

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: DEUTSCHE REAL ESTATE SECURITIES RET OPT
1b Three-digit plan number (PN): 943
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.

<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> <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
--	--

**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)
---	---

---

**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 \_\_\_\_\_

---

<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>
---	--	---

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>DEUTSCHE REAL ESTATE SECURITIES RET OPT</u>	<b>B</b> Three-digit plan number (PN)	<u>943</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)
---------------	--

<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)
<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)
<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)



<b>Part II 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	KAYE SURETY 401(K) PLAN
<b>b</b>	Name of plan sponsor	KAYE ASSOCIATES LLC DBA KAYE SURETY
<b>c</b>	EIN-PN	82-5453294-001
<b>a</b>	Plan name	ENVISION INTERACTIVE GROUP, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ENVISION INTERACTIVE GROUP, LLC
<b>c</b>	EIN-PN	03-0449364-001
<b>a</b>	Plan name	KW CORPORATION 401(K) PLAN
<b>b</b>	Name of plan sponsor	KW CORPORATION
<b>c</b>	EIN-PN	26-0355410-001
<b>a</b>	Plan name	BLUEGRASS COMMUNITY HEALTH CENTER 401(K) PLAN
<b>b</b>	Name of plan sponsor	BLUEGRASS PRIMARY HEALTH CARE CENTER, INC. DBA BLUEGRASS COMMUNITY H
<b>c</b>	EIN-PN	06-1798832-001
<b>a</b>	Plan name	LAUREL EYE CLINIC GROUP RETIREMENT PLAN AND TRUST AGREEMENT
<b>b</b>	Name of plan sponsor	LAUREL EYE CLINIC GROUP
<b>c</b>	EIN-PN	25-1375158-002
<b>a</b>	Plan name	REGAL RESTORATION USA 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	REGAL RESTORATION USA
<b>c</b>	EIN-PN	46-1342416-001
<b>a</b>	Plan name	M2G VENTURES 401(K) PLAN
<b>b</b>	Name of plan sponsor	M2G VENTURES, LLC
<b>c</b>	EIN-PN	46-2390264-001
<b>a</b>	Plan name	UNIWEST-GENESIS 401(K) PLAN
<b>b</b>	Name of plan sponsor	UNITED WESTERN DENVER, LLC
<b>c</b>	EIN-PN	06-1639196-002
<b>a</b>	Plan name	VMC CONTRACTING, INC. 401(K) PLAN A
<b>b</b>	Name of plan sponsor	VMC CONTRACTING, INC.
<b>c</b>	EIN-PN	75-3049345-001
<b>a</b>	Plan name	VMC CONTRACTING, INC. 401(K) PLAN B
<b>b</b>	Name of plan sponsor	VMC CONTRACTING, INC.
<b>c</b>	EIN-PN	75-3049345-002
<b>a</b>	Plan name	SAMUELS & SON SEAFOOD CO. UNION 401(K) PLAN
<b>b</b>	Name of plan sponsor	SAMUELS AND SON SEAFOOD CO INC.
<b>c</b>	EIN-PN	23-2540625-001

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 SAMUELS & SON SEAFOOD COMPANY, INC.401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SAMUELS AND SON SEAFOOD CO INC.	<b>c</b> EIN-PN 23-2540626-001
<b>a</b>	Plan name SANCHEZ & AMADOR, LLP 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SANCHEZ & AMADOR, LLP	<b>c</b> EIN-PN 95-4460273-001
<b>a</b>	Plan name XP SERVICES, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor XP SERVICES, INC.	<b>c</b> EIN-PN 80-0316734-001
<b>a</b>	Plan name HIX AIR CONDITIONING SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor HIX AIR CONDITIONING SERVICE, INC.	<b>c</b> EIN-PN 73-1513785-001
<b>a</b>	Plan name P&C ENTERPRISES OF OHIO LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor P&C ENTERPRISES OF OHIO, LLC	<b>c</b> EIN-PN 82-4358517-001
<b>a</b>	Plan name DEPENDABLE TUBE BENDING 401(K) PLAN	
<b>b</b>	Name of plan sponsor DEPENDABLE TUBE BENDING	<b>c</b> EIN-PN 20-4351581-001
<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 PDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor PREFERRED DRILLING SOLUTIONS, INC	<b>c</b> EIN-PN 59-3757298-001
<b>a</b>	Plan name TALMAN CONSULTANTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TALMAN CONSULTANTS, LLC	<b>c</b> EIN-PN 81-2709261-001
<b>a</b>	Plan name MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MAGNETIC TECHNOLOGIES LTD.	<b>c</b> EIN-PN 04-2836991-005
<b>a</b>	Plan name CARMEL ACADEMY 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor CARMEL ACADEMY	<b>c</b> EIN-PN 13-4013334-002

