

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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 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
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1a Name of plan <u>WELLS FARGO SPECIAL SMALL CAP VALUE RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>945</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/08/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>WELLS FARGO SPECIAL SMALL CAP VALUE RET OPT</u>	B Three-digit plan number (PN)	<u>945</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BAKERY AGENCY 401(K) PLAN	
b	Name of plan sponsor BAKERY AGENCY LLC	c EIN-PN 27-4407040-001
a	Plan name KAYE SURETY 401(K) PLAN	
b	Name of plan sponsor KAYE ASSOCIATES LLC DBA KAYE SURETY	c EIN-PN 82-5453294-001
a	Plan name POLARIS WEALTH GROUP 401(K)	
b	Name of plan sponsor KEVIN LEE EHLERS DBA POLARIS WEALTH GROUP	c EIN-PN 45-0483308-001
a	Plan name THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name KRC, INC. RETIREMENT PLAN	
b	Name of plan sponsor KRC, INC.	c EIN-PN 38-2721514-001
a	Plan name PROVO LAND TITLE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROVO LAND TITLE COMPANY	c EIN-PN 87-0274324-001
a	Plan name BLUEGRASS COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor BLUEGRASS PRIMARY HEALTH CARE CENTER, INC. DBA BLUEGRASS COMMUNITY H	c EIN-PN 06-1798832-001
a	Plan name LATZEL DRILLING 401(K) PLAN	
b	Name of plan sponsor LATZEL DRILLING	c EIN-PN 75-2729004-001
a	Plan name TOBROCO MACHINERY LLC 401(K) PLAN	
b	Name of plan sponsor TOBROCO MACHINERY LLC	c EIN-PN 30-0949003-001
a	Plan name TURBONETICS ENGINEERING & SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TURBONETICS ENGINEERING & SERVICES, INC.	c EIN-PN 74-2999395-001
a	Plan name BURNETT TRUCKING, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor BURNETT TRUCKING, INC.	c EIN-PN 27-4114851-001
a	Plan name BW WATER AMERICAS 401(K) PLAN	
b	Name of plan sponsor BW WATER AMERICAS	c EIN-PN 03-0570656-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CAPITOL METRO FINANCIAL SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CAPITOL METRO FINANCIAL SERVICES, INC.	c EIN-PN 52-2069219-001
a	Plan name	VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001
a	Plan name	SAMUELS & SON SEAFOOD CO. UNION 401(K) PLAN	
b	Name of plan sponsor	SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540625-001
a	Plan name	SAMUELS & SON SEAFOOD COMPANY, INC.401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540626-001
a	Plan name	WESTAIR GASES & EQUIPMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WESTAIR GASES & EQUIPMENT, INC.	c EIN-PN 95-2673204-001
a	Plan name	CONNOR LEE & SHUMAKER PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONNOR LEE & SHUMAKER PLLC	c EIN-PN 82-3319604-001
a	Plan name	SILVER BIRCH LIVING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SILVER BIRCH SERVICES, LLC	c EIN-PN 82-3479583-001
a	Plan name	SILVERDALE PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SILVERDALE PLUMBING & HEATING, INC.	c EIN-PN 91-0970631-001
a	Plan name	CORSO VENTURES 401(K) PLAN	
b	Name of plan sponsor	CORSO VENTURES LLC	c EIN-PN 82-4268298-001
a	Plan name	DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor	DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001
a	Plan name	STONEHENGE ENERGY RESOURCES II, LP 401(K) PLAN	
b	Name of plan sponsor	STONEHENGE ENERGY RESOURCES II, LP	c EIN-PN 90-0841261-001
a	Plan name	P&C ENTERPRISES OF OHIO LLC 401(K) PLAN	
