

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: PGIM TOTAL RETURN BOND RET ACCT
1b Three-digit plan number (PN): 016
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): 83-1098532
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

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>PGIM TOTAL RETURN BOND RET ACCT</u>	B Three-digit plan number (PN)	<u>016</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>83-1098532</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)
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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)

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d Entity code

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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.)		
a	Plan name ARCHER SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor ARCHER SYSTEMS, LLC	c EIN-PN 82-2145883-001
a	Plan name BUTTONWILLOW WAREHOUSE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTTONWILLOW WAREHOUSE COMPANY, INC.	c EIN-PN 95-1582925-001
a	Plan name GLENWOOD ELECTRIC 401(K) PLAN	
b	Name of plan sponsor GLENWOOD ELECTRIC	c EIN-PN 31-0913270-001
a	Plan name GLOBAL ASR CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL ASR CONSULTING	c EIN-PN 81-4948693-001
a	Plan name GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor GLOBAL SURVEILLANCE ASSOCIATES	c EIN-PN 88-0230434-001
a	Plan name INTELLIZANT, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INTELLIZANT, LLC	c EIN-PN 26-0672456-002
a	Plan name LOCAL 360 401(K) AND SEVERANCE PLAN	
b	Name of plan sponsor LOCAL 360	c EIN-PN 22-2450938-009
a	Plan name LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001
a	Plan name NEHAL CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEHAL CONTRACTING, INC.	c EIN-PN 58-2587356-001
a	Plan name ROMAK IRON WORKS PROFIT SHARING PLAN	
b	Name of plan sponsor ROMAK IRON WORKS	c EIN-PN 94-1333435-001
a	Plan name UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name A&J VINEYARD SUPPLY INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor A&J VINEYARD SUPPLY INC.	c EIN-PN 26-1669835-001

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	ASBESTOS INSTANT RESPONSE INC 401(K) PLAN	
b	Name of plan sponsor	ASBESTOS INSTANT RESPONSE, INC.	c EIN-PN 95-4824758-001
a	Plan name	ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
b	Name of plan sponsor	ASSISTED HOME RECOVERY, INC.	c EIN-PN 95-4242428-001
a	Plan name	ASSOCIATED BUILDERS AND CONTRACTORS, INC. UTAH CHAPTER MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS, INC. - UTAH CHAPTER	c EIN-PN 87-0343604-333
a	Plan name	C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name	DALY & ASSOCIATES, LLC 401K PS PLAN	
b	Name of plan sponsor	DALY & ASSOCIATES, LLC.	c EIN-PN 27-3461170-003
a	Plan name	EVOLVE TREATMENT CENTERS 401(K) PLAN	
b	Name of plan sponsor	EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	c EIN-PN 46-5716785-003
a	Plan name	EXCEL CABINETS, INC. 401(K) PLAN	
b	Name of plan sponsor	EXCEL CABINETS, INC.	c EIN-PN 33-0521926-001
a	Plan name	F.G .SCHAEFER COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	F.G. SCHAEFER COMPANY, INC.	c EIN-PN 31-0749184-001
a	Plan name	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor	GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
a	Plan name	IR-G 401(K) RETIREMENT READINESS PLAN	
b	Name of plan sponsor	D & M INDUSTRIES, INC.	c EIN-PN 62-1393238-001
a	Plan name	ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001

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 LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LYMAN LAW FIRM	c EIN-PN 46-5291861-001
a	Plan name NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEVADA ORTHOPEDIC & SPINE CENTER, LLC	c EIN-PN 88-0313907-001
a	Plan name PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PILGRIM CHRISTAKIS LLP	c EIN-PN 26-3175990-001
a	Plan name PIPELINE SYSTEM HOLDINGS, LLC	
b	Name of plan sponsor PIPELINE HEALTH SYSTEM, LLC	c EIN-PN 82-3626084-001
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SACATE PELLET MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name SAN DIEGO THEATRES, INC. 401(K) PLAN	
b	Name of plan sponsor SAN DIEGO THEATRES, INC.	c EIN-PN 14-1886373-001
a	Plan name THE BERRY MAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE BERRY MAN, INC.	c EIN-PN 77-0341777-001
a	Plan name THE BOYLAND GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor BOYLAND AUTO ORLANDO, LLC	c EIN-PN 05-0546979-001
a	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
b	Name of plan sponsor WMOG, INC.	c EIN-PN 34-1133357-003
a	Plan name ACCURATE INGREDIENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor ACCURATE INGREDIENTS, INC.	c EIN-PN 11-2571863-001