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 <a href="#">MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES</a>	<b>c</b> EIN-PN <a href="#">20-4106052-001</a>
<b>a</b>	Plan name <a href="#">USA WATER SKI INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">USA WATER SKI &amp; WAKE SPORTS INC.</a>	<b>c</b> EIN-PN <a href="#">59-0841458-001</a>
<b>a</b>	Plan name <a href="#">WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WARSHAUER WOODWARD ATKINS, LLC.</a>	<b>c</b> EIN-PN <a href="#">88-2972581-001</a>
<b>a</b>	Plan name <a href="#">20/20 CUSTOM MOLDED PLASTICS, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">20/20 CUSTOM MOLDED PLASTICS, LLC</a>	<b>c</b> EIN-PN <a href="#">34-1945124-001</a>
<b>a</b>	Plan name <a href="#">HALLMARK CONSTRUCTION, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HALLMARK CONSTRUCTION, INC.</a>	<b>c</b> EIN-PN <a href="#">38-2163727-001</a>
<b>a</b>	Plan name <a href="#">HERZOG ROOFING, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HERZOG ROOFING, INC.</a>	<b>c</b> EIN-PN <a href="#">41-1380767-001</a>
<b>a</b>	Plan name <a href="#">HH VENTURES RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HH VENTURES, LLC</a>	<b>c</b> EIN-PN <a href="#">26-1852077-001</a>
<b>a</b>	Plan name <a href="#">ACTON MECHANICAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ACTON MECHANICAL, INC.</a>	<b>c</b> EIN-PN <a href="#">45-0483488-001</a>
<b>a</b>	Plan name <a href="#">SHINDLER, ANDERSON, GOPLERUD &amp; WEESE P.C. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHINDLER, ANDERSON, GOPLERUD &amp; WEESE P.C.</a>	<b>c</b> EIN-PN <a href="#">42-1506318-001</a>
<b>a</b>	Plan name <a href="#">ZELLWOOD STATION RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ZELLWOOD STATION CO-OP, INC.</a>	<b>c</b> EIN-PN <a href="#">59-3194342-001</a>
<b>a</b>	Plan name <a href="#">NOMAD GLOBAL COMMUNICATION SOLUTIONS 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NOMAD GLOBAL COMMUNICATION SOLUTIONS</a>	<b>c</b> EIN-PN <a href="#">35-2182794-777</a>
<b>a</b>	Plan name <a href="#">NORMSHIELD INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORMSHIELD INC.</a>	<b>c</b> EIN-PN <a href="#">81-1561086-001</a>

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 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 AMERICAN BIOTECH LABS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN BIOTECH LABS LLC	<b>c</b> EIN-PN 20-3029677-001
<b>a</b>	Plan name DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	<b>c</b> EIN-PN 22-3501151-001
<b>a</b>	Plan name INTEGRIS SOLUTIONS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor INTEGRIS SOLUTIONS LLC	<b>c</b> EIN-PN 47-1620164-001
<b>a</b>	Plan name STREB CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor STREB CONSTRUCTION CO., INC.	<b>c</b> EIN-PN 42-0892646-001
<b>a</b>	Plan name STUART EYE INSTITUTE, PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor STUART EYE INSTITUTE, P.A.	<b>c</b> EIN-PN 59-1980090-001
<b>a</b>	Plan name PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor PERKINS MOTOR PLEX LLC	<b>c</b> EIN-PN 26-4307208-001
<b>a</b>	Plan name ATLANTIC GOLF AND TURF 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC GOLF AND TURF LLC	<b>c</b> EIN-PN 27-1400038-001
<b>a</b>	Plan name DUNCAN MACHINERY MOVERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AMERICAN INDUSTRIAL CONTRACTORS LLC	<b>c</b> EIN-PN 20-0042037-001
<b>a</b>	Plan name POPP EXCAVATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor POPP EXCAVATING	<b>c</b> EIN-PN 84-4897634-001
<b>a</b>	Plan name BJB ELECTRIC, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor BJB ELECTRIC, LP	<b>c</b> EIN-PN 58-2438805-002
<b>a</b>	Plan name EUFORA INTERNATIONAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor EUFORA INTERNATIONAL	<b>c</b> EIN-PN 33-0617396-001

