-PN 31-1541953-001

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	HALEIWA FAMILY DENTAL CENTER, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HALEIWA FAMILY DENTAL CENTER, LTD.	c EIN-PN 99-0322411-001
a	Plan name	HI-VIEW, LLC PREVAILING WAGE PLAN	
b	Name of plan sponsor	HI-VIEW, LLC	c EIN-PN 61-1048462-001
a	Plan name	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND 401(K) PLAN	
b	Name of plan sponsor	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND	c EIN-PN 01-0384674-001
a	Plan name	CONVERSIO HEALTH 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED HEALTH CONCEPTS, INC.	c EIN-PN 77-0572991-001
a	Plan name	ACT LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ACT LABORATORIES, INC.	c EIN-PN 30-0857299-001
a	Plan name	ACTON MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	ACTON MECHANICAL, INC.	c EIN-PN 45-0483488-001
a	Plan name	NORMSHIELD INC. 401(K) PLAN	
b	Name of plan sponsor	NORMSHIELD INC.	c EIN-PN 81-1561086-001
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	CRANE REHAB CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor	CRANE REHAB CENTER, LLC	c EIN-PN 72-1409970-001
a	Plan name	SJ LOGISTICS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SJ LOGISTICS, LLC	c EIN-PN 84-3592266-001
a	Plan name	SJCC, LLC 401(K) PLAN	
b	Name of plan sponsor	SJ CONSTRUCTION CONSULTING, LLC	c EIN-PN 81-1815964-001
a	Plan name	SKELLY HOME RENOVATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	SKELLY HOME RENOVATION, LLC	c EIN-PN 81-5055958-001

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 AMBROSE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor AMBROSE SERVICES, LLC	c EIN-PN 46-3081985-001
a	Plan name AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001
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 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 PAIT GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor PAIT GROUP, LLC	c EIN-PN 46-2599194-001
a	Plan name DESIMONE LOGISTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DESIMONE LOGISTICS, LLC	c EIN-PN 84-3096586-001
a	Plan name PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor PERKINS MOTOR PLEX LLC	c EIN-PN 26-4307208-001
a	Plan name AUDUBON COUNTRY CLUB PROFIT SHARING PLAN	
b	Name of plan sponsor AUDUBON COUNTRY CLUB	c EIN-PN 61-0123310-001
a	Plan name BASCOM PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor BASCOM PHARMACY LLC	c EIN-PN 57-1220246-001
a	Plan name EICHELBERGER FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor EICHELBERGER FARMS, INC.	c EIN-PN 39-1870144-001
a	Plan name THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor MODERN HR, INC.	c EIN-PN 81-0741257-002
a	Plan name PROOF LOGISTICS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROOF LOGISTICS INC.	c EIN-PN 83-4204713-001

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	BJB ELECTRIC, LP 401(K) PLAN	
b	Name of plan sponsor	BJB ELECTRIC, LP	c EIN-PN 58-2438805-002
a	Plan name	EVERGREEN ENVIRONMENTAL CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EVERGREEN ENVIRONMENTAL CORPORATION	c EIN-PN 34-1816433-001
a	Plan name	EVESHAM MORTGAGE 401(K) PLAN	
b	Name of plan sponsor	EVESHAM MORTGAGE, LLC	c EIN-PN 26-1234319-001
a	Plan name	EVOLVE FAMILY LAW, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	EVOLVE FAMILY LAW LLC	c EIN-PN 46-2961857-001
a	Plan name	LAKE POINTE WELLNESS CENTER 401K PLAN	
b	Name of plan sponsor	LAKE POINTE WELLNESS CENTER	c EIN-PN 83-3986869-001
a	Plan name	TODD STRATEGY 401(K) PLAN	
b	Name of plan sponsor	TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	c EIN-PN 46-5566087-001
a	Plan name	LEE RIDDICK PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	LEE RIDDICK PLUMBING & HEATING INC.	c EIN-PN 46-4276258-001
a	Plan name	MEYERING INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	MEYERING INSURANCE AGENCY	c EIN-PN 38-2217296-001
a	Plan name	MOMENTUM BUILDERS 401(K)	
b	Name of plan sponsor	MOMENTUM BUILDERS	c EIN-PN 25-1413147-001
a	Plan name	NETS NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor	NETS NEW ENGLAND LLC	c EIN-PN 26-0743519-001
a	Plan name	NETWORK OBJECTS 401(K) PLAN	
b	Name of plan sponsor	NETWORK OBJECTS, INC.	c EIN-PN 56-2633028-001
a	Plan name	NORTHEAST INDIANA WORKS INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHEAST INDIANA WORKS INC.	c EIN-PN 27-4700166-001