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	ACE RETAIL SAVINGS PLAN	
b	Name of plan sponsor	ACE HARDWARE	c EIN-PN 36-0700810-001
a	Plan name	J. MILANO CO., INC. 401(K) PLAN	
b	Name of plan sponsor	J. MILANO CO., INC.	c EIN-PN 94-1653879-001
a	Plan name	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	c EIN-PN 26-2257289-001
a	Plan name	KAHUA 401(K) PLAN	
b	Name of plan sponsor	KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name	W.L. MARKERS, INC. 401(K) PLAN	
b	Name of plan sponsor	W.L. MARKERS, INC.	c EIN-PN 31-1657131-001
a	Plan name	W.M. GRACE CONSTRUCTION, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	W.M. GRACE CONSTRUCTION, INC.	c EIN-PN 43-0894463-002
a	Plan name	WALDEN MACHT & HARAN LLP 401(K) PLAN	
b	Name of plan sponsor	WALDEN MACHT & HARAN LLP	c EIN-PN 47-2572262-001
a	Plan name	ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor	C & G HEALTH SOLUTIONS DBA ASTI'S SOUTH HILLS PHARMACY	c EIN-PN 45-5632914-001
a	Plan name	ATHERTON & ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor	ATHERTON & ASSOCIATES LLP	c EIN-PN 94-1239084-001
a	Plan name	NEXT RETIREMENT PLAN - EMERGING MARKET	
b	Name of plan sponsor	NEXT RETIREMENT PLAN - EMERGING	c EIN-PN 26-2480211-001
a	Plan name	NEXT RETIREMENT PLAN - ENTERPRISE	
b	Name of plan sponsor	NEXT RETIREMENT PLAN - ENTERPRISE	c EIN-PN 26-2480212-001
a	Plan name	CHARTER SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHARTER SCHOOL 401(K) RETIREMENT PLAN	c EIN-PN 31-1819379-777

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 DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001
a	Plan name DON ENGA INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor DON ENGA INSURANCE AGENCY, INC.	c EIN-PN 82-3476569-001
a	Plan name SAN MARINO PEDIATRIC ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAN MARINO PEDIATRIC ASSOCIATES	c EIN-PN 80-0949721-001
a	Plan name SANDERS CANDY FACTORY, INC. 401(K) PLAN	
b	Name of plan sponsor SANDERS CANDY FACTORY, INC.	c EIN-PN 95-4248513-001
a	Plan name SAUNA360 INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SAUNA360 INC.	c EIN-PN 41-1502759-001
a	Plan name FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name AVAMAR GASTROENTEROLOGY, INC. 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor AVAMAR GASTROENTEROLOGY, INC.	c EIN-PN 34-1740051-001
a	Plan name AVJET GLOBAL SALES, LLC 401(K) PLAN	
b	Name of plan sponsor AVJET GLOBAL SALES, LLC	c EIN-PN 81-1570783-001
a	Plan name MARSHALL RADIO TELEMTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARSHALL RADIO TELEMTRY INC.	c EIN-PN 84-1377195-001
a	Plan name MASSUMI + CONSOLI LLP 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-001
a	Plan name MASSUMI + CONSOLI LLP EQUITY PARTNERS RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-002
a	Plan name NOBLE CARE 401(K) PLAN	
b	Name of plan sponsor NOBLE CARE CONSULTING 401(K) PLAN	c EIN-PN 85-4378033-001

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	ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORCHESTRA MANAGEMENT SOLUTIONS	c EIN-PN 22-3737010-001
a	Plan name	P & I 401(K) AND PENSION PLAN	
b	Name of plan sponsor	PERLITER & INGALSBE	c EIN-PN 95-2124423-003
a	Plan name	CIVIC CENTER PHARMACY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CIVIC CENTER PHARMACY	c EIN-PN 86-0824256-001
a	Plan name	PRINT AND GRAPHICS RETIREMENT PLAN	
b	Name of plan sponsor	PRINTING INDUSTRIES ALLIANCE	c EIN-PN 16-1037029-001
a	Plan name	DESIGN CONTINUUM, INC. 401(K) PLAN	
b	Name of plan sponsor	DESIGN CONTINUUM INC.	c EIN-PN 58-1100379-001
a	Plan name	SERVPRO OF WINOOSKI/STOWE 401(K) PLAN	
b	Name of plan sponsor	JJL-9572INC. DBA SERVPRO OF WINOOSKI/STOWE	c EIN-PN 26-1573431-001
a	Plan name	SGCP MANAGEMENT CO., LLC 401(K) PLAN	
b	Name of plan sponsor	SGCP MANAGEMENT CO., LLC	c EIN-PN 82-4752245-001
a	Plan name	FBA RETIREMENT PLAN	
b	Name of plan sponsor	AUSTIN 3(16) FIDUCIARY LIMITED	c EIN-PN 46-2981114-001
a	Plan name	FOUST FOUNDATIONS 401(K) PLAN	
b	Name of plan sponsor	FOUST FOUNDATIONS, INC.	c EIN-PN 39-2021879-001
a	Plan name	SPERTUS LANDES & JOSEPHS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPERTUS LANDES & JOSEPHS, LLP	c EIN-PN 46-1531301-001
a	Plan name	SPITZ ELECTRIC INC. 401(K) PLAN	
b	Name of plan sponsor	SPITZ ELECTRIC INC.	c EIN-PN 20-1947660-001
a	Plan name	THE ENDODONTIC GROUP, LLC RETIREMENT PLAN	
b	Name of plan sponsor	THE ENDODONTIC GROUP, LLC	c EIN-PN 35-2318768-001