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 FEIGHNER INSURANCE, INC. 401(K) SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor FEIGHNER INSURANCE, INC. DBA INSURANCE MANAGEMENT GROUP	<b>c</b> EIN-PN 35-0943733-002
<b>a</b>	Plan name LAWSON HUCK GONZALEZ, PLLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor LAWSON HUCK GONZALEZ, PLLC	<b>c</b> EIN-PN 92-1760240-001
<b>a</b>	Plan name TODD STRATEGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	<b>c</b> EIN-PN 46-5566087-001
<b>a</b>	Plan name TOLLEFSEN STEEL & FABRICATION, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TOLLEFSEN STEEL & FABRICATION, INC.	<b>c</b> EIN-PN 46-2263667-001
<b>a</b>	Plan name LEE RIDDICK PLUMBING & HEATING 401(K) PLAN	
<b>b</b>	Name of plan sponsor LEE RIDDICK PLUMBING & HEATING INC.	<b>c</b> EIN-PN 46-4276258-001
<b>a</b>	Plan name MONTANA VALLEY EYE CLINIC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MONTANA VALLEY EYE CLINIC, PLLC	<b>c</b> EIN-PN 81-0522526-001
<b>a</b>	Plan name NETS NEW ENGLAND LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NETS NEW ENGLAND LLC	<b>c</b> EIN-PN 26-0743519-001
<b>a</b>	Plan name POWERSAT COMMUNICATIONS USA LP 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor POWERSAT COMMUNICATIONS USA LP	<b>c</b> EIN-PN 99-0375588-001
<b>a</b>	Plan name S JACOBS INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor S JACOBS DBA ANNE BARGE	<b>c</b> EIN-PN 46-5423797-001
<b>a</b>	Plan name STEPPING STONES PEDIATRIC THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor STEPPING STONES PEDIATRIC THERAPY, PLLC	<b>c</b> EIN-PN 27-1777939-001
<b>a</b>	Plan name THUREN FABRICATION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THUREN FABRICATION, INC.	<b>c</b> EIN-PN 20-5081862-001
<b>a</b>	Plan name TIGER SANITATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TIGER SANITATION, LLC	<b>c</b> EIN-PN 71-0885851-001

<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	VANS DELIVERY SERVICE, INC. EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VANS DELIVERY SERVICE, INC.	<b>c</b> EIN-PN 38-2487912-001
<b>a</b>	Plan name	WAYNE SMITH'S AUTO SALES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WAYNE SMITH'S AUTO SALES, INC.	<b>c</b> EIN-PN 22-2343350-001
<b>a</b>	Plan name	WILLIAMS INSTITUTIONAL FOODS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLIAMS INSTITUTIONAL FOODS	<b>c</b> EIN-PN 58-1148285-001
<b>a</b>	Plan name	ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ADAMS COUNTY LIBRARY SYSTEM	<b>c</b> EIN-PN 23-1352002-002
<b>a</b>	Plan name	ADDRESS HEALTHCARE ADMINISTRATION, LLC	
<b>b</b>	Name of plan sponsor	ADDRESS HEALTHCARE ADMINISTRATION, LLC	<b>c</b> EIN-PN 99-1289536-001
<b>a</b>	Plan name	COLORADO PHYSICIAN PARTNERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COLORADO PHYSICIAN PARTNERS	<b>c</b> EIN-PN 90-0995056-001
<b>a</b>	Plan name	DEMOSS ELECTRIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DEMOSS ELECTRIC, INC.	<b>c</b> EIN-PN 02-0677709-001
<b>a</b>	Plan name	DILS ROOFING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUPRO, INC. DBA DILS ROOFING	<b>c</b> EIN-PN 33-0492050-001
<b>a</b>	Plan name	FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FG HOLDINGS, LLC	<b>c</b> EIN-PN 87-4171809-001
<b>a</b>	Plan name	FIELD SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	<b>c</b> EIN-PN 68-0625733-001
<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	GIENAPP ARCHITECTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GIENAPP ARCHITECTS, LLC	<b>c</b> EIN-PN 87-0759464-001

<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	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO	<b>c</b> EIN-PN 52-1139564-001
<b>a</b>	Plan name	J&M SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J&M SERVICES	<b>c</b> EIN-PN 82-4526041-001
<b>a</b>	Plan name	KENNIE'S MARKETS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KENNIE'S MARKETS, INC.	<b>c</b> EIN-PN 23-1579478-001
<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	ARCHAMBAULT CONSTRUCTION 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARCHAMBAULT CONSTRUCTION, INC.	<b>c</b> EIN-PN 04-3574452-001
<b>a</b>	Plan name	BRIDGERLAND TECHNICAL COLLEGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRIDGERLAND TECHNICAL COLLEGE	<b>c</b> EIN-PN 87-0294483-001
<b>a</b>	Plan name	FIFTH WHEEL FREIGHT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	B&L SYSTEMS LLC DBA FIFTH WHEEL FREIGHT	<b>c</b> EIN-PN 46-1122501-001
<b>a</b>	Plan name	HUMBLE SEA BREWING COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUMBLE SEA, INC.	<b>c</b> EIN-PN 47-4082461-001
<b>a</b>	Plan name	HUTKER ARCHITECTS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUTKER ARCHITECTS INC.	<b>c</b> EIN-PN 04-2983622-001
<b>a</b>	Plan name	JACKSON'S SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	JACKSON'S BISTRO AND BAR, LC	<b>c</b> EIN-PN 65-0701546-001
<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

