

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: T. ROWE PRICE INTERNATIONAL DISCOVERY RET OPT
1b Three-digit plan number (PN): 930
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, Date, and Name. Rows include plan administrator, employer/plan sponsor, and DFE (NEIL KOENCK, 09/08/2025).

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<br><br><b>3c</b> Administrator's telephone number<br><br><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:<br><b>a</b> Sponsor's name<br><b>c</b> Plan Name  | <b>4b</b> EIN<br><br><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> ).<br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><b>b</b> Retired or separated participants receiving benefits.....<br><b>c</b> Other retired or separated participants entitled to future benefits .....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....<br><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) .....<br><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) .....<br><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><br><b>6a(1)</b><br><b>6a(2)</b><br><b>6b</b><br><b>6c</b><br><b>6d</b><br><b>6e</b><br><b>6f</b><br><b>6g(1)</b><br><b>6g(2)</b><br><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)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input type="checkbox"/> Trust<br>(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><br>(1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary<br>(4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____<br>(5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information) | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached _____<br>(4) <input type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(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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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**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.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

|  |  |  |
|--|--|--|
| <b>A</b> Name of plan<br><u>T. ROWE PRICE INTERNATIONAL DISCOVERY RET OPT</u>                                      |  | <b>B</b> Three-digit plan number (PN) ▶ <u>930</u>                 |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>TRANSAMERICA LIFE INSURANCE COMPANY</u> |  | <b>D</b> Employer Identification Number (EIN)<br><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)

|   |                      |   |
|---|----------------------|---|
| <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>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) |

**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:

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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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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)

