

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan PRUDENTIAL TOTAL RETURN BOND RET OPT, 1b Three-digit plan number (PN) 902, 1c Effective date of plan, 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSAMERICA LIFE INSURANCE COMPANY 6400 C ST SW CEDAR RAPIDS, IA 52404, 2b Employer Identification Number (EIN) 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.

Form 5500 (2024) v. 240311

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>PRUDENTIAL TOTAL RETURN BOND RET OPT</u>	B Three-digit plan number (PN)	<u>902</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)
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)

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 EDMOND MUSIC, INC. 401(K) PLAN	
b	Name of plan sponsor EDMOND MUSIC, INC.	c EIN-PN 73-1499074-001
a	Plan name THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name THIRTEEN TWENTY-TWO ADVISORS 401(K) PLAN	
b	Name of plan sponsor THIRTEEN TWENTY-TWO ADVISORS	c EIN-PN 45-5609488-001
a	Plan name FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor FALLBROOK FAMILY HEALTH CENTER, LLC	c EIN-PN 45-2548037-001
a	Plan name PSGM LAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACE SELDEN GILMAN MARKS, PLLC DBA PSGM LAW	c EIN-PN 93-2786572-001
a	Plan name TIMS TRUCK CAPITAL & AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor TIM'S TRUCK CAPITAL & AUTO SALES, INC.	c EIN-PN 02-0468466-001
a	Plan name TKP ARCHITECTS, PC 401(K) PLAN	
b	Name of plan sponsor TKP ARCHITECTS, PC	c EIN-PN 84-1180129-001
a	Plan name BUTLER EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor BUTLER EQUIPMENT, LLC	c EIN-PN 47-1466813-001
a	Plan name FRENCH KANDE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRENCH KANDE, LLC	c EIN-PN 27-1802457-001
a	Plan name GOREN, MARCUS, MASINO & MARSH 401(K) PLAN	
b	Name of plan sponsor GOREN, MARCUS, MASINO & MARSH, CERTIFIED PUBLIC ACCOUNTANTS, LLP	c EIN-PN 95-4654536-001
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

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	H&S FIELD SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	H & S FIELD SERVICES INC.	c EIN-PN 20-3401221-001
a	Plan name	MILTON S. FRANK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILTON S. FRANK CO., INC.	c EIN-PN 94-3006795-001
a	Plan name	SANCHEZ & AMADOR, LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SANCHEZ & AMADOR, LLP	c EIN-PN 95-4460273-001
a	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name	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	CONSERVATION FOUNDATION GC PLAN	
b	Name of plan sponsor	CONSERVATION FOUNDATION OF THE GULF COAST	c EIN-PN 20-0345249-001
a	Plan name	SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor	SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
a	Plan name	HIX AIR CONDITIONING SERVICE 401(K) PLAN	
b	Name of plan sponsor	HIX AIR CONDITIONING SERVICE, INC.	c EIN-PN 73-1513785-001
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	STONEHENGE ENERGY RESOURCES II, LP 401(K) PLAN	
b	Name of plan sponsor	STONEHENGE ENERGY RESOURCES II, LP	c EIN-PN 90-0841261-001
a	Plan name	P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	P & P SEPTIC SERVICE, INC.	c EIN-PN 03-0269006-001
a	Plan name	DESERT VISTA DENTAL WEST, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DESERT VISTA DENTAL WEST, PLLC	c EIN-PN 43-1971397-001

