

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: GOLDMAN SACHS MID-CAP OPPORTUNITIES RET ACCT
1b Three-digit plan number (PN): 446
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

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

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

<b>A</b> Name of plan <u>GOLDMAN SACHS MID-CAP OPPORTUNITIES RET ACCT</u>	<b>B</b> Three-digit plan number (PN)	<u>446</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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 GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY LLC	<b>c</b> EIN-PN 45-2581371-001
<b>a</b>	Plan name ROCKY MOUNTAIN BUSINESS SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROCKY MOUNTAIN BUSINESS SYSTEMS, INC.	<b>c</b> EIN-PN 85-0330110-002
<b>a</b>	Plan name FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FACILITIES ENGINEERING ASSOCIATES, PC	<b>c</b> EIN-PN 26-1542141-001
<b>a</b>	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE CONGRESS LAKE COMPANY	<b>c</b> EIN-PN 34-0160950-001
<b>a</b>	Plan name MONARCH SALES 401(K) PLAN	
<b>b</b>	Name of plan sponsor MONARCH SALES, LTD., INC.	<b>c</b> EIN-PN 65-0011355-001
<b>a</b>	Plan name RETIRE READY 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RETIRE READY	<b>c</b> EIN-PN 20-1826963-333
<b>a</b>	Plan name ANDERSON MULHOLLAND & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANDERSON MULHOLLAND & ASSOCIATES, INC.	<b>c</b> EIN-PN 13-3508264-001
<b>a</b>	Plan name 365 HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor 365 HEALTHCARE STAFFING SERVICES, INC.	<b>c</b> EIN-PN 27-1213953-001
<b>a</b>	Plan name AOMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor A-O-M-S PLLC	<b>c</b> EIN-PN 81-4839752-001
<b>a</b>	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AOW CONSTRUCTION LLC	<b>c</b> EIN-PN 83-2875089-001
<b>a</b>	Plan name EASYCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCGRAYEL COMPANY INC.	<b>c</b> EIN-PN 77-0380138-001
<b>a</b>	Plan name ECHO INDUSTRIAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ECHO INDUSTRIAL, INC.	<b>c</b> EIN-PN 73-1686642-001

<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	JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH J. SCHIFINI MD, LTD	<b>c</b> EIN-PN 88-0424633-001
<b>a</b>	Plan name	MORTENSEN FUNERAL HOME, INC. EMPLOYEE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MORTENSEN FUNERAL HOME, INC.	<b>c</b> EIN-PN 38-2420931-002
<b>a</b>	Plan name	SENDROFF & BARUCH, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SENDROFF & BARUCH, LLP	<b>c</b> EIN-PN 20-5934154-001
<b>a</b>	Plan name	SEWON AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SEWON AMERICA, INC.	<b>c</b> EIN-PN 26-1971648-001
<b>a</b>	Plan name	THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THUNDERBIRD SUPPLY COMPANY	<b>c</b> EIN-PN 85-0227746-002
<b>a</b>	Plan name	XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	XL SCREW CORPORATION	<b>c</b> EIN-PN 36-4426811-001
<b>a</b>	Plan name	401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
<b>b</b>	Name of plan sponsor	C12 CAPITAL MANAGEMENT US LP	<b>c</b> EIN-PN 27-0582841-001
<b>a</b>	Plan name	MRK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MESISCA, RILEY, & KREITENBERG, LLP	<b>c</b> EIN-PN 14-1837873-001
<b>a</b>	Plan name	AIR SYSTEMS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIR SYSTEMS LLC	<b>c</b> EIN-PN 61-1497192-001
<b>a</b>	Plan name	ASSOCIATIONS OF TEXAS MEP	
<b>b</b>	Name of plan sponsor	OMNIFY RETIREMENT LLC	<b>c</b> EIN-PN 74-1018556-002
<b>a</b>	Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE	<b>c</b> EIN-PN 13-4021585-001
<b>a</b>	Plan name	BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	BUCKLES-SMITH ELECTRIC COMPANY	<b>c</b> EIN-PN 94-1460248-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name CLEAR CREEK ENDODONTICS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor CLEAR CREEK ENDODONTICS, LLC	<b>c</b> EIN-PN 06-1834691-001
<b>a</b>	Plan name SHULMAN & MILLER PEDIATRIC DENTISTRY & ORTHODONTICS, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SHULMAN & MILLER PEDIATRIC DENTISTRY & ORTHODONTICS, PC	<b>c</b> EIN-PN 11-3555475-001
<b>a</b>	Plan name SILC-NAKFOOR RETIREMENT PLAN & TRUST	
<b>b</b>	Name of plan sponsor JENNIFER T. SILC DDS MS, LTD.	<b>c</b> EIN-PN 85-1209970-001
<b>a</b>	Plan name CORD CONTRACTING CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CORD CONTRACTING CO., INC.	<b>c</b> EIN-PN 11-3194814-003
<b>a</b>	Plan name ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	<b>c</b> EIN-PN 38-1859612-777
<b>a</b>	Plan name ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ST. JOSEPH HOLDINGS, LLC	<b>c</b> EIN-PN 80-0109664-001
<b>a</b>	Plan name STEPHEN PERLITSH, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STEPHEN M. PERLITSH, P.C.	<b>c</b> EIN-PN 13-3805593-001
<b>a</b>	Plan name EDISON MEDIA RESEARCH, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor EDISON MEDIA RESEARCH, INC.	<b>c</b> EIN-PN 22-3305873-001
<b>a</b>	Plan name ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ELECTECH HAWAII, INC.	<b>c</b> EIN-PN 99-0229338-001
<b>a</b>	Plan name TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TRINITY MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 06-1799100-001
<b>a</b>	Plan name TRIUMPH HOSPITALITY GROUP PLAN	
<b>b</b>	Name of plan sponsor TRIUMPH HOSPITALITY GROUP, LLC	<b>c</b> EIN-PN 13-4201198-001
<b>a</b>	Plan name VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 94-2461685-003

