

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: WELLS FARGO SPECIAL MID CAP VALUE RET OPT; 1b Three-digit plan number (PN): 916; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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.

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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

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

Receipt Confirmation Code \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>WELLS FARGO SPECIAL MID CAP VALUE RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>916</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>39-0989781</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BAKERSFIELD COUNTRY CLUB 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAKERSFIELD COUNTRY CLUB	<b>c</b> EIN-PN 95-1615940-001
<b>a</b>	Plan name	BAKERY AGENCY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BAKERY AGENCY LLC	<b>c</b> EIN-PN 27-4407040-001
<b>a</b>	Plan name	EPPY'S DRUG 401(K)	
<b>b</b>	Name of plan sponsor	EPPY'S DRUG STORE, INC.	<b>c</b> EIN-PN 55-0607772-001
<b>a</b>	Plan name	KRC, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KRC, INC.	<b>c</b> EIN-PN 38-2721514-001
<b>a</b>	Plan name	TOBROCO MACHINERY LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TOBROCO MACHINERY LLC	<b>c</b> EIN-PN 30-0949003-001
<b>a</b>	Plan name	REFRICENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REFRICENTER OF MIAMI, INC.	<b>c</b> EIN-PN 59-1362709-001
<b>a</b>	Plan name	REV DRILL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	REV DRILL SALES & RENTALS, INC.	<b>c</b> EIN-PN 52-2309414-001
<b>a</b>	Plan name	MARENGO THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARENGO THERAPEUTICS, INC.	<b>c</b> EIN-PN 47-5622851-001
<b>a</b>	Plan name	VVH CONSULTING ENGINEERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VVH CONSULTING ENGINEERS	<b>c</b> EIN-PN 27-2604454-001
<b>a</b>	Plan name	MILTON S. FRANK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILTON S. FRANK CO., INC.	<b>c</b> EIN-PN 94-3006795-001
<b>a</b>	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	<b>c</b> EIN-PN 95-2673204-001
<b>a</b>	Plan name	SHAFER COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHAFER REDI-MIX, INC.	<b>c</b> EIN-PN 38-2412059-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ACADIA.IO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ACADIA.IO LLC	<b>c</b> EIN-PN 86-2788877-001
<b>a</b>	Plan name	CONNOR LEE & SHUMAKER PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONNOR LEE & SHUMAKER PLLC	<b>c</b> EIN-PN 82-3319604-001
<b>a</b>	Plan name	CONSERVATION FOUNDATION GC PLAN	
<b>b</b>	Name of plan sponsor	CONSERVATION FOUNDATION OF THE GULF COAST	<b>c</b> EIN-PN 20-0345249-001
<b>a</b>	Plan name	SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SILVER BIRCH SERVICES, LLC	<b>c</b> EIN-PN 82-3479583-001
<b>a</b>	Plan name	SIMPLIFYA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIMPLIFYA HOLDINGS, INC.	<b>c</b> EIN-PN 87-1463596-001
<b>a</b>	Plan name	NEXTIER INFRASTRUCTURE SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEXTIER INFRASTRUCTURE SOLUTIONS, INC.	<b>c</b> EIN-PN 30-0042820-001
<b>a</b>	Plan name	NICOLE WATSON SOLO(K)	
<b>b</b>	Name of plan sponsor	NICOLE A. WATSON	<b>c</b> EIN-PN 27-0292782-001
<b>a</b>	Plan name	INNOVATION NETWORK TECHNOLOGIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INNOVATION NETWORK TECHNOLOGIES CORPORATION DBA INNETH	<b>c</b> EIN-PN 01-0923308-001
<b>a</b>	Plan name	OMNI MANUFACTURING, INC. PROFIT SHARING AND 401(K) SAVINGS RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	OMNI MANUFACTURING, INC.	<b>c</b> EIN-PN 34-1383211-001
<b>a</b>	Plan name	SPINA & LAVELLE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPINA & LAVELLE, P.C.	<b>c</b> EIN-PN 45-2849454-001