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 <b>PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>PARK SIDE FINANCIAL CREDIT UNION</b>	<b>c</b> EIN-PN <b>23-7155544-001</b>
<b>a</b>	Plan name <b>PARKER SQUARED AND AFFILIATED COMPANIES 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PARKER SQUARED, INC. DBA SLEEPING BABY, INC.</b>	<b>c</b> EIN-PN <b>27-0402271-001</b>
<b>a</b>	Plan name <b>VAUGHN WATER COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VAUGHN WATER COMPANY</b>	<b>c</b> EIN-PN <b>95-1600230-002</b>
<b>a</b>	Plan name <b>WINSLOW CAMPUS OF CARE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WINSLOW CONVALESCENT CENTER DBA WINSLOW CAMPUS OF CARE</b>	<b>c</b> EIN-PN <b>86-0320039-001</b>
<b>a</b>	Plan name <b>HAWAII FOODBANK, INC. 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAWAII FOODBANK, INC.</b>	<b>c</b> EIN-PN <b>99-0220699-001</b>
<b>a</b>	Plan name <b>JADT FOOD GROUP, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JADT FOOD GROUP, LLC</b>	<b>c</b> EIN-PN <b>41-1891521-001</b>
<b>a</b>	Plan name <b>JAINDL PROPERTIES LLC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JAINDL PROPERTIES LLC</b>	<b>c</b> EIN-PN <b>20-1690137-001</b>
<b>a</b>	Plan name <b>MPX 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MPX</b>	<b>c</b> EIN-PN <b>01-0457729-001</b>
<b>a</b>	Plan name <b>ROBERTS DITCHING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARROWHEAD LINE LLC</b>	<b>c</b> EIN-PN <b>45-5041435-001</b>
<b>a</b>	Plan name <b>ROCKING R MEDICAL 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RATTAN &amp; ASSOCIATES</b>	<b>c</b> EIN-PN <b>46-2619332-001</b>
<b>a</b>	Plan name <b>SOMEWHERE OVER THE SPECTRUM 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOMEWHERE OVER THE SPECTRUM LLC</b>	<b>c</b> EIN-PN <b>86-2547628-001</b>
<b>a</b>	Plan name <b>SONSHINE FAMILY TELEVISION CORP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SONSHINE FAMILY TELEVISION CORP</b>	<b>c</b> EIN-PN <b>22-2672541-001</b>

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 SWC OFFICE FURNITURE OUTLET 401(K) PROFIT SHARING AND TRUST	
<b>b</b>	Name of plan sponsor SWC OFFICE FURNITURE OUTLET	<b>c</b> EIN-PN 06-1532118-002
<b>a</b>	Plan name SYNERGY AG 401(K) PLAN	
<b>b</b>	Name of plan sponsor SYNERGY AG	<b>c</b> EIN-PN 83-2057742-001
<b>a</b>	Plan name BRIQUETTES 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRIQUETTES	<b>c</b> EIN-PN 46-1353447-001
<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 COMPASS RETIREMENT CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor COMPASS RETIREMENT CONSULTING GROUP, INC.	<b>c</b> EIN-PN 20-4795685-001
<b>a</b>	Plan name EMERGE LAW GROUP P.C. 401(K)PLAN	
<b>b</b>	Name of plan sponsor EMERGE LAW GROUP P.C.	<b>c</b> EIN-PN 46-3205417-001
<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 NUOVO SALON & SPA 401(K)PLAN	
<b>b</b>	Name of plan sponsor NUOVO SALON GROUP	<b>c</b> EIN-PN 59-2737928-001
<b>a</b>	Plan name PRINCIPLE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRINCIPLE SERVICES, LLC	<b>c</b> EIN-PN 83-3051083-001
<b>a</b>	Plan name RANGERAFT 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor RANGERAFT	<b>c</b> EIN-PN 22-3330263-001
<b>a</b>	Plan name ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROLLAC SHUTTER OF TEXAS, INC.	<b>c</b> EIN-PN 76-0117689-001
<b>a</b>	Plan name TREEHOUSE CALIFORNIA ALMONDS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TREEHOUSE CALIFORNIA ALMONDS, LLC	<b>c</b> EIN-PN 04-3671330-001