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 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 PETOSKEY DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor PETOSKEY DENTAL ASSOCIATES	c EIN-PN 83-1942627-001
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 RESIDENCE ARTISTS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RESIDENCE ARTISTS, INC.	c EIN-PN 34-1273217-001
a	Plan name S JACOBS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor S JACOBS DBA ANNE BARGE	c EIN-PN 46-5423797-001
a	Plan name SCHEER GREEN AND BURKE LPA 401(K) PLAN	
b	Name of plan sponsor SCHEER GREEN AND BURKE LPA	c EIN-PN 34-1234557-001
a	Plan name SIGNATURE LANDSCAPE L.L.C. 401(K) PLAN & TRUST	
b	Name of plan sponsor SIGNATURE LANDSCAPE L.L.C.	c EIN-PN 11-3652968-001
a	Plan name STEMLER PLUMBING INC. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FRANK STEMLER & SONS, INC.	c EIN-PN 35-1177650-001
a	Plan name STEPPING STONES PEDIATRIC THERAPY 401(K) PLAN	
b	Name of plan sponsor STEPPING STONES PEDIATRIC THERAPY, PLLC	c EIN-PN 27-1777939-001
a	Plan name THUREN FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor THUREN FABRICATION, INC.	c EIN-PN 20-5081862-001
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 VAN SANT ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor VAN SANT ENTERPRISES INC.	c EIN-PN 42-1464060-001

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 WATER WELL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor WATER WELL INVESTMENTS, LLC	c EIN-PN 85-2736894-001
a	Plan name WILLIAM D. STINSON, M.D. 401(K) PLAN	
b	Name of plan sponsor WILLIAM D. STINSON, M.D.	c EIN-PN 26-3333013-001
a	Plan name WILLIAMS INSTITUTIONAL FOODS 401(K) PLAN	
b	Name of plan sponsor WILLIAMS INSTITUTIONAL FOODS	c EIN-PN 58-1148285-001
a	Plan name CARMEX PRECISION TOOLS, LLC RETIREMENT PLAN	
b	Name of plan sponsor CARMEX PRECISION TOOLS, LLC	c EIN-PN 11-3730072-001
a	Plan name CHROMA MODERN EYEWEAR EYECARE 401(K) PLAN	
b	Name of plan sponsor MATTHEW G BARBER, OD PA	c EIN-PN 20-2038982-001
a	Plan name CRIMSON VISTA 401(K) PLAN	
b	Name of plan sponsor CRIMSON VISTA, INC.	c EIN-PN 81-1640781-001
a	Plan name DEMOSS ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor DEMOSS ELECTRIC, INC.	c EIN-PN 02-0677709-001
a	Plan name DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor DENNIS SEAMAN CO., L.P.A.	c EIN-PN 34-1207750-001
a	Plan name DILS ROOFING 401(K) PLAN	
b	Name of plan sponsor TRUPRO, INC. DBA DILS ROOFING	c EIN-PN 33-0492050-001
a	Plan name DIRT POOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HELMS & SONS EXCAVATING, INC.	c EIN-PN 31-1547042-001
a	Plan name DURA PEOPLE 401(K) PLAN	
b	Name of plan sponsor DURA SOFTWARE, INC.	c EIN-PN 83-3229458-777
a	Plan name FIDDLEHEAD BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor FIDDLEHEAD BREWERY	c EIN-PN 27-3621652-001