b	Name of plan sponsor	P&C ENTERPRISES OF OHIO, LLC	c EIN-PN 82-4358517-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ANDERSON AUTO SERVICE 401(K)PLAN	
b	Name of plan sponsor ANDERSON AUTO SERVICE	c EIN-PN 33-1130970-001
a	Plan name DEPENDABLE TUBE BENDING 401(K) PLAN	
b	Name of plan sponsor DEPENDABLE TUBE BENDING	c EIN-PN 20-4351581-001
a	Plan name DESIGN READY CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor DESIGN READY CONTROLS, INC.	c EIN-PN 41-1649617-001
a	Plan name IPA 401(K) PLAN	
b	Name of plan sponsor INTEGRITY PHARMACEUTICAL ADVISORS, LLC	c EIN-PN 45-3047652-001
a	Plan name RELEX SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor RELEX SOLUTIONS, INC.	c EIN-PN 30-0882152-001
a	Plan name UNDERCOVER TOURIST 401(K) PLAN	
b	Name of plan sponsor INSIDERGUIDE, LLC	c EIN-PN 59-3652314-001
a	Plan name C.C. BATTERY CO., INC. EMPLOYEE'S 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C.C. BATTERY CO., INC.	c EIN-PN 74-1871509-002
a	Plan name C.G. WITVOET & SONS CO. 401(K) PLAN	
b	Name of plan sponsor C.G. WITVOET & SONS CO.	c EIN-PN 38-2327603-002
a	Plan name C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE	c EIN-PN 45-4487309-001
a	Plan name MADDEN LAW GROUP, SC 401(K) PLAN	
b	Name of plan sponsor MADDEN LAW GROUP, SC	c EIN-PN 41-2280038-001
a	Plan name RIMROCK ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIMROCK ENERGY PARTNERS LLC	c EIN-PN 82-3731112-001
a	Plan name CARMEL ACADEMY 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CARMEL ACADEMY	c 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.)			
a	Plan name	SAVE ON EVERYTHING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAVE ON EVERYTHING, INC.	c EIN-PN 38-3294544-001
a	Plan name	WHITFIELD OIL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WHITFIELD OIL CO., INC.	c EIN-PN 58-1275819-002
a	Plan name	HAGER-RICHTER GEOSCIENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	HAGER-RICHTER GEOSCIENCE, INC.	c EIN-PN 02-0381614-001
a	Plan name	HALEIWA FAMILY DENTAL CENTER, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HALEIWA FAMILY DENTAL CENTER, LTD.	c EIN-PN 99-0322411-001
a	Plan name	HERZOG ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	HERZOG ROOFING, INC.	c EIN-PN 41-1380767-001
a	Plan name	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND 401(K) PLAN	
b	Name of plan sponsor	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND	c EIN-PN 01-0384674-001
a	Plan name	ACTON MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	ACTON MECHANICAL, INC.	c EIN-PN 45-0483488-001
a	Plan name	NORMSHIELD INC. 401(K) PLAN	
b	Name of plan sponsor	NORMSHIELD INC.	c EIN-PN 81-1561086-001
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor	AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001
a	Plan name	DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	c EIN-PN 22-3501151-001
a	Plan name	ATLANTIC GOLF AND TURF 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC GOLF AND TURF LLC	c EIN-PN 27-1400038-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	JHD CORPORATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	JHD CORPORATION, INC.	c EIN-PN 06-0856707-001
a	Plan name	PORT ELECTRONICS CORPORATION. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PORT ELECTRONICS CORPORATION	c EIN-PN 04-3009664-001
a	Plan name	EDUCE PROSPERITY PLAN	
b	Name of plan sponsor	EDUCE SALON	c EIN-PN 45-5491594-001
a	Plan name	EICHELBERGER FARMS, INC. 401(K) PLAN	
b	Name of plan sponsor	EICHELBERGER FARMS, INC.	c EIN-PN 39-1870144-001