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	HEXAGON HR, LLC 401(K) PLAN	
b	Name of plan sponsor	HEXAGON HR, LLC	c EIN-PN 88-1314552-001
a	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	HICKAM COMMUNITIES, LLC	c EIN-PN 45-0530100-001
a	Plan name	HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HINKLEY OPTOMETRIC CORPORATION	c EIN-PN 94-2419643-001
a	Plan name	THE SCHUMACHER CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE SCHUMACHER CONSTRUCTION COMPANY	c EIN-PN 34-1091859-001
a	Plan name	JENKINS WOODWORKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS WOODWORKING, INC.	c EIN-PN 05-0419446-001
a	Plan name	VAN DE POEL, LEVY, THOMAS LLP 401(K) PLAN	
b	Name of plan sponsor	VAN DE POEL	c EIN-PN 68-0485819-001
a	Plan name	VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002
a	Plan name	ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLIANCE BUS GROUP, INC.	c EIN-PN 27-4466560-001
a	Plan name	ADVANCED VISION CARE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED VISION CARE	c EIN-PN 27-3268070-001
a	Plan name	AG-WISE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	AG-WISE ENTERPRISES, INC.	c EIN-PN 77-0146782-001
a	Plan name	AIMSUN, INC. 401(K) PLAN	
b	Name of plan sponsor	AIMSUN INC.	c EIN-PN 46-0525028-001
a	Plan name	AXIOM MULTIPLE EMPLOYER 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AXIOM HUMAN RESOURCE SOLUTIONS INC.	c EIN-PN 45-2777523-333

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 B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
b	Name of plan sponsor B&S ELECTRIC SUPPLY CO., INC.	c EIN-PN 58-1278855-001
a	Plan name CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	c EIN-PN 68-0025437-001
a	Plan name CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CENTRAL PAPER STOCK CO., INC	c EIN-PN 43-1234352-001
a	Plan name COAST DIAMOND, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COAST DIAMOND, INC.	c EIN-PN 94-2551495-002
a	Plan name DIFIORE CONSTRUCTION, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DIFIORE CONSTRUCTION, INC.	c EIN-PN 16-0741509-002
a	Plan name DIRECT A/V 401K PLAN	
b	Name of plan sponsor DIRECT A/V	c EIN-PN 95-4735867-003
a	Plan name EGOODS SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor EGOODS SUPPLY, INC.	c EIN-PN 47-3500962-001
a	Plan name FUKUDA DENSHI RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FUKUDA DENSHI USA, INC.	c EIN-PN 91-1725100-001
a	Plan name HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor HATTERAS PRESS, INC.	c EIN-PN 22-2491250-001
a	Plan name HOSPICE OF SAN JOAQUIN 401(K) PLAN	
b	Name of plan sponsor HOSPICE OF SAN JOAQUIN	c EIN-PN 94-2777980-005
a	Plan name HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC) PROFIT SHARING PLAN	
b	Name of plan sponsor HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC)	c EIN-PN 72-0846620-001
a	Plan name KINGSTON AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor KINGSTON AUTOMOTIVE, LLC	c EIN-PN 20-2954547-001