<b>a</b>	Plan name	SPRING GROVE CEMETERY AND ARBORETUM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPRING GROVE CEMETERY	<b>c</b> EIN-PN 31-0235950-003
<b>a</b>	Plan name	STONEHENGE ENERGY RESOURCES II, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STONEHENGE ENERGY RESOURCES II, LP	<b>c</b> EIN-PN 90-0841261-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	ANDERSON PIPING COMPANY 401(K) PLAN
<b>b</b>	Name of plan sponsor	ANDERSON PIPING COMPANY, INC.
<b>c</b>	EIN-PN	62-1199871-001
<b>a</b>	Plan name	DESIGN READY CONTROLS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	DESIGN READY CONTROLS, INC.
<b>c</b>	EIN-PN	41-1649617-001
<b>a</b>	Plan name	IPA 401(K) PLAN
<b>b</b>	Name of plan sponsor	INTEGRITY PHARMACEUTICAL ADVISORS, LLC
<b>c</b>	EIN-PN	45-3047652-001
<b>a</b>	Plan name	ASSETS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ASSETS, INC.
<b>c</b>	EIN-PN	92-0076696-888
<b>a</b>	Plan name	ASSOCIATED INSURANCE BROKERS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	ASSOCIATED INSURANCE BROKERS, INC. DBA PACIFIC INTERSTATE INSURANCE
<b>c</b>	EIN-PN	77-0382488-001
<b>a</b>	Plan name	JENNIFER WEAVER AND ASSOCIATES 401(K) PLAN
<b>b</b>	Name of plan sponsor	JENNIFER WEAVER AND ASSOCIATES, PLLC
<b>c</b>	EIN-PN	26-3123439-001
<b>a</b>	Plan name	TAMPA DOWNTOWN PARTNERSHIP 401(K) PLAN
<b>b</b>	Name of plan sponsor	TAMPA DOWNTOWN PARTNERSHIP, INC.
<b>c</b>	EIN-PN	59-2688074-002
<b>a</b>	Plan name	UNDERCOVER TOURIST 401(K) PLAN
<b>b</b>	Name of plan sponsor	INSIDERGUIDE, LLC
<b>c</b>	EIN-PN	59-3652314-001
<b>a</b>	Plan name	C.G. WITVOET & SONS CO. 401(K) PLAN
<b>b</b>	Name of plan sponsor	C.G. WITVOET & SONS CO.
<b>c</b>	EIN-PN	38-2327603-002
<b>a</b>	Plan name	GERKEN RENT-ALL 401(K) PLAN
<b>b</b>	Name of plan sponsor	GERKEN RENT-ALL, INC.
<b>c</b>	EIN-PN	75-3082715-001
<b>a</b>	Plan name	CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CAPTURA GROUP, INC.
<b>c</b>	EIN-PN	20-2083614-001
<b>a</b>	Plan name	RUSSELL PETROLEUM 401(K) SAVINGS PLAN
<b>b</b>	Name of plan sponsor	RUSSELL PETROLEUM CORP.
<b>c</b>	EIN-PN	27-1487169-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	GRAY, SALT & ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	GRAY, SALT & ASSOCIATES, LLP	<b>c</b> EIN-PN 45-0606931-001
<b>a</b> Plan name	101 CONCEPTS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	101 CONCEPTS, LLC	<b>c</b> EIN-PN 20-2176716-001
<b>a</b> Plan name	HERZOG ROOFING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	HERZOG ROOFING, INC.	<b>c</b> EIN-PN 41-1380767-001
<b>a</b> Plan name	HOLROYD GELMAN, P.C. 401(K) PLAN	
<b>b</b> Name of plan sponsor	HOLROYD GELMAN, P.C.	<b>c</b> EIN-PN 92-2604351-001
<b>a</b> Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
<b>b</b> Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	<b>c</b> EIN-PN 45-2590810-001
<b>a</b> Plan name	AEROSPACE COMPOSITES 401(K) PLAN	
<b>b</b> Name of plan sponsor	AEROSPACE COMPOSITES SOLUTIONS, INC.	<b>c</b> EIN-PN 27-0946603-001
<b>a</b> Plan name	CRANE REHAB CENTER, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	CRANE REHAB CENTER, LLC	<b>c</b> EIN-PN 72-1409970-001
<b>a</b> Plan name	AMBROSE SERVICES, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMBROSE SERVICES, LLC	<b>c</b> EIN-PN 46-3081985-001
<b>a</b> Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	<b>c</b> EIN-PN 38-3601887-001
<b>a</b> Plan name	INSTRUMENT SPECIALISTS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	INSTRUMENT SPECIALISTS, INC.	<b>c</b> EIN-PN 74-2214411-001
<b>a</b> Plan name	INTEGRATED TAX ACCOUNTING INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	INTEGRATED TAX ACCOUNTING INC.	<b>c</b> EIN-PN 81-0699291-001
<b>a</b> Plan name	PEOPLE RESULTS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	IRI CONSULTANTS, INC.	<b>c</b> EIN-PN 38-2349424-001