a	Plan name	KEAR CIVIL CORPORATION & SPECTRA 401(K) PLAN	
b	Name of plan sponsor	KEAR CIVIL CORPORATION	c EIN-PN 20-8257122-001
a	Plan name	THE COLIBRI COLLECTIVE, LLC. 401(K) PLAN	
b	Name of plan sponsor	THE COLIBRI COLLECTIVE, LLC	c EIN-PN 82-1629463-001
a	Plan name	BJB ELECTRIC, LP 401(K) PLAN	
b	Name of plan sponsor	BJB ELECTRIC, LP	c EIN-PN 58-2438805-002
a	Plan name	LAKE POINTE WELLNESS CENTER 401K PLAN	
b	Name of plan sponsor	LAKE POINTE WELLNESS CENTER	c EIN-PN 83-3986869-001
a	Plan name	THOMAS J. BOWER, DMD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMAS J. BOWER, D.M.D.	c EIN-PN 04-3246232-001
a	Plan name	THOMAS S. LAYTON, D.D.S. P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	THOMAS LAYTON, D.D.S.	c EIN-PN 56-2145157-001
a	Plan name	LAWSON HUCK GONZALEZ, PLLC 401(K) PLAN	
b	Name of plan sponsor	LAWSON HUCK GONZALEZ, PLLC	c EIN-PN 92-1760240-001
a	Plan name	TODD STRATEGY 401(K) PLAN	
b	Name of plan sponsor	TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	c EIN-PN 46-5566087-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name TOLLEFSEN STEEL & FABRICATION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TOLLEFSEN STEEL & FABRICATION, INC.	c EIN-PN 46-2263667-001
a	Plan name LEE RIDDICK PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor LEE RIDDICK PLUMBING & HEATING INC.	c EIN-PN 46-4276258-001
a	Plan name MOMENTUM BUILDERS 401(K)	
b	Name of plan sponsor MOMENTUM BUILDERS	c EIN-PN 25-1413147-001
a	Plan name NETS NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor NETS NEW ENGLAND LLC	c EIN-PN 26-0743519-001
a	Plan name NEW DIMENSIONS FEDERAL CREDIT UNION PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NEW DIMENSIONS FEDERAL CREDIT UNION	c EIN-PN 01-0244585-001
a	Plan name ORM TECHNOLOGIES LLC 401(K) PLAN	
b	Name of plan sponsor ORM TECHNOLOGIES LLC	c EIN-PN 45-2809401-001
a	Plan name PPT FLORIDA 401(K) PLAN	
b	Name of plan sponsor PRODUCTION & PROCESS TECHNOLOGIES FLORIDA, INC.	c EIN-PN 59-3428824-002
a	Plan name S JACOBS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor S JACOBS DBA ANNE BARGE	c EIN-PN 46-5423797-001
a	Plan name S&S PACKAGING PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor S&S PACKAGING PRODUCTS, INC.	c EIN-PN 23-2940069-001
a	Plan name SIGNATURE LANDSCAPE L.L.C. 401(K) PLAN & TRUST	
b	Name of plan sponsor SIGNATURE LANDSCAPE L.L.C.	c EIN-PN 11-3652968-001
a	Plan name STEPPING STONES PEDIATRIC THERAPY 401(K) PLAN	
b	Name of plan sponsor STEPPING STONES PEDIATRIC THERAPY, PLLC	c EIN-PN 27-1777939-001
a	Plan name TEAM SAN JOSE 401(K) PLAN	
b	Name of plan sponsor TEAM SAN JOSE	c EIN-PN 20-0507663-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THUREN FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor THUREN FABRICATION, INC.	c EIN-PN 20-5081862-001
a	Plan name TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	c EIN-PN 56-1970120-001
a	Plan name VAN SANT ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor VAN SANT ENTERPRISES INC.	c EIN-PN 42-1464060-001
a	Plan name WILLIAMS INSTITUTIONAL FOODS 401(K) PLAN	
b	Name of plan sponsor WILLIAMS INSTITUTIONAL FOODS	c EIN-PN 58-1148285-001
a	Plan name ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name AUSTIN ENGINEERING CO., INC. 401(K) PLAN	
b	Name of plan sponsor AUSTIN ENGINEERING CO., INC.	c EIN-PN 74-2057958-001
a	Plan name AUTOELECTRIC OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor AUTOELECTRIC OF AMERICA, INC.	c EIN-PN 74-2964877-001