| 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>BAJ INCORPORATED 401(K) PROFIT SHARING PLAN &amp; TRUST</b>                         |                                       |
| <b>b</b>   | Name of plan sponsor <b>BAJ INCORPORATED</b>   | <b>c</b> EIN-PN <b>38-3517795-001</b> |
| <b>a</b>   | Plan name <b>POLARIS WEALTH GROUP 401(K)</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>KEVIN LEE EHLERS DBA POLARIS WEALTH GROUP</b>                            | <b>c</b> EIN-PN <b>45-0483308-001</b> |
| <b>a</b>   | Plan name <b>THE BRITISH EMBASSY 401(K) PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>THE BRITISH EMBASSY</b>  | <b>c</b> EIN-PN <b>52-2150359-002</b> |
| <b>a</b>   | Plan name <b>THIRTEEN TWENTY-TWO ADVISORS 401(K) PLAN</b>  |                                       |
| <b>b</b>   | Name of plan sponsor <b>THIRTEEN TWENTY-TWO ADVISORS</b>   | <b>c</b> EIN-PN <b>45-5609488-001</b> |
| <b>a</b>   | Plan name <b>LUTHERAN SOCIAL SERVICES OF COLORADO 401(K) PLAN</b>                                |                                       |
| <b>b</b>   | Name of plan sponsor <b>LUTHERAN SOCIAL SERVICES OF COLORADO DBA LUTHERAN FAMILY SERVICES RO</b> | <b>c</b> EIN-PN <b>84-0775550-002</b> |
| <b>a</b>   | Plan name <b>REV DRILL 401(K) PLAN</b>   |                                       |
| <b>b</b>   | Name of plan sponsor <b>REV DRILL SALES &amp; RENTALS, INC.</b>                                  | <b>c</b> EIN-PN <b>52-2309414-001</b> |
| <b>a</b>   | Plan name <b>CANTOR BIOCONNECT, LLC 401(K) RETIREMENT PLAN</b>                                   |                                       |
| <b>b</b>   | Name of plan sponsor <b>CANTOR BIOCONNECT, LLC</b>   | <b>c</b> EIN-PN <b>37-1837234-001</b> |
| <b>a</b>   | Plan name <b>CHBIOA 401(K) PLAN</b>  |                                       |
| <b>b</b>   | Name of plan sponsor <b>COMMUNITY OF HARBOR BAY ISLE OWNERS ASSOCIATION, INC.</b>                | <b>c</b> EIN-PN <b>94-2496154-001</b> |
| <b>a</b>   | Plan name <b>CKW ADVISORS, LLC 401K PROFIT SHARING PLAN</b>                                      |                                       |
| <b>b</b>   | Name of plan sponsor <b>CKW ADVISORS, LLC</b>  | <b>c</b> EIN-PN <b>81-0584816-001</b> |
| <b>a</b>   | Plan name <b>SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN &amp; TRUST</b>                           |                                       |
| <b>b</b>   | Name of plan sponsor <b>SHAW'S COVE ORTHOPAEDICS, LLC</b>  | <b>c</b> EIN-PN <b>56-2397586-001</b> |
| <b>a</b>   | Plan name <b>SHAWVER WELL COMPANY, INC. 401(K) PLAN</b>  |                                       |
| <b>b</b>   | Name of plan sponsor <b>SHAWVER WELL COMPANY, INC.</b>   | <b>c</b> EIN-PN <b>42-1095739-002</b> |
| <b>a</b>   | Plan name <b>P&amp;S COMPRESSOR &amp; SPRAY EQUIPMENT, INC. 401(K) PLAN</b>                      |                                       |
| <b>b</b>   | Name of plan sponsor <b>P&amp;S COMPRESSOR &amp; SPRAY EQUIPMENT, INC.</b>                       | <b>c</b> EIN-PN <b>52-1573686-001</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 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 DESERT SHORES PEDIATRICS, P.C. 401(K) PLAN                          |                                |
| <b>b</b>   | Name of plan sponsor DESERT SHORES PEDIATRICS, P.C.                           | <b>c</b> EIN-PN 20-2851929-002 |
| <b>a</b>   | Plan name DESERT VISTA DENTAL WEST, PLLC 401(K) PROFIT SHARING PLAN           |                                |
| <b>b</b>   | Name of plan sponsor DESERT VISTA DENTAL WEST, PLLC                           | <b>c</b> EIN-PN 43-1971397-001 |
| <b>a</b>   | Plan name ASCENDANT COMMERCIAL INSURANCE 401K PLAN                            |                                |
| <b>b</b>   | Name of plan sponsor ASCENDANT COMMERCIAL INSURANCE, INC.                     | <b>c</b> EIN-PN 27-0835494-001 |
| <b>a</b>   | Plan name DRIVEN TO GIVE BACK MEDIA 401(K) PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor DRIVEN TO GIVE BACK MEDIA, LLC                           | <b>c</b> EIN-PN 84-3674774-001 |
| <b>a</b>   | Plan name JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN                     |                                |
| <b>b</b>   | Name of plan sponsor JESSUP CELLARS HOLDING COMPANY, LLC                      | <b>c</b> EIN-PN 20-3071245-001 |
| <b>a</b>   | Plan name TARGET ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST       |                                |
| <b>b</b>   | Name of plan sponsor TARGET ENTERPRISES, INC.                                 | <b>c</b> EIN-PN 06-1158272-001 |
| <b>a</b>   | Plan name GRAND BAY MARINE, INC. 401(K) PLAN                                  |                                |
| <b>b</b>   | Name of plan sponsor GRAND BAY MARINE, INC.                                   | <b>c</b> EIN-PN 38-3356449-001 |
| <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 HALEIWA FAMILY DENTAL CENTER, LTD. 401(K) PROFIT SHARING PLAN       |                                |
| <b>b</b>   | Name of plan sponsor HALEIWA FAMILY DENTAL CENTER, LTD.                       | <b>c</b> EIN-PN 99-0322411-001 |
| <b>a</b>   | Plan name CONTROLS & WEIGHING SYSTEMS 401(K) PLAN                             |                                |
| <b>b</b>   | Name of plan sponsor CONTROLS & WEIGHING SYSTEMS, INC.                        | <b>c</b> EIN-PN 59-1588191-001 |
| <b>a</b>   | Plan name ZELLWOOD STATION RETIREMENT PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor ZELLWOOD STATION CO-OP, INC.                             | <b>c</b> EIN-PN 59-3194342-001 |

| <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            | 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            | 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            | DELAWARE ELECTRICAL CONTRACTORS, INC. 401(K) PLAN                                    |                                |
| <b>b</b>   | Name of plan sponsor | DELAWARE ELECTRICAL CONTRACTORS, INC.  | <b>c</b> EIN-PN 23-2016945-001 |
| <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            | 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            | ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | ATLANTA OFFICE TECHNOLOGIES, INC.  | <b>c</b> EIN-PN 47-2600973-001 |
| <b>a</b>   | Plan name            | DRUM CORPS INTERNATIONAL 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DRUM CORPS INTERNATIONAL, INC.   | <b>c</b> EIN-PN 36-2754480-001 |
| <b>a</b>   | Plan name            | DUOTECH SERVICES LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | DUOTECH SERVICES LLC   | <b>c</b> EIN-PN 59-2658665-001 |
| <b>a</b>   | Plan name            | KDJ SALES & SERVICE 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | KDJ SALES & SERVICE, INC.  | <b>c</b> EIN-PN 37-1131827-001 |
| <b>a</b>   | Plan name            | KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | KEAR CIVIL CORPORATION   | <b>c</b> EIN-PN 20-8257122-001 |
| <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            | EVS 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | EVANS VETERINARY SERVICES, PLLC  | <b>c</b> EIN-PN 84-5150912-001 |