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.)	
<b>a</b>	Plan name BANYAN EDUCATION CONSULTANCY USA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BANYAN EDUCATIONAL CONSULTANCY USA, LLC	<b>c</b> EIN-PN 84-1746095-001
<b>a</b>	Plan name THE CONNECTME 401(K) PLAN	
<b>b</b>	Name of plan sponsor MODERN HR, INC.	<b>c</b> EIN-PN 81-0741257-002
<b>a</b>	Plan name THOMPSON ADDISON LAW FIRM 401(K) PLAN	
<b>b</b>	Name of plan sponsor THOMPSON ADDISON, PLLC	<b>c</b> EIN-PN 84-4004313-001
<b>a</b>	Plan name LAW OFFICES OF LAWRENCE ROHLFING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LAW OFFICES OF LAWRENCE ROHLFING	<b>c</b> EIN-PN 22-8046503-001
<b>a</b>	Plan name LEEWARD FINANCIAL GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEEWARD FINANCIAL GROUP	<b>c</b> EIN-PN 92-3762975-001
<b>a</b>	Plan name MAUMEE VALLEY VENDING CO. 401(K) SALARY REDUCTION PLAN & TRUST	
<b>b</b>	Name of plan sponsor MAUMEE VALLEY GROUP	<b>c</b> EIN-PN 34-4459363-001
<b>a</b>	Plan name NETWORK OBJECTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NETWORK OBJECTS, INC.	<b>c</b> EIN-PN 56-2633028-001
<b>a</b>	Plan name NORTHEAST INDIANA WORKS INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHEAST INDIANA WORKS INC.	<b>c</b> EIN-PN 27-4700166-001
<b>a</b>	Plan name PETRO-VALVE, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETRO-VALVE, INC.	<b>c</b> EIN-PN 74-2088515-001
<b>a</b>	Plan name PROSERVICE HAWAII 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII	<b>c</b> EIN-PN 61-1582293-001
<b>a</b>	Plan name PROVIDENCE HOSPITALITY PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROVIDENCE HOSPITALITY PARTNERS LLC	<b>c</b> EIN-PN 84-1610444-001
<b>a</b>	Plan name QUERREY & HARROW LTD. SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor QUERREY & HARROW, LTD.	<b>c</b> EIN-PN 36-2777440-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	SKYLINE ROOFING & SHEET METAL CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SKYLINE ROOFING & SHEET METAL CO., INC.	<b>c</b> EIN-PN 35-1897566-001
<b>a</b>	Plan name	TEAM SAN JOSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEAM SAN JOSE	<b>c</b> EIN-PN 20-0507663-001
<b>a</b>	Plan name	TEC INTEGRATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEC INTEGRATION, INC.	<b>c</b> EIN-PN 20-3127383-001
<b>a</b>	Plan name	THE GREATER HOUSTON NEUROSURGERY CENTER, P.A. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE GREATER HOUSTON NEUROSURGERY CENTER, P.A.	<b>c</b> EIN-PN 76-0523049-001
<b>a</b>	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	<b>c</b> EIN-PN 56-1970120-001
<b>a</b>	Plan name	UNION CRAFT BREWING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNION CRAFT BREWING COMPANY, LLC	<b>c</b> EIN-PN 45-3261482-001
<b>a</b>	Plan name	AUSTIN ENGINEERING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUSTIN ENGINEERING CO., INC.	<b>c</b> EIN-PN 74-2057958-001
<b>a</b>	Plan name	CHROMA MODERN EYEWEAR EYECARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MATTHEW G BARBER, OD PA	<b>c</b> EIN-PN 20-2038982-001
<b>a</b>	Plan name	CORA CONSTRUCTORS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CORA CONSTRUCTORS, INC.	<b>c</b> EIN-PN 20-2005772-001
<b>a</b>	Plan name	DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DELTRAN OPERATIONS USA INC	<b>c</b> EIN-PN 46-3331632-001
<b>a</b>	Plan name	DIGIOH LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIGIOH LLC	<b>c</b> EIN-PN 45-2780632-001
<b>a</b>	Plan name	FIELD FRESH FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FIELD FRESH FOODS	<b>c</b> EIN-PN 95-4489479-001