a	Plan name BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
b	Name of plan sponsor BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	c EIN-PN 06-0646935-002
a	Plan name CARMEX PRECISION TOOLS, LLC RETIREMENT PLAN	
b	Name of plan sponsor CARMEX PRECISION TOOLS, LLC	c EIN-PN 11-3730072-001
a	Plan name CARPE DIEM RECON RETIREMENT PLAN	
b	Name of plan sponsor CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	c EIN-PN 81-4451244-001
a	Plan name CORA CONSTRUCTORS, INC. RETIREMENT PLAN	
b	Name of plan sponsor CORA CONSTRUCTORS, INC.	c EIN-PN 20-2005772-001
a	Plan name DEMOSS ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor DEMOSS ELECTRIC, INC.	c EIN-PN 02-0677709-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EL PRADO STONE LP 401(K) PLAN	
b	Name of plan sponsor EL PRADO STONE LP	c EIN-PN 47-2747432-001
a	Plan name FG HOLDINGS COMPANY, LLC RETIREMENT PLAN	
b	Name of plan sponsor FG HOLDINGS, LLC	c EIN-PN 87-4171809-001
a	Plan name FIDDLEHEAD BREWING COMPANY 401(K) PLAN	
b	Name of plan sponsor FIDDLEHEAD BREWERY	c EIN-PN 27-3621652-001
a	Plan name FIELD FRESH FOODS 401(K) PLAN	
b	Name of plan sponsor FIELD FRESH FOODS	c EIN-PN 95-4489479-001
a	Plan name FIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	c EIN-PN 68-0625733-001
a	Plan name GAVRILOV LAW CORPORATION 401(K) PROFIT SHARING & TRUST	
b	Name of plan sponsor GAVRILOV LAW CORPORATION	c EIN-PN 27-0151979-001
a	Plan name GIBSON CUSTOM CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CAROLINAS REAL ESTATE OPTIONS & CONSTRUCTION, LLC DBA GIBSON CUSTOM	c EIN-PN 84-1663736-001
a	Plan name GIENAPP ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor GIENAPP ARCHITECTS, LLC	c EIN-PN 87-0759464-001
a	Plan name HILLCREST HOME, INC. 401(K) PLAN	
b	Name of plan sponsor HILLCREST HOME, INC.	c EIN-PN 42-0892136-001
a	Plan name HONOR CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor HONOR CONTRACTING LLC	c EIN-PN 81-4244688-001
a	Plan name J.E. JOHNSON, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor J.E. JOHNSON CONTRACTING, INC.	c EIN-PN 38-2247698-001
a	Plan name KENNIE'S MARKETS, INC. 401(K) PLAN	
b	Name of plan sponsor KENNIE'S MARKETS, INC.	c EIN-PN 23-1579478-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LANEY LA, INC. 401(K) PLAN	
b	Name of plan sponsor	LANEY LA, INC.	c EIN-PN 46-5334241-001
a	Plan name	AIR COMPRESSOR SOLUTIONS, INC. EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	AIR COMPRESSOR SOLUTIONS, INC.	c EIN-PN 27-0017675-001
a	Plan name	AJ PETERSEN HOMES, LLC 401(K) PLAN	
b	Name of plan sponsor	AJ PETERSEN HOMES, LLC	c EIN-PN 81-0872583-001
a	Plan name	AQUA POWER, INC. 401(K) PLAN	
b	Name of plan sponsor	AQUA POWER	c EIN-PN 61-1592855-001
a	Plan name	ARCHAMBAULT CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHAMBAULT CONSTRUCTION, INC.	c EIN-PN 04-3574452-001
a	Plan name	BRET STEEL CORP 401(K) PLAN	
b	Name of plan sponsor	BRET STEEL CORP	c EIN-PN 02-0493597-001
a	Plan name	BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
b	Name of plan sponsor	BREVARD MEDICAL DERMATOLOGY	c EIN-PN 36-4796769-001
a	Plan name	CASUALTY ACTUARIAL CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASUALTY ACTUARIAL CONSULTANTS, INC.	c EIN-PN 62-1591851-001
a	Plan name	COMMERCE DISTRIBUTION CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	COMMERCE DISTRIBUTION CENTER, INC.	c EIN-PN 38-2684078-001
a	Plan name	FIRETROL, INC. 401(K)	
b	Name of plan sponsor	FIRETROL, INC.	c EIN-PN 61-1931408-001
a	Plan name	GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