| 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 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 PARAMOUNT ASSOCIATES 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor PARAMOUNT ASSOCIATES, LLC   | <b>c</b> EIN-PN 82-1770805-001 |
| <b>a</b> | Plan name SCHER-CASH, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor SCHER-CASH, INC.  | <b>c</b> EIN-PN 03-0466795-001 |
| <b>a</b> | Plan name SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor SIGMON FAMILY INVESTMENTS, INC.   | <b>c</b> EIN-PN 20-3200494-001 |
| <b>a</b> | Plan name TOWN & COUNTRY ANIMAL HOSPITAL, INC. 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor TOWN AND COUNTRY ANIMAL HOSPITAL, INC.  | <b>c</b> EIN-PN 55-0777030-001 |
| <b>a</b> | Plan name WATERMAN BROTHERS CONSTRUCTION, INC. PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor WATERMAN BROTHERS CONSTRUCTION, INC.  | <b>c</b> EIN-PN 36-3713511-001 |
| <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 CARPE DIEM RECON RETIREMENT PLAN   |                                |
| <b>b</b> | Name of plan sponsor CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC   | <b>c</b> EIN-PN 81-4451244-001 |
| <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 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 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 INTERMODAL SERVICES, INC. RETIREMENT SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor INTERMODAL SERVICES, INC.   | <b>c</b> EIN-PN 82-2126201-001 |

| 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 CBG SURVEYING TEXAS 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor CBG SURVEYING TEXAS, LLC  | <b>c</b> EIN-PN 30-0991600-001 |
| <b>a</b> | Plan name CSAVC, P.C. DEFERRED COMPENSATION PLAN   |                                |
| <b>b</b> | Name of plan sponsor CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.   | <b>c</b> EIN-PN 23-2339055-001 |
| <b>a</b> | Plan name DIVISION 7, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor DIVISION 7, INC.  | <b>c</b> EIN-PN 84-1573704-001 |
| <b>a</b> | Plan name GLESSNER WHARTON & ANDREWS INSURANCE, LLC 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor GLESSNER WHARTON & ANDREWS INSURANCE, LLC   | <b>c</b> EIN-PN 27-0746759-001 |
| <b>a</b> | Plan name GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor GLOBAL RESOURCE ENGINEERING, LTD.   | <b>c</b> EIN-PN 61-1843495-001 |
| <b>a</b> | Plan name MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor MOOSE INTERNATIONAL, INC.   | <b>c</b> EIN-PN 36-1408120-005 |
| <b>a</b> | Plan name SMDA 401K PLAN   |                                |
| <b>b</b> | Name of plan sponsor SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES   | <b>c</b> EIN-PN 20-4874959-001 |
| <b>a</b> | Plan name SMI AUTOMOTIVE REPAIR 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor KH AUTOMOTIVE, LLC  | <b>c</b> EIN-PN 84-4729796-001 |
| <b>a</b> | Plan name SOCCER SHOTS SACRAMENTO, LLC 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor SOCCER SHOTS SACRAMENTO, LLC  | <b>c</b> EIN-PN 47-0976792-001 |
| <b>a</b> | Plan name TOYS FOR TRUCKS, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor TOYS FOR TRUCKS, INC.   | <b>c</b> EIN-PN 39-1646646-001 |
| <b>a</b> | Plan name WINSLOW CAMPUS OF CARE 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor WINSLOW CONVALESCENT CENTER DBA WINSLOW CAMPUS OF CARE  | <b>c</b> EIN-PN 86-0320039-001 |
| <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>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            | KLAR, IZSAK, & STENGER LLC 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | KLAR, IZSAK, & STENGER LLC   | <b>c</b> EIN-PN 43-1844222-001 |
| <b>a</b>   | Plan name            | KLEAN WASH 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | KLEAN WASH   | <b>c</b> EIN-PN 81-2505654-001 |
| <b>a</b>   | Plan name            | MRK FINANCIAL SOLUTIONS 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | SNIEGOCKI WEAVER FINANCIAL SERVICES  | <b>c</b> EIN-PN 27-4522792-001 |
| <b>a</b>   | Plan name            | MSW CORP 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | MARINE STORES WHOLESALE CORP.  | <b>c</b> EIN-PN 45-3934995-001 |
| <b>a</b>   | Plan name            | PRESERVATION WEALTH MANAGEMENT 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | PRESERVATION WEALTH MANAGEMENT OF LOUISIANA, LLC                                     | <b>c</b> EIN-PN 82-4898568-001 |
| <b>a</b>   | Plan name            | SERENITY CARE RESOURCES LLC 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | SERENITY CARE RESOURCES, LLC   | <b>c</b> EIN-PN 81-1594721-001 |
| <b>a</b>   | Plan name            | SONNEN, INC. 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | SONNEN, INC.   | <b>c</b> EIN-PN 47-3043045-001 |
| <b>a</b>   | Plan name            | THE ORIANA SHEA GROUP 401(K) PLAN  |                                |
| <b>b</b>   | Name of plan sponsor | THE ORIANA SHEA GROUP  | <b>c</b> EIN-PN 26-2733920-001 |
| <b>a</b>   | Plan name            | VERRATERRA 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | VERRATERRA PROPERTY MANAGEMENT LLC   | <b>c</b> EIN-PN 27-3256545-001 |
| <b>a</b>   | Plan name            | VETERINARY DENTAL SERVICES, LLC 401(K) RETIREMENT PLAN                               |                                |
| <b>b</b>   | Name of plan sponsor | VETERINARY DENTAL SERVICES, LLC  | <b>c</b> EIN-PN 27-0225775-001 |
| <b>a</b>   | Plan name            | VETERINARY SURGICAL SPECIALISTS RETIREMENT TRUST                                     |                                |
| <b>b</b>   | Name of plan sponsor | VETERINARY SURGICAL SPECIALISTS  | <b>c</b> EIN-PN 36-4893102-001 |
| <b>a</b>   | Plan name            | BELMONT HARDWARE 401(K) PLAN   |                                |
| <b>b</b>   | Name of plan sponsor | COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA  | <b>c</b> EIN-PN 94-2724600-001 |