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.)	
<b>a</b>	Plan name GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST	
<b>b</b>	Name of plan sponsor GAVRILOV LAW CORPORATION	<b>c</b> EIN-PN 27-0151979-001
<b>a</b>	Plan name GIBSON CUSTOM CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAROLINAS REAL ESTATE OPTIONS & CONSTRUCTION, LLC DBA GIBSON CUSTOM	<b>c</b> EIN-PN 84-1663736-001
<b>a</b>	Plan name HARBOR AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HARBOR AGENCY, INC.	<b>c</b> EIN-PN 38-2153954-001
<b>a</b>	Plan name HOPE BY THE SEA DEFINED BENEFIT PLAN	
<b>b</b>	Name of plan sponsor HOPE BY THE SEA, INC.	<b>c</b> EIN-PN 11-3673202-001
<b>a</b>	Plan name HP WORKFORCE SOLUTIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HP WORKFORCE SOLUTIONS, LLC	<b>c</b> EIN-PN 82-1218028-001
<b>a</b>	Plan name INTERSHELL INTERNATIONAL CORP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor INTERSHELL INTERNATIONAL CORP	<b>c</b> EIN-PN 04-3458902-001
<b>a</b>	Plan name J.E. JOHNSON, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor J.E. JOHNSON CONTRACTING, INC.	<b>c</b> EIN-PN 38-2247698-001
<b>a</b>	Plan name JL LOCAL, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JL LOCAL, LLC	<b>c</b> EIN-PN 82-3122671-001
<b>a</b>	Plan name LAMMEY & GIORGIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAMMEY & GIORGIO, P.A.	<b>c</b> EIN-PN 22-2433653-001
<b>a</b>	Plan name LATHAM'S NURSERY 401(K) PLAN	
<b>b</b>	Name of plan sponsor LATHAM'S NURSERY	<b>c</b> EIN-PN 56-1972977-001
<b>a</b>	Plan name A. BRIGHT IDEA, LLC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor A. BRIGHT IDEA, LLC	<b>c</b> EIN-PN 52-2199010-001
<b>a</b>	Plan name BCB TRANSPORT, LLC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BCB TRANSPORT, LLC.	<b>c</b> EIN-PN 27-5099832-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRATSLAVSKY CONSULTING ENGINEERS, INC.	<b>c</b> EIN-PN 92-0169405-002
<b>a</b>	Plan name	COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMERCE DISTRIBUTION CENTER, INC.	<b>c</b> EIN-PN 38-2684078-001
<b>a</b>	Plan name	CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	<b>c</b> EIN-PN 48-0666889-001
<b>a</b>	Plan name	FIRETROL, INC. 401(K)	
<b>b</b>	Name of plan sponsor	FIRETROL, INC.	<b>c</b> EIN-PN 61-1931408-001
<b>a</b>	Plan name	JACQUET 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JMS HOLDING US, INC.	<b>c</b> EIN-PN 20-4478645-001
<b>a</b>	Plan name	KEY DATA DASHBOARD, INC. DBA KEY DATA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KEY DATA DASHBOARD, INC. DBA KEY DATA	<b>c</b> EIN-PN 87-3648034-002
<b>a</b>	Plan name	KFG EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KINGDOM FINANCIAL GROUP, INC.	<b>c</b> EIN-PN 25-1887984-001
<b>a</b>	Plan name	MAYBAR MANUFACTURING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAYBAR MANUFACTURING CO., INC.	<b>c</b> EIN-PN 39-0842841-001
<b>a</b>	Plan name	MORELAND PLAZA PHARMACY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MORELAND PLAZA PHARMACY, INC.	<b>c</b> EIN-PN 39-0968183-001
<b>a</b>	Plan name	RLM INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RLM INDUSTRIES, INC.	<b>c</b> EIN-PN 38-2067475-001
<b>a</b>	Plan name	ROBERT GUEN, DMD & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT GUEN, DMD & ASSOCIATES, LLC	<b>c</b> EIN-PN 80-0522647-002
<b>a</b>	Plan name	SMITH CURRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SMITH CURRY	<b>c</b> EIN-PN 56-2145650-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HAWAII FOODBANK, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	HAWAII FOODBANK, INC.	<b>c</b> EIN-PN 99-0220699-001
<b>a</b>	Plan name	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ICONERGY LTD	<b>c</b> EIN-PN 27-2414344-001
<b>a</b>	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	<b>c</b> EIN-PN 94-1604455-001
<b>a</b>	Plan name	NOVA AMP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NOVA ASSOCIATION MANAGEMENT PARTNERS, LLC	<b>c</b> EIN-PN 83-3585159-001
<b>a</b>	Plan name	PATTERNED CONCRETE OF CINCINNATI 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PATTERNED CONCRETE OF CINCINNATI	<b>c</b> EIN-PN 31-1405081-001
<b>a</b>	Plan name	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC	<b>c</b> EIN-PN 82-3714094-001
<b>a</b>	Plan name	SYMBIOTE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SYMBIOTE, INC	<b>c</b> EIN-PN 38-2421800-001
<b>a</b>	Plan name	SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SYNDEX CORPORATION	<b>c</b> EIN-PN 74-1750316-001
<b>a</b>	Plan name	VEXUS FIBER, LLC DBA VEXUS FIBER 401K PLAN	
<b>b</b>	Name of plan sponsor	VEXUS FIBER, LLC	<b>c</b> EIN-PN 75-1791082-001
<b>a</b>	Plan name	BEN Z MIBAB DDS MS PC PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BEN Z MIBAB DDS MS PC	<b>c</b> EIN-PN 58-2080818-099
<b>a</b>	Plan name	BROADLEAF, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BROADLEAF, INC.	<b>c</b> EIN-PN 26-2561880-001
<b>a</b>	Plan name	DOORWAY HOME LOANS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL CITY MORTGAGE, INC.	<b>c</b> EIN-PN 33-0231744-001