b	Name of plan sponsor	GLOBAL RESOURCE ENGINEERING, LTD.	c EIN-PN 61-1843495-001
a	Plan name	LIBERTY UCC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LIBERTY UCC MANAGEMENT, LLC	c EIN-PN 81-3126287-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NORTHGATE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHGATE	c EIN-PN 38-2503040-001
a	Plan name	ROBERT GUEN, DMD & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	ROBERT GUEN, DMD & ASSOCIATES, LLC	c EIN-PN 80-0522647-002
a	Plan name	THE INCEPTION COMPANY LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE INCEPTION COMPANY LLC	c EIN-PN 20-1885148-001
a	Plan name	TRADITION GOLF CLUB 401(K) PLAN	
b	Name of plan sponsor	TRADITION GOLF CLUB	c EIN-PN 26-1808354-001
a	Plan name	HAWAII FOODBANK, INC. 401K PLAN	
b	Name of plan sponsor	HAWAII FOODBANK, INC.	c EIN-PN 99-0220699-001
a	Plan name	HAYDON HOLDINGS, LLC AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor	HAYDON HOLDINGS, LLC	c EIN-PN 06-1662614-001
a	Plan name	JADT FOOD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	JADT FOOD GROUP, LLC	c EIN-PN 41-1891521-001
a	Plan name	JAINDL PROPERTIES LLC RETIREMENT PLAN	
b	Name of plan sponsor	JAINDL PROPERTIES LLC	c EIN-PN 20-1690137-001
a	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name	PATTERNED CONCRETE OF CINCINNATI 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PATTERNED CONCRETE OF CINCINNATI	c EIN-PN 31-1405081-001
a	Plan name	PRESERVATION WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	PRESERVATION WEALTH MANAGEMENT OF LOUISIANA, LLC	c EIN-PN 82-4898568-001
a	Plan name	ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor	ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SOMEWHERE OVER THE SPECTRUM 401(K) PLAN	
b	Name of plan sponsor	SOMEWHERE OVER THE SPECTRUM LLC	c EIN-PN 86-2547628-001
a	Plan name	SONNEN, INC. 401(K) PLAN	
b	Name of plan sponsor	SONNEN, INC.	c EIN-PN 47-3043045-001
a	Plan name	SONSHINE FAMILY TELEVISION CORP 401(K) PLAN	
b	Name of plan sponsor	SONSHINE FAMILY TELEVISION CORP	c EIN-PN 22-2672541-001
a	Plan name	SYMETRICA 401(K) PLAN	
b	Name of plan sponsor	SYMETRICA, INC.	c EIN-PN 20-4144926-001
a	Plan name	SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SYNDEX CORPORATION	c EIN-PN 74-1750316-001
a	Plan name	ARCHIVIST CAPITAL MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHIVIST CAPITAL MANAGEMENT LLC	c EIN-PN 81-4554277-001
a	Plan name	DORSETT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	DORSETT'S AUTO SALES, INC.	c EIN-PN 35-1269099-001
a	Plan name	FIRST AMERICAN EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FIRST AMERICAN PROPERTIES, LLC	c EIN-PN 36-4536252-001
a	Plan name	MYELOYDYSPLASTIC SYNDROMES FOUNDATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MYELOYDYSPLASTIC SYNDROMES FOUNDATION	c EIN-PN 22-3283911-001
a	Plan name	PAUL NAFTALI, O.D., P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	PAUL NAFTALI, O.D., P.A.	c EIN-PN 22-3361281-001
a	Plan name	PRINCIPLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	PRINCIPLE SERVICES, LLC	c EIN-PN 83-3051083-001
a	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	c EIN-PN 76-0117689-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name T J & M SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor T J & M SERVICES, INC.	c EIN-PN 26-3380349-001
a	Plan name ACADEMY MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor ACADEMY MANAGEMENT COMPANY	c EIN-PN 45-2344235-001