| 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 BRITTEN DENTAL ASSOCIATES RETIREMENT PLAN  |                                |
| <b>b</b> | Name of plan sponsor BRITTEN DENTAL ASSOCIATES, PLLC   | <b>c</b> EIN-PN 93-4203136-001 |
| <b>a</b> | Plan name FIRST AMERICAN EMPLOYEE RETIREMENT SAVINGS PLAN  |                                |
| <b>b</b> | Name of plan sponsor FIRST AMERICAN PROPERTIES, LLC  | <b>c</b> EIN-PN 36-4536252-001 |
| <b>a</b> | Plan name NVISNX 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor NVISNX LLC  | <b>c</b> EIN-PN 83-1395572-001 |
| <b>a</b> | Plan name PRO BOX STORAGE 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor PRO BOX PORTABLE STORAGE, LLC   | <b>c</b> EIN-PN 35-2485775-001 |
| <b>a</b> | Plan name RAPIDS WHOLESALE & AFFILIATES 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor DASCOA, INC. D/B/A RAPIDS WHOLESALE EQUIPMENT CO.   | <b>c</b> EIN-PN 42-1378309-001 |
| <b>a</b> | Plan name TAG MANUFACTURING, INC. 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor TAG MANUFACTURING, INC.   | <b>c</b> EIN-PN 72-1578630-001 |
| <b>a</b> | Plan name TRESTLEWOOD 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor CANNON STRUCTURES, INC. DBA TRESTLEWOOD   | <b>c</b> EIN-PN 34-1112308-001 |
| <b>a</b> | Plan name VIM AND VIGR 401(K) PLAN   |                                |
| <b>b</b> | Name of plan sponsor VIM AND VIGR, LLC   | <b>c</b> EIN-PN 46-0596695-001 |
| <b>a</b> | Plan name BROADWAY MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN  |                                |
| <b>b</b> | Name of plan sponsor BROADWAY MEDICAL GROUP, INC.  | <b>c</b> EIN-PN 06-1542347-001 |
| <b>a</b> | Plan name ENTHUSIAST ENTERPRISE 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor ENTHUSIAST ENTERPRISE   | <b>c</b> EIN-PN 46-2378541-001 |
| <b>a</b> | Plan name JASMINE GROUP LLC 401(K) PROFIT SHARING PLAN   |                                |
| <b>b</b> | Name of plan sponsor JASMINE GROUP LLC   | <b>c</b> EIN-PN 90-0346507-001 |
| <b>a</b> | Plan name BSG 401(K) PLAN  |                                |
| <b>b</b> | Name of plan sponsor BSG 401(K)  | <b>c</b> EIN-PN 68-0568326-001 |