<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	VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINERIPE SALES, LLC	<b>c</b> EIN-PN 46-2080161-001
<b>a</b>	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FALCON TRADING COMPANY, INC.	<b>c</b> EIN-PN 94-2863170-001
<b>a</b>	Plan name	GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL SURVEILLANCE ASSOCIATES	<b>c</b> EIN-PN 88-0230434-001
<b>a</b>	Plan name	KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KELLIHER/SAMETS, LTD.	<b>c</b> EIN-PN 03-0270393-001
<b>a</b>	Plan name	KIDS IN MOTION PHYSICAL THERAPY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KIDS IN MOTION PEDIATRIC THERAPY	<b>c</b> EIN-PN 20-2836967-001
<b>a</b>	Plan name	KIMBERLITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KIMBERLITE CORPORATION	<b>c</b> EIN-PN 77-0444505-001
<b>a</b>	Plan name	GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GROUP MANAGEMENT SERVICES, INC.	<b>c</b> EIN-PN 34-1707723-001
<b>a</b>	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.	<b>c</b> EIN-PN 46-0987944-001
<b>a</b>	Plan name	KINNEY MANAGEMENT SERVICES, LLC 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KINNEY MANAGEMENT SERVICES, LLC	<b>c</b> EIN-PN 56-2620013-002
<b>a</b>	Plan name	KISTLER VINEYARDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KISTLER VINEYARDS L.L.C.	<b>c</b> EIN-PN 26-1679456-001
<b>a</b>	Plan name	LIFARS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LIFARS LLC	<b>c</b> EIN-PN 46-0875969-001
<b>a</b>	Plan name	ACADIA HR MEP	
<b>b</b>	Name of plan sponsor	HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	<b>c</b> EIN-PN 14-1725479-001

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 N.I.T. INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NETWORK INFRASTRUCTURE TECHNOLOGIES, INC.	<b>c</b> EIN-PN 06-1649373-001
<b>a</b>	Plan name NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NASSAU SHORES AUTOMOTIVE INC.	<b>c</b> EIN-PN 11-3146542-001
<b>a</b>	Plan name ALPHARETTA CONVENTION & VISITORS BUREAU 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALPHARETTA CONVENTION & VISITORS BUREAU	<b>c</b> EIN-PN 58-2418260-001
<b>a</b>	Plan name NOEL'S INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NOEL'S, INC.	<b>c</b> EIN-PN 85-0206170-001
<b>a</b>	Plan name AVAILABILITY PROFESSIONAL STAFFING, LLC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AVAILABILITY PROFESSIONAL STAFFING, LLC	<b>c</b> EIN-PN 77-0266989-001
<b>a</b>	Plan name AVATARLABS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AVATARLABS, INC.	<b>c</b> EIN-PN 91-2169053-001
<b>a</b>	Plan name ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC.	<b>c</b> EIN-PN 27-2479460-001
<b>a</b>	Plan name RPM ENGINEERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RPM ENGINEERS, INC.	<b>c</b> EIN-PN 33-0725779-001
<b>a</b>	Plan name SAINT COLMAN'S HOME, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAINT COLMAN'S HOME, INC.	<b>c</b> EIN-PN 14-1338501-001
<b>a</b>	Plan name C & M GIANT TIRE, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor C & M GIANT TIRE, LLC	<b>c</b> EIN-PN 61-1372158-001
<b>a</b>	Plan name C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor C & S DRAPERIES, INC.	<b>c</b> EIN-PN 77-0072946-001
<b>a</b>	Plan name SOFM 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTH OAKS FAMILY MEDICINE, P.A.	<b>c</b> EIN-PN 74-2978615-001