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	ASSETS, INC. 401(K) PLAN	
b	Name of plan sponsor	ASSETS, INC.	c EIN-PN 92-0076696-888
a	Plan name	JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	JESSUP CELLARS HOLDING COMPANY, LLC	c EIN-PN 20-3071245-001
a	Plan name	RENEWED STRENGTH MEDICAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor	RENEWED STRENGTH MEDICAL GROUP	c EIN-PN 84-2057268-001
a	Plan name	UFS OF CO LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	UFS OF CO LLC	c EIN-PN 46-1301189-001
a	Plan name	UNDERCOVER TOURIST 401(K) PLAN	
b	Name of plan sponsor	INSIDERGUIDE, LLC	c EIN-PN 59-3652314-001
a	Plan name	C.G. WITVOET & SONS CO. 401(K) PLAN	
b	Name of plan sponsor	C.G. WITVOET & SONS CO.	c EIN-PN 38-2327603-002
a	Plan name	MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor	MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	c EIN-PN 20-4106052-001
a	Plan name	MASK-OFF COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MASK-OFF COMPANY, INC.	c EIN-PN 95-1942506-001
a	Plan name	WALTZ-HOLST BLOW PIPE CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WALTZ-HOLST BLOW PIPE CO., INC.	c EIN-PN 38-1145620-001
a	Plan name	RSA CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RSA CORPORATION	c EIN-PN 65-1201831-001
a	Plan name	MERAKI SOCIAL, LLC 401(K) PLAN	
b	Name of plan sponsor	MERAKI SOCIAL, LLC	c EIN-PN 81-2114618-001
a	Plan name	20/20 CUSTOM MOLDED PLASTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	20/20 CUSTOM MOLDED PLASTICS, LLC	c EIN-PN 34-1945124-001

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	HAGER-RICHTER GEOSCIENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	HAGER-RICHTER GEOSCIENCE, INC.	c EIN-PN 02-0381614-001
a	Plan name	HH VENTURES RETIREMENT PLAN	
b	Name of plan sponsor	HH VENTURES, LLC	c EIN-PN 26-1852077-001
a	Plan name	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C. 401(K) PLAN	
b	Name of plan sponsor	SHINDLER, ANDERSON, GOPLERUD & WEESE P.C.	c EIN-PN 42-1506318-001
a	Plan name	CRAFT CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CRAFT CONSTRUCTION COMPANY	c EIN-PN 86-0853895-001
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	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	c EIN-PN 38-3601887-001
a	Plan name	STAFFORD TAX & BUSINESS ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor	STAFFORD TAX & BUSINESS ADVISORS, LLC	c EIN-PN 02-0724413-001
a	Plan name	STAR SEAL OF MINNESOTA, INC. 401(K) PLAN	
b	Name of plan sponsor	STAR SEAL OF MINNESOTA, INC.	c EIN-PN 20-8742594-001
a	Plan name	PEMCO, LTD. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	PEMCO, LTD.	c EIN-PN 99-0236548-002
a	Plan name	PEOPLE RESULTS RETIREMENT PLAN	
b	Name of plan sponsor	IRI CONSULTANTS, INC.	c EIN-PN 38-2349424-001
a	Plan name	ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name	JKA WELL DRILLING 401(K) PLAN	
b	Name of plan sponsor	JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	c EIN-PN 91-1893642-001

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	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	PORT ELECTRONICS CORPORATION. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PORT ELECTRONICS CORPORATION	c EIN-PN 04-3009664-001
a	Plan name	THOMPSON ADDISON LAW FIRM 401(K) PLAN	
b	Name of plan sponsor	THOMPSON ADDISON, PLLC	c EIN-PN 84-4004313-001
a	Plan name	QESSENTIAL MEDICAL MARKET RESEARCH, LLC 401(K) PLAN	
b	Name of plan sponsor	QESSENTIAL MEDICAL MARKET RESEARCH, LLC	c EIN-PN 87-3863389-001
a	Plan name	FEIGHNER INSURANCE, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	FEIGHNER INSURANCE, INC. DBA INSURANCE MANAGEMENT GROUP	c EIN-PN 35-0943733-002
a	Plan name	LAW OFFICES OF LAWRENCE ROHLFING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF LAWRENCE ROHLFING	c EIN-PN 22-8046503-001
a	Plan name	LEAN TECHNIQUES, INC. 401(K) PLAN	
b	Name of plan sponsor	LEAN TECHNIQUES, INC.	c EIN-PN 38-3836804-001
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	MONODE MARKING PRODUCTS, INC. TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	MONODE MARKING PRODUCTS, INC.	c EIN-PN 34-0812439-001
a	Plan name	NORTH POINT PROPERTY MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	NORTH POINT PROPERTY MANAGEMENT LLC	c EIN-PN 26-3020121-002
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	QUERREY & HARROW LTD. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	QUERREY & HARROW, LTD.	c EIN-PN 36-2777440-001