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.)	
<b>a</b>	Plan name GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GMS MINE REPAIR & MAINTENANCE, INC.	<b>c</b> EIN-PN 52-1908118-001
<b>a</b>	Plan name ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor ACADEMY MANAGEMENT COMPANY	<b>c</b> EIN-PN 45-2344235-001
<b>a</b>	Plan name CET & ASSOCIATES, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CET & ASSOCIATES, LLC	<b>c</b> EIN-PN 80-0660613-001
<b>a</b>	Plan name D A INTERNATIONAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor D A INTERNATIONAL GROUP	<b>c</b> EIN-PN 85-2607348-001
<b>a</b>	Plan name DR DASHBOARD 401K PLAN	
<b>b</b>	Name of plan sponsor C-MOORE ENTERTAINMENT, INC. DBA DR DASHBOARD	<b>c</b> EIN-PN 35-1963002-001
<b>a</b>	Plan name LLANO SECO RANCHO 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor LLANO SECO RANCHO	<b>c</b> EIN-PN 94-2314298-001
<b>a</b>	Plan name LOH TAX GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOH TAX GROUP	<b>c</b> EIN-PN 26-2679374-001
<b>a</b>	Plan name CINDERELLA DIVINE INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CINDERELLA DIVINE, INC.	<b>c</b> EIN-PN 20-4533301-002
<b>a</b>	Plan name CINDERELLA DIVINE, INC. PENSION PLAN	
<b>b</b>	Name of plan sponsor CINDERELLA DIVINE, INC.	<b>c</b> EIN-PN 20-4533301-001
<b>a</b>	Plan name DYNAMIC RESTAURANT HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DYNAMIC RESTAURANT HOLDINGS, LLC	<b>c</b> EIN-PN 36-4878000-001
<b>a</b>	Plan name LOWEN HOSPITALITY MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOWEN HOSPITALITY MANAGEMENT, LLC	<b>c</b> EIN-PN 75-2946797-001
<b>a</b>	Plan name MICHIGAN EXTRUDED ALUMINUM SALARIED 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICHIGAN EXTRUDED ALUMINUM	<b>c</b> EIN-PN 38-2696585-777



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>WELLS FARGO SPECIAL MID CAP VALUE RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>916</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>39-0989781</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<b>19599974</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	<b>19371403</b>
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	19599974	19371403
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	19599974	19371403

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	275342	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	922392	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		1218679
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		2416413

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		2416413
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		5314072
(2) From this plan .....	<b>2l(2)</b>		7959056

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.