a	Plan name ARTHURS AND COMPANY CPA, LLC 401(K) PLAN	
b	Name of plan sponsor ARTHURS AND COMPANY CPA, LLC	c EIN-PN 47-2006900-001
a	Plan name CHANDLER'S PARTS & SERVICE 401(K) PLAN	
b	Name of plan sponsor CHANDLER'S PARTS & SERVICE	c EIN-PN 72-0840036-001
a	Plan name COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name D A INTERNATIONAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor D A INTERNATIONAL GROUP	c EIN-PN 85-2607348-001
a	Plan name DR DASHBOARD 401K PLAN	
b	Name of plan sponsor C-MOORE ENTERTAINMENT, INC. DBA DR DASHBOARD	c EIN-PN 35-1963002-001
a	Plan name ENERGY SERVICES OF COLORADO, INC. 401(K) PLAN	
b	Name of plan sponsor ENERGY SERVICES OF COLORADO, INC.	c EIN-PN 68-0577024-001
a	Plan name FIVE POINTS PLAN	
b	Name of plan sponsor CHARLES RAMON, LLC DBA LA ESTRELLA HOME CARE	c EIN-PN 74-2993731-001
a	Plan name LIVA EYE CENTER 401(K) PLAN	
b	Name of plan sponsor LIVA EYE CENTER, LLC	c EIN-PN 20-0466607-002
a	Plan name AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name CIPM RETIREMENT PLAN	
b	Name of plan sponsor CUSTOM INTERVENTIONAL PAIN MANAGEMENT, LLC	c EIN-PN 27-2527059-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DALHART ABSTRACT COMPANY, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DALHART ABSTRACT COMPANY, LP	c EIN-PN 75-2814512-002
a	Plan name	DALLESPORT FOUNDRY RETIREMENT PLAN	
b	Name of plan sponsor	DALLESPORT FOUNDRY, LLC	c EIN-PN 91-1878495-001
a	Plan name	FLUX POWER, INC. 401(K) PLAN	
b	Name of plan sponsor	FLUX POWER, INC.	c EIN-PN 27-1142066-001
a	Plan name	OBJECTIVE GROUP OF COMPANIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	OBJECTIVE GROUP OF COMPANIES	c EIN-PN 81-0806963-333
a	Plan name	SAARMAN CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAARMAN CONSTRUCTION, LTD.	c EIN-PN 94-2929210-001
a	Plan name	SOUTHERN PACKAGING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SOUTHERN PACKAGING LLC	c EIN-PN 72-1233979-001
a	Plan name	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C.	c EIN-PN 87-0545902-001
a	Plan name	WEATHER TIGHT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	WEATHER TIGHT CORPORATION	c EIN-PN 39-1647457-001
a	Plan name	B&J'S PIZZA 401(K) PLAN	
b	Name of plan sponsor	JAKC INC. DBA B&J'S PIZZA	c EIN-PN 74-2468849-001
a	Plan name	GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001
a	Plan name	MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, P.S.C. 401(K) PLAN	
b	Name of plan sponsor	MIDWEST EAR, NOSE & THROAT, HEAD & NECK SURGERY OF OWENSBORO, PSC	c EIN-PN 20-4753970-001
a	Plan name	MILK SOURCE COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	MILK SOURCE, LLC	c EIN-PN 39-1954636-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan WELLS FARGO SPECIAL SMALL CAP VALUE RET OPT	B Three-digit plan number (PN) ▶ 945
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	15052869	13307789
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	15052869	13307789
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	15052869	13307789

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	176638	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	-293598	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1074439
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		957479

Expenses

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

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		957479
l Transfers of assets:			
(1) To this plan	2l(1)		1946239
(2) From this plan	2l(2)		4648798

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.