<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	TRI-RIVERS HEALTHCARE, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRI-RIVERS HEALTHCARE, PLLC	<b>c</b> EIN-PN 61-1357247-001
<b>a</b>	Plan name	VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VISUAL WORKPLACE	<b>c</b> EIN-PN 26-4045453-001
<b>a</b>	Plan name	WORKABLE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WORKABLE, INC.	<b>c</b> EIN-PN 61-1747677-002
<b>a</b>	Plan name	ABEL SCHILLINGER, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABEL SCHILLINGER, LLP	<b>c</b> EIN-PN 27-4813054-001
<b>a</b>	Plan name	ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABERDEEN CAPTIONING, INC.	<b>c</b> EIN-PN 33-0983867-001
<b>a</b>	Plan name	ALL GLASS & WINDOWS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL GLASS & WINDOWS, LLC	<b>c</b> EIN-PN 36-4845255-001
<b>a</b>	Plan name	ALL PURPOSE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL PURPOSE, LLC	<b>c</b> EIN-PN 82-1968528-001
<b>a</b>	Plan name	BROS AUTO GROUP PLAN	
<b>b</b>	Name of plan sponsor	ONTARIO VOLKSWAGEN	<b>c</b> EIN-PN 65-1163516-001
<b>a</b>	Plan name	BROWN-DAUB AUTO SALES INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB AUTO SALES INC.	<b>c</b> EIN-PN 38-3686385-001
<b>a</b>	Plan name	BROWN-DAUB CHEVROLET OF NAZARETH INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB OF NAZARETH INC.	<b>c</b> EIN-PN 24-0864624-001
<b>a</b>	Plan name	BROWN-DAUB DODGE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BROWN-DAUB DODGE, INC.	<b>c</b> EIN-PN 23-2970402-001
<b>a</b>	Plan name	COMPLETELY FLOORED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLAIGE CORPORATION DBA COMPLETELY FLOORED	<b>c</b> EIN-PN 20-3680924-001

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 CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	<b>c</b> EIN-PN 82-1776313-001
<b>a</b>	Plan name ENERGY SERVICES OF COLORADO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ENERGY SERVICES OF COLORADO, INC.	<b>c</b> EIN-PN 68-0577024-001
<b>a</b>	Plan name IES COMPANIES, INC 401(K)	
<b>b</b>	Name of plan sponsor I.E.S. INCORPORATED	<b>c</b> EIN-PN 04-2920789-001
<b>a</b>	Plan name LIVA EYE CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIVA EYE CENTER, LLC	<b>c</b> EIN-PN 20-0466607-002
<b>a</b>	Plan name AVANTS OPERATIONS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor AVANTS OPERATIONS, LLC	<b>c</b> EIN-PN 81-4997570-001
<b>a</b>	Plan name BROWN-DAUB EURO INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROWN-DAUB EURO, INC.	<b>c</b> EIN-PN 27-4502291-001
<b>a</b>	Plan name BROWN-DAUB INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROWN-DAUB, INC.	<b>c</b> EIN-PN 24-0535610-001
<b>a</b>	Plan name BROWN-DAUB OF LEHIGH VALLEY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BROWN-DAUB OF LEHIGH VALLEY, INC	<b>c</b> EIN-PN 27-1528308-001
<b>a</b>	Plan name FLUX POWER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FLUX POWER, INC.	<b>c</b> EIN-PN 27-1142066-001
<b>a</b>	Plan name LONG TERM CARE SPECIALISTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LONG TERM CARE SPECIALISTS, INC.	<b>c</b> EIN-PN 73-1202515-001
<b>a</b>	Plan name LOOMIS INTERNATIONAL, LTD. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOOMIS INTERNATIONAL, LTD	<b>c</b> EIN-PN 36-3361456-001
<b>a</b>	Plan name WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	
<b>b</b>	Name of plan sponsor WAYPOINT SERVICES FOR WOMEN, CHILDREN AND FAMILIES	<b>c</b> EIN-PN 42-0680307-002



<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>
--	--	--

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>DEUTSCHE REAL ESTATE SECURITIES RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>943</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>
---------------	--------------------------------------

**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
<b>Assets</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>7404283</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	<b>8877318</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>	7404283	8877318
<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>	7404283	8877318

**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>	244448	
<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>	285255	
<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>		
<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>		529703

**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>		529703
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		3126442
(2) From this plan .....	<b>2l(2)</b>		2183110

**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 \_\_\_\_\_.