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	GIENAPP ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	GIENAPP ARCHITECTS, LLC	c EIN-PN 87-0759464-001
a	Plan name	GREEN CHARGE ENVIRONMENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREEN CHARGE ENVIRONMENTAL, INC.	c EIN-PN 46-2745824-001
a	Plan name	JL LOCAL, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JL LOCAL, LLC	c EIN-PN 82-3122671-001
a	Plan name	JOHN BALFANZ HOMES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN BALFANZ HOMES, INC.	c EIN-PN 77-0501440-001
a	Plan name	LANE'S BBQ, LLC 401(K) PLAN	
b	Name of plan sponsor	LANE'S BBQ, LLC	c EIN-PN 46-4792315-001
a	Plan name	ARCHAMBAULT CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHAMBAULT CONSTRUCTION, INC.	c EIN-PN 04-3574452-001
a	Plan name	BCB TRANSPORT, LLC. 401(K) PLAN	
b	Name of plan sponsor	BCB TRANSPORT, LLC.	c EIN-PN 27-5099832-001
a	Plan name	BEAR RIVER ELECTRIC COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEAR RIVER ELECTRIC COMPANY	c EIN-PN 38-3264163-001
a	Plan name	BRET STEEL CORP 401(K) PLAN	
b	Name of plan sponsor	BRET STEEL CORP	c EIN-PN 02-0493597-001
a	Plan name	DIVITO CONSTRUCTION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DIVITO CONSTRUCTION, LLC	c EIN-PN 84-1597750-001
a	Plan name	FINANCIAL FREEDOM GROUP LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FINANCIAL FREEDOM GROUP LLC	c EIN-PN 83-2567551-001
a	Plan name	KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001

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	NORTHGATE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHGATE	c EIN-PN 38-2503040-001
a	Plan name	PRECISION THREADED PRODUCTS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMPSON AEROSPACE, LLC	c EIN-PN 46-5032055-001
a	Plan name	PREFERRED MEATS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PREFERRED MEATS INC.	c EIN-PN 20-8293251-001
a	Plan name	SMI AUTOMOTIVE REPAIR 401(K) PLAN	
b	Name of plan sponsor	KH AUTOMOTIVE, LLC	c EIN-PN 84-4729796-001
a	Plan name	THE INCEPTION COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE INCEPTION COMPANY LLC	c EIN-PN 20-1885148-001
a	Plan name	HASSAYAMPA INN 401(K) PLAN	
b	Name of plan sponsor	HASSAYAMPA INN, LLC	c EIN-PN 86-1012069-001
a	Plan name	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ICONERGY LTD	c EIN-PN 27-2414344-001
a	Plan name	JADT FOOD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	JADT FOOD GROUP, LLC	c EIN-PN 41-1891521-001
a	Plan name	JAINDL PROPERTIES LLC RETIREMENT PLAN	
b	Name of plan sponsor	JAINDL PROPERTIES LLC	c EIN-PN 20-1690137-001
a	Plan name	KLJ-FB 401(K) PLAN	
b	Name of plan sponsor	FOUR BOARD WOODWORKS LLC	c EIN-PN 81-2214411-001
a	Plan name	LIMBWALKER TREE SERVICE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LIMBWALKER TREE SERVICE INC.	c EIN-PN 20-2001838-001
a	Plan name	MRK FINANCIAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SNIEGOCKI WEAVER FINANCIAL SERVICES	c EIN-PN 27-4522792-001

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	NOVA AMP 401(K) PLAN	
b	Name of plan sponsor	NOVA ASSOCIATION MANAGEMENT PARTNERS, LLC	c EIN-PN 83-3585159-001
a	Plan name	NOVONIX ANODE MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor	NOVONIX ANODE MATERIALS LLC	c EIN-PN 82-0771516-001
a	Plan name	ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor	ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001
a	Plan name	ROCAP LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCAP LAW FIRM, LLC	c EIN-PN 47-4618365-001
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	SONSHINE FAMILY TELEVISION CORP 401(K) PLAN	
b	Name of plan sponsor	SONSHINE FAMILY TELEVISION CORP	c EIN-PN 22-2672541-001
a	Plan name	SOS WELL SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOS WELL SERVICES, LLC	c EIN-PN 83-0330736-001
a	Plan name	SYNERGY AG 401(K) PLAN	
b	Name of plan sponsor	SYNERGY AG	c EIN-PN 83-2057742-001
a	Plan name	TRANSCONTINENTAL CONTRACTING, INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSCONTINENTAL CONTRACTING INC.	c EIN-PN 22-3416826-001
a	Plan name	TRANSITIONAL LIVING CENTERS, INC EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSITIONAL LIVING CENTERS, INC.	c EIN-PN 34-1752737-001
a	Plan name	TRANSWORLD MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	CHUZ-U CONSTRUCTION INC. DBA TRANSWORLD MANAGEMENT	c EIN-PN 82-0672287-001
a	Plan name	VEXUS FIBER, LLC DBA VEXUS FIBER 401K PLAN	
b	Name of plan sponsor	VEXUS FIBER, LLC	c EIN-PN 75-1791082-001