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 RIVIERA IMAGING 401(K) PLAN	
b	Name of plan sponsor RIVIERA IMAGING, INC.	c EIN-PN 85-2960270-001
a	Plan name S A ENDOCRINE 401K PLAN	
b	Name of plan sponsor SAN ANTONIO ENDOCRINOLOGY & DIABETES CARE	c EIN-PN 46-4309789-001
a	Plan name S&S PACKAGING PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor S&S PACKAGING PRODUCTS, INC.	c EIN-PN 23-2940069-001
a	Plan name SCOBELL COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SCOBELL COMPANY INC	c EIN-PN 25-0929359-001
a	Plan name STEM CIDERS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEM CIDERS, LLC	c EIN-PN 46-2031245-001
a	Plan name TEAM SAN JOSE 401(K) PLAN	
b	Name of plan sponsor TEAM SAN JOSE	c EIN-PN 20-0507663-001
a	Plan name THE FORTUNA & CARTELLI, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FORTUNA & CARTELLI, P.C.	c EIN-PN 06-0887135-001
a	Plan name WAYNE SMITH'S AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor WAYNE SMITH'S AUTO SALES, INC.	c EIN-PN 22-2343350-001
a	Plan name 911 CELLULAR 401(K) PLAN	
b	Name of plan sponsor 911 CELLULAR LLC	c EIN-PN 46-2956466-001
a	Plan name APLIN MASONRY 401(K) PLAN	
b	Name of plan sponsor APLIN MASONRY OF TELLURIDE, INC.	c EIN-PN 84-1586727-001
a	Plan name AUTOELECTRIC OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor AUTOELECTRIC OF AMERICA, INC.	c EIN-PN 74-2964877-001
a	Plan name CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor CADILLAC COFFEE COMPANY	c EIN-PN 38-0570380-001

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	CARPE DIEM RECON RETIREMENT PLAN	
b	Name of plan sponsor	CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	c EIN-PN 81-4451244-001
a	Plan name	CHUZE FITNESS 401(K) PLAN	
b	Name of plan sponsor	RACHAS, INC. DBA CHUZE FITNESS	c EIN-PN 26-2396678-001
a	Plan name	DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor	DIRSEC, INC.	c EIN-PN 84-1595959-001
a	Plan name	FIDDLEHEAD BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor	FIDDLEHEAD BREWERY	c EIN-PN 27-3621652-001
a	Plan name	KENNIE'S MARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNIE'S MARKETS, INC.	c EIN-PN 23-1579478-001
a	Plan name	A-1 SECURITY BARS, INC. 401(K) PLAN	
b	Name of plan sponsor	A-1 SECURITY BARS, INC.	c EIN-PN 52-2284626-001
a	Plan name	DOETSCH ENVIRONMENTAL INC RETIREMENT PLAN	
b	Name of plan sponsor	DOETSCH ENVIRONMENTAL, INC.	c EIN-PN 82-0701564-001
a	Plan name	FIRETROL, INC, 401(K)	
b	Name of plan sponsor	FIRETROL, INC.	c EIN-PN 61-1931408-001
a	Plan name	HARKER HEATING & COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor	HARKER HEATING & COOLING, INC.	c EIN-PN 39-1634801-001
a	Plan name	HARMSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARMSEN CONSTRUCTION, INC.	c EIN-PN 38-2720081-001
a	Plan name	HUBLER FAMILY AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	HRH AUTOMOTIVE LLC	c EIN-PN 83-2110831-001
a	Plan name	HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor	HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001