<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	ENGLANDER CONTAINER CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENGLANDER CONTAINER CORPORATION	<b>c</b> EIN-PN 74-1588088-002
<b>a</b>	Plan name	EO TECHNICAL SOLUTIONS RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	EO TECHNICAL SOLUTIONS LLC	<b>c</b> EIN-PN 80-0517205-001
<b>a</b>	Plan name	W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	W. BRUCE CLARK, M.D., P.C.	<b>c</b> EIN-PN 14-1659231-002
<b>a</b>	Plan name	FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FIGLIOZZI & COMPANY, PC	<b>c</b> EIN-PN 11-2924109-001
<b>a</b>	Plan name	AGS SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AGS SERVICES, LLC	<b>c</b> EIN-PN 83-2603713-001
<b>a</b>	Plan name	AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	AMERICAN FEDERATION OF MUSICIANS	<b>c</b> EIN-PN 22-1476432-001
<b>a</b>	Plan name	BADDERS LAW FIRM, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BADDERS LAW FIRM, P.C.	<b>c</b> EIN-PN 38-3685440-001
<b>a</b>	Plan name	CANTON CENTER CHIROPRACTIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CANTON CENTER CHIROPRACTIC CLINIC	<b>c</b> EIN-PN 40-0016691-001
<b>a</b>	Plan name	CATSKILL MOUNTAINKEEPER INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CATSKILL MOUNTAIN KEEPER INC.	<b>c</b> EIN-PN 51-0583769-001
<b>a</b>	Plan name	CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CONSENSUS INC.	<b>c</b> EIN-PN 95-4236230-001
<b>a</b>	Plan name	DAVIS & PLOMIN, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DAVIS & PLOMIN MECHANICAL, INC.	<b>c</b> EIN-PN 61-1153242-777
<b>a</b>	Plan name	FLOORING ENVIRONMENT, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FLOORING ENVIRONMENT, INC.	<b>c</b> EIN-PN 20-1919012-001

<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	HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HALVORSEN DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 65-0445337-001
<b>a</b>	Plan name	ITN 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ITN	<b>c</b> EIN-PN 55-2247649-001
<b>a</b>	Plan name	LAKHANI & JORDAN PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKHANI & JORDAN ENGINEERS, P.C.	<b>c</b> EIN-PN 13-3695218-003
<b>a</b>	Plan name	LUMUS CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LUMUS CONSTRUCTION, INC.	<b>c</b> EIN-PN 04-3413392-001
<b>a</b>	Plan name	NETCOM INFORMATION TECHNOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NETCOM INFORMATION TECHNOLOGY, INC.	<b>c</b> EIN-PN 11-3464998-001
<b>a</b>	Plan name	NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW ENGLAND WOODCRAFT, INC.	<b>c</b> EIN-PN 03-0265306-001
<b>a</b>	Plan name	OLAN LAW CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OLAN LAW CORP.	<b>c</b> EIN-PN 95-4690783-001
<b>a</b>	Plan name	ORTHO SPINE ADVANCE HEALTH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ORTHO SPINE ADVANCE HEALTH, INC.	<b>c</b> EIN-PN 46-1326710-001
<b>a</b>	Plan name	PORT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE PORT GROUP	<b>c</b> EIN-PN 11-2145400-001
<b>a</b>	Plan name	SC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUNLED COMPANY, LLC.	<b>c</b> EIN-PN 46-0992147-001
<b>a</b>	Plan name	SOURCEPOINTEHR, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOURCEPOINTEHR, LLC	<b>c</b> EIN-PN 26-3800519-001
<b>a</b>	Plan name	TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TARBELL MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 27-3567818-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name UPLAND INDUSTRIES NORTH, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor UPLAND INDUSTRIES NORTH, LLC	<b>c</b> EIN-PN 46-4479880-001
<b>a</b>	Plan name URSULINE SUPPORT SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor URSULINE SUPPORT SERVICES	<b>c</b> EIN-PN 25-1401610-001
<b>a</b>	Plan name ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANAN FAIDI MD, INC.	<b>c</b> EIN-PN 68-0285302-001
<b>a</b>	Plan name ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANDERSON, JULIAN & HULL, LLP	<b>c</b> EIN-PN 82-0504369-001
<b>a</b>	Plan name CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CENTRAL VALLEY CONCRETE, INC.	<b>c</b> EIN-PN 94-2744760-002
<b>a</b>	Plan name DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DIPONIO CONTRACTING, INC.	<b>c</b> EIN-PN 20-8039399-001
<b>a</b>	Plan name FRIEDMAN RESEARCH CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor FRIEDMAN RESEARCH CORPORATION	<b>c</b> EIN-PN 77-0514000-002
<b>a</b>	Plan name THE ECRM CO. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	<b>c</b> EIN-PN 34-1752681-001
<b>a</b>	Plan name WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLE ELECTRIC SUPPLY CO., INC.	<b>c</b> EIN-PN 94-1433043-001
<b>a</b>	Plan name HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	<b>c</b> EIN-PN 99-0143112-001
<b>a</b>	Plan name TEXO MEMBERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor TEXO ABC/AGC, INC.	<b>c</b> EIN-PN 32-0274111-002
<b>a</b>	Plan name PS 260, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PS 260, INC.	<b>c</b> EIN-PN 13-3413729-777