**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            | FLUX POWER, INC. 401(K) PLAN   | <b>c</b> | EIN-PN | 27-1142066-001 |
| <b>b</b> | Name of plan sponsor | FLUX POWER, INC.   |          |        |                |
| <b>a</b> | Plan name            | MID THUMB CONTRACTING, LLC 401(K) PLAN                               | <b>c</b> | EIN-PN | 32-0337517-001 |
| <b>b</b> | Name of plan sponsor | MID THUMB CONTRACTING  |          |        |                |
| <b>a</b> | Plan name            | OHIO PROVIDER RESOURCE ASSOCIATION 401(K) PROFIT SHARING PLAN TRUST  | <b>c</b> | EIN-PN | 31-1559921-001 |
| <b>b</b> | Name of plan sponsor | OHIO PROVIDER RESOURCE ASSOCIATION                                   |          |        |                |
| <b>a</b> | Plan name            | GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN | <b>c</b> | EIN-PN | 92-0185518-001 |
| <b>b</b> | Name of plan sponsor | GRIMES HAWKINS GLADFELTER & GALVANO, P.L.                            |          |        |                |
| <b>a</b> | Plan name            | INDUSTRIAL SERVICE CORP. EMPLOYEE 401(K) PLAN                        | <b>c</b> | EIN-PN | 42-1193589-001 |
| <b>b</b> | Name of plan sponsor | NORTHWESTERN PLASTICS, LTD. DBA INDUSTRIAL SERVICE CORP.             |          |        |                |
| <b>a</b> | Plan name            | MILKMAID GOODS 401(K) PROFIT SHARING PLAN                            | <b>c</b> | EIN-PN | 47-4478047-001 |
| <b>b</b> | Name of plan sponsor | MILKMAID GOODS   |          |        |                |
| <b>a</b> | Plan name            | TEXAS SAFFIRE, LLC 401(K) PLAN                                       | <b>c</b> | EIN-PN | 27-5482729-001 |
| <b>b</b> | Name of plan sponsor | TEXAS SAFFIRE, LLC   |          |        |                |
| <b>a</b> | Plan name            | WEST VALLEY ENDOCRINOLOGY 401(K) PROFIT SHARING PLAN                 | <b>c</b> | EIN-PN | 82-2123099-001 |
| <b>b</b> | Name of plan sponsor | WEST VALLEY ENDOCRINOLOGY, DIABETES AND METABOLISM CENTER            |          |        |                |
| <b>a</b> | Plan name            |  | <b>c</b> | EIN-PN |                |
| <b>b</b> | Name of plan sponsor |  |          |        |                |
| <b>a</b> | Plan name            |  | <b>c</b> | EIN-PN |                |
| <b>b</b> | Name of plan sponsor |  |          |        |                |
| <b>a</b> | Plan name            |  | <b>c</b> | EIN-PN |                |
| <b>b</b> | Name of plan sponsor |  |          |        |                |
| <b>a</b> | Plan name            |  | <b>c</b> | EIN-PN |                |
| <b>b</b> | Name of plan sponsor |  |          |        |                |

|  |  |   |
|--|--|---|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2024</b><br><br><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<br><b>T. ROWE PRICE INTERNATIONAL DISCOVERY RET OPT</b>                               | <b>B</b> Three-digit plan number (PN) ▶ <b>930</b>                 |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>TRANSAMERICA LIFE INSURANCE COMPANY</b> | <b>D</b> Employer Identification Number (EIN)<br><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.

| Assets  | (a) Beginning of Year | (b) End of Year |
|---|-----------------------|-----------------|
| <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>         | 5457633         |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>         | 5206455         |
| <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>    | 5457633               | 5206455         |
| <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>    | 1                     |                 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j)..... | <b>1k</b>    | 1                     |                 |
| <b>Net Assets</b>  |              |                       |                 |
| <b>l</b> Net assets (subtract line 1k from line 1f).....                 | <b>1l</b>    | 5457632               | 5206455         |

**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> | 132957     |           |
| <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> | 83564      |           |
| <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> |            | 83730     |
| <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>     |            | 300251    |

**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>    |  | 300251  |
| <b>l</b> Transfers of assets:   |              |  |         |
| (1) To this plan.....   | <b>2l(1)</b> |  | 1199546 |
| (2) From this plan .....  | <b>2l(2)</b> |  | 1750974 |

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