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 JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a	Plan name JACOBI, TOOMBS & LANZ, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JACOBI, TOOMBS & LANZ, INC.	c EIN-PN 35-1174896-001
a	Plan name KEY DATA DASHBOARD, INC. DBA KEY DATA 401(K) PLAN	
b	Name of plan sponsor KEY DATA DASHBOARD, INC. DBA KEY DATA	c EIN-PN 87-3648034-002
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 NORTHPOINT CONSTRUCTION MANAGEMENT, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHPOINT CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 20-2902599-001
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 ROBERT GUEN, DMD & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor ROBERT GUEN, DMD & ASSOCIATES, LLC	c EIN-PN 80-0522647-002
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 VAUGHAN & ASSOCIATES LAW OFFICE, APC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VAUGHAN & ASSOCIATES LAW OFFICE, APC	c EIN-PN 86-1656482-001
a	Plan name HAYDON HOLDINGS, LLC AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor HAYDON HOLDINGS, LLC	c EIN-PN 06-1662614-001
a	Plan name KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
b	Name of plan sponsor KLAR, IZSAK, & STENGER LLC	c EIN-PN 43-1844222-001
a	Plan name RABB WATER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor RABB WATER SYSTEMS, INC.	c EIN-PN 35-1750694-001

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	ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor	ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001
a	Plan name	SOLOMON GROUP PRODUCTIONS 401(K) PLAN	
b	Name of plan sponsor	SOLOMON GROUP PRODUCTIONS, L.L.C.	c EIN-PN 45-2497756-001
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	BRIQUETTES 401(K) PLAN	
b	Name of plan sponsor	BRIQUETTES	c EIN-PN 46-1353447-001
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	CENTERPOINT FELLOWSHIP CHURCH 401(K) PLAN	
b	Name of plan sponsor	CENTERPOINT FELLOWSHIP CHURCH	c EIN-PN 27-1489622-001
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 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	FIRST CUT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FIRST CUT SAWING AND BREAKING, INC.	c EIN-PN 86-0881313-333
a	Plan name	N.E.P., INC. DBA STONE AGENCY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	N.E.P., INC. DBA STONE AGENCY	c EIN-PN 06-1446107-001
a	Plan name	NUOVO SALON & SPA 401(K)PLAN	
b	Name of plan sponsor	NUOVO SALON GROUP	c EIN-PN 59-2737928-001
a	Plan name	NUWAVE ENERGY SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NUWAVE ENERGY SOLUTIONS, LLC	c EIN-PN 84-2586779-001

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	RATTO LAW FIRM 401(K) PLAN & TRUST	
b	Name of plan sponsor	RATTO LAW FIRM	c EIN-PN 94-2952937-001
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	WORKABLE, INC. 401(K) PLAN	
b	Name of plan sponsor	WORKABLE, INC.	c EIN-PN 61-1747677-002
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 GLASS & WINDOWS, LLC 401(K) PLAN	
b	Name of plan sponsor	ALL GLASS & WINDOWS, LLC	c EIN-PN 36-4845255-001
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	CHADE FASHIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CHADE FASHIONS, INC.	c EIN-PN 36-3203528-001
a	Plan name	CHAMPION RISK & INSURANCE SERVICES 401K PLAN	
b	Name of plan sponsor	WGB-RABY, L.P. DBA CHAMPION RISK & INSURANCE SERVICES, INC.	c EIN-PN 27-3791702-001
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	D A INTERNATIONAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	D A INTERNATIONAL GROUP	c EIN-PN 85-2607348-001
a	Plan name	DADELAND ORAL SURGERY ASSOCIATES, P.A. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DADELAND ORAL SURGERY ASSOCIATES, P.A.	c EIN-PN 59-2003206-003