<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	PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	PURPLE ONION	<b>c</b> EIN-PN 39-1649217-001
<b>a</b>	Plan name	QUALITY PAYROLL & BENEFITS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUALITY PAYROLL & BENEFITS	<b>c</b> EIN-PN 35-2175330-001
<b>a</b>	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RED RIVER MANAGEMENT	<b>c</b> EIN-PN 30-0220873-001
<b>a</b>	Plan name	BILL'S BOOKKEEPING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BILL'S BOOKKEEPING SERVICES, LLC	<b>c</b> EIN-PN 27-0420780-001
<b>a</b>	Plan name	BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BK MILL & FIXTURES	<b>c</b> EIN-PN 94-2366234-001
<b>a</b>	Plan name	DUKE MANUFACTURING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LS INVESTMENT GROUP LLC DBA DUKE MANUFACTURING	<b>c</b> EIN-PN 20-5110012-002
<b>a</b>	Plan name	HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HIGH TECHNOLOGY VIDEO, INC.	<b>c</b> EIN-PN 95-4518898-001
<b>a</b>	Plan name	HOFFMAN FORDLAND 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOFFMAN FORD SALES, INC.	<b>c</b> EIN-PN 23-1477451-003
<b>a</b>	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	<b>c</b> EIN-PN 94-2971321-002
<b>a</b>	Plan name	MHI 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	MHI	<b>c</b> EIN-PN 95-4336411-001
<b>a</b>	Plan name	EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EAST COAST TILE IMPORTS, INC	<b>c</b> EIN-PN 04-2730786-001
<b>a</b>	Plan name	MILLENNIUM TECHNOLOGIES, LLC RETIREMENT READINESS PLAN	
<b>b</b>	Name of plan sponsor	MILLENNIUM TECHNOLOGIES, LLC	<b>c</b> EIN-PN 39-1895415-001

**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	RETIRE READY 401(K) & PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	RETIRE READY	<b>c</b> EIN-PN 20-1826963-333

<b>a</b> Plan name	THE VANDERVORT GROUP, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	THE VANDERVORT GROUP, LLC	<b>c</b> EIN-PN 14-1800633-001

<b>a</b> Plan name	THOMAS LAVIN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	THOMAS LAVIN, INC.	<b>c</b> EIN-PN 95-4789663-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>► File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>GOLDMAN SACHS MID-CAP OPPORTUNITIES RET ACCT</b>	<b>B</b> Three-digit plan number (PN) <b>▶</b> <b>446</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	<b>7923869</b>
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	<b>8713130</b>
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	7923869	8713130
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	7923869	8713130

**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
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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)		
(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)	1643253	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1643253

**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>		1643253
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		1545447
(2) From this plan .....	<b>2l(2)</b>		2399439

**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.)

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 \_\_\_\_\_.