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 AL TERRY PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AL TERRY PLUMBING & HEATING, INC.	c EIN-PN 02-0344810-002
a	Plan name ARCO LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCO LOGISTICS, INC.	c EIN-PN 34-1885155-001
a	Plan name ARMORP CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor ARMORP CONSTRUCTION, INC.	c EIN-PN 27-0308374-001
a	Plan name COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES	c EIN-PN 36-4818744-001
a	Plan name RANGE CRAFT 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RANGE CRAFT	c EIN-PN 22-3330263-001
a	Plan name T K CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor T K CONCRETE, INC.	c EIN-PN 39-1898532-001
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 WSA USA 401(K) PLAN	
b	Name of plan sponsor WSA USA	c EIN-PN 27-4503720-001
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 PURPOSE, LLC 401(K) PLAN	
b	Name of plan sponsor ALL PURPOSE, LLC	c EIN-PN 82-1968528-001
a	Plan name BERGERT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BERGERT GROUP LTD.	c EIN-PN 81-0777309-001
a	Plan name CET & ASSOCIATES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CET & ASSOCIATES, LLC	c EIN-PN 80-0660613-001

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	COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor	BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name	CYPRESS RISK MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CYPRESS RISK MANAGEMENT	c EIN-PN 45-3934402-001
a	Plan name	ENERGY SERVICES OF COLORADO, INC. 401(K) PLAN	
b	Name of plan sponsor	ENERGY SERVICES OF COLORADO, INC.	c EIN-PN 68-0577024-001
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	KONWINSKI CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	KONWINSKI CONSTRUCTION	c EIN-PN 38-2906724-001
a	Plan name	LIVA EYE CENTER 401(K) PLAN	
b	Name of plan sponsor	LIVA EYE CENTER, LLC	c EIN-PN 20-0466607-002
a	Plan name	AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name	CICERO ADAMS, LLC 401(K) PLAN	
b	Name of plan sponsor	CICEROADAMS, LLC	c EIN-PN 47-2819390-001
a	Plan name	E.J. WARD, INC. 401(K) PLAN	
b	Name of plan sponsor	E.J. WARD, INC.	c EIN-PN 88-0284475-001
a	Plan name	FLUX POWER, INC. 401(K) PLAN	
b	Name of plan sponsor	FLUX POWER, INC.	c EIN-PN 27-1142066-001
a	Plan name	GREEN CHARGE TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREEN CHARGE TECHNOLOGIES, INC.	c EIN-PN 81-2651743-001
a	Plan name	LONG TERM CARE SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG TERM CARE SPECIALISTS, INC.	c EIN-PN 73-1202515-001

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 SOUTHERN PACKAGING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SOUTHERN PACKAGING LLC	c EIN-PN 72-1233979-001
a	Plan name SOUTHWEST EMERGENCY PHYSICIANS, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHWEST EMERGENCY PHYSICIANS, L.L.C.	c EIN-PN 87-0545902-001
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 WEATHER TIGHT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor WEATHER TIGHT CORPORATION	c EIN-PN 39-1647457-001
a	Plan name ALLSAINTS USA LIMITED 401(K) PLAN	
b	Name of plan sponsor ALLSAINTS USA LIMITED	c EIN-PN 98-0621566-001
a	Plan name ALPHA RETIREMENT SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor ALPHA RETIREMENT SOLUTIONS, LLC	c EIN-PN 47-3848612-001
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 FOUNDATIONS FOR CHANGE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FOUNDATIONS FOR CHANGE, LLC	c EIN-PN 61-1687546-001
a	Plan name LS CABLE SYSTEMS AMERICA INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LS CABLE AMERICA	c EIN-PN 84-3788245-001
a	Plan name LUBOVICH EXCAVATING, INC. RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor LUBOVICH EXCAVATING, INC.	c EIN-PN 35-1972657-001
a	Plan name OMAN-GIBSON ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor OMAN-GIBSON ASSOCIATES, LLC	c EIN-PN 04-3617907-001

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 WESTERN ASSET CORE PLUS BOND RET OPT	B Three-digit plan number (PN) ▶ 915
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)	4 5
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)	50477708 33557652
(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	50477712	33557657
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	50477712	33557657

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)	2074312	
(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)	-2362711	
(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		-288399

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		-288399
l Transfers of assets:			
(1) To this plan	2l(1)		6360227
(2) From this plan	2l(2)		22991883

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 _____.