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	DPIM 401(K) PLAN	
b Name of plan sponsor	DPI MERCHANDISING, INC.	c EIN-PN 37-2029278-001
a Plan name	ENVIROCHEM, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ENVIROCHEM, INC.	c EIN-PN 22-2051993-001
a Plan name	HEART & HANDS 401(K) RETIREMENT PLAN	
b Name of plan sponsor	HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE	c EIN-PN 46-5257926-001
a Plan name	IDEAL LEGAL GROUP 401(K) PLAN	
b Name of plan sponsor	IDEAL LEGAL GROUP	c EIN-PN 27-0318536-001
a Plan name	KONZEL CONSTRUCTION COMPANY, INC. EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	KONZEL CONSTRUCTION COMPANY, INC.	c EIN-PN 45-3596434-001
a Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN	
b Name of plan sponsor	DAIOHS U.S.A., INC.	c EIN-PN 95-4746377-001
a Plan name	DAIRY HEALTH SERVICES 401(K) PLAN	
b Name of plan sponsor	DAIRY HEALTH SERVICES, LLC	c EIN-PN 82-3029364-001
a Plan name	DALHART ABSTRACT COMPANY, LP 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	DALHART ABSTRACT COMPANY, LP	c EIN-PN 75-2814512-002
a Plan name	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION 401(K) RETIREMENT PLAN	
b Name of plan sponsor	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION	c EIN-PN 59-0657413-001
a Plan name	IMPERIAL HEALTHCARE CENTER 401(K) PLAN	
b Name of plan sponsor	LA MIRADA HEALTHCARE, LLC	c EIN-PN 46-5663042-001
a Plan name	IMPERIAL, LLC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	IMPERIAL, LLC	c EIN-PN 73-1310190-001
a Plan name	JONESVILLE TOOL AND MANUFACTURING 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	JONESVILLE TOOL AND MANUFACTURING, INC.	c EIN-PN 84-2214379-001

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	JOSEPH CHAPDELAINE & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	JOSEPH CHAPDELAINE & SONS, INC.	c EIN-PN 04-2257082-001
a	Plan name	MICHIGAN EXTRUDED ALUMINUM SALARIED 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN EXTRUDED ALUMINUM	c EIN-PN 38-2696585-777
a	Plan name	OBJECTIVE GROUP OF COMPANIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	OBJECTIVE GROUP OF COMPANIES	c EIN-PN 81-0806963-333
a	Plan name	SAARMAN CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAARMAN CONSTRUCTION, LTD.	c EIN-PN 94-2929210-001
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	ALPHA INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALPHA INDUSTRIES, INC.	c EIN-PN 62-0627504-002
a	Plan name	FRANK W. NEAL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	FRANK W. NEAL & ASSOCIATES, INC.	c EIN-PN 75-2208740-001
a	Plan name	INDUSTRIAL SERVICE CORP. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	NORTHWESTERN PLASTICS, LTD. DBA INDUSTRIAL SERVICE CORP.	c EIN-PN 42-1193589-001
a	Plan name	LUCERO POOL PLASTER INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LUCERO POOL PLASTER INC.	c EIN-PN 26-2050980-001
a	Plan name	LUSSON ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	LUSSON ENTERPRISES	c EIN-PN 20-2947469-001
a	Plan name	MIKE-TELL-CHAR, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MIKE-TELL-CHAR, INC. DBA BASSETTS MARKET	c EIN-PN 34-1489585-001
a	Plan name	MILKMAID GOODS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MILKMAID GOODS	c EIN-PN 47-4478047-001

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 PRUDENTIAL TOTAL RETURN BOND RET OPT	B Three-digit plan number (PN) ▶ 902
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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	39978117
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	38478386
(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	39978117	38478386
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	39978116	38478386

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)	1825653	
(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)		1825653
(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)	-838148	
(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		987505

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		987505
l Transfers of assets:			
(1) To this plan.....	2l(1)		10832029
(2) From this plan	2l(2)		13319264

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 _____.