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	KROLL INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor	KROLL INTERNATIONAL, LLC	c EIN-PN 20-1135584-001
a	Plan name	MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MAUER CHEVROLET	c EIN-PN 26-4600875-777
a	Plan name	MC GROUP HAWAII, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MC GROUP HAWAII, INC.	c EIN-PN 27-3701730-001
a	Plan name	OKAHARA AND ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OKAHARA AND ASSOCIATES, INC.	c EIN-PN 99-0186805-001
a	Plan name	PACIFIC ELECTRONIC ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC ELECTRONIC ENTERPRISES, INC.	c EIN-PN 95-2220026-001
a	Plan name	PROCTEK, INC. RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	PROCTEK, INC.	c EIN-PN 20-8271050-001
a	Plan name	PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001
a	Plan name	PSM INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PSM INDUSTRIES, INC.	c EIN-PN 93-1156046-002
a	Plan name	RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001
a	Plan name	RED SKY STUDIOS, LLC 401(K) PLAN	
b	Name of plan sponsor	RED SKY STUDIOS, LLC	c EIN-PN 46-4530150-001
a	Plan name	STALKER & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	STALKER & ASSOCIATES, INC.	c EIN-PN 23-2756743-001
a	Plan name	STARR, DARCY, AND STARR 401(K) PLAN	
b	Name of plan sponsor	STARR, DARCY, AND STARR, P.C, CPA'S	c EIN-PN 22-2775971-001

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	STEUBER CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	STEUBER CORPORATION	c EIN-PN 33-0436736-001
a	Plan name	STEVEN R. PETERSON DDS SC 401(K) PSP	
b	Name of plan sponsor	STEVEN R. PETERSON, DDS	c EIN-PN 27-2651784-001
a	Plan name	THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name	THRIVE BY 5 401(K) PLAN	
b	Name of plan sponsor	TB5 MANAGEMENT, LLC	c EIN-PN 92-0493249-001
a	Plan name	VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor	VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
a	Plan name	WESTBAY FLOOR SOURCE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WESTBAY DECORATING, INC. DBA WESTBAY FLOOR SOURCE	c EIN-PN 34-1313171-001
a	Plan name	AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	c EIN-PN 88-0159433-001
a	Plan name	AMERICAS HEALTHCARE EMPLOYEE RETIREMENT PEP	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-005
a	Plan name	COMCARE 401(K) PLAN	
b	Name of plan sponsor	COMCARE PRIMARY MEDICAL GROUP	c EIN-PN 46-1164827-001
a	Plan name	COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNICATIONS ELECTRONIC SYSTEMS, INC.	c EIN-PN 99-2126159-001
a	Plan name	ELEVATE PROPERTY MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ELEVATE PROPERTY MANAGEMENT LLC	c EIN-PN 27-3695592-001
a	Plan name	GAHCC 401(K) PLAN	
b	Name of plan sponsor	GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE	c EIN-PN 74-0492475-001

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	GANAU AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	GANAU AMERICA, INC.	c EIN-PN 68-0304506-001
a	Plan name	GARTH FISHER M.D., A MEDICAL CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	GARTH FISHER M.D., A MEDICAL CORP.	c EIN-PN 95-4440917-001
a	Plan name	KTX - AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	KTX - AMERICA, INC.	c EIN-PN 30-0031143-001
a	Plan name	RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RESA POWER, LLC	c EIN-PN 45-2810331-001
a	Plan name	WILSHIRE HOUSE ASSOCIATION EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	WILSHIRE HOUSE ASSOCIATION	c EIN-PN 95-3593022-001
a	Plan name	ANGELINA SURGICAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	ANGELINA SURGICAL ASSOCIATES	c EIN-PN 75-2895810-001
a	Plan name	BONDY-HANEY SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BONDY-HANEY SERVICE, INC.	c EIN-PN 95-2391151-002
a	Plan name	EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ONONDAGA LEASING SERVICES	c EIN-PN 16-1254312-001
a	Plan name	INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	INNOVANT, INC.	c EIN-PN 45-0499207-001
a	Plan name	SUPREME COLOR GRAPHICS 401(K) PLAN	
b	Name of plan sponsor	SUPREME COLOR GRAPHICS, LLC	c EIN-PN 46-4088562-001
a	Plan name	SYSTEM RESOURCES TELECOM 401(K) PLAN	
b	Name of plan sponsor	SYSTEM RESOURCES TELECOM, LLC	c EIN-PN 72-1432916-001
a	Plan name	TOWER ENGINEERING SOLUTIONS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TOWER ENGINEERING SOLUTIONS, LLC.	c EIN-PN 46-2297448-001

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	WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	LLOYD A WISE MOTOR INC	c EIN-PN 26-2658328-001
a	Plan name	WITMER'S, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WITMER'S, INC.	c EIN-PN 34-1016582-001
a	Plan name	PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEACHTREE PARK PEDIATRICS, LLP	c EIN-PN 58-0966853-001
a	Plan name	PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	c EIN-PN 72-0885035-001
a	Plan name	RJL RESOURCES, INC. INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	RJL RESOURCES, INC.	c EIN-PN 13-4199316-001
a	Plan name	TRI STAR SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	TRI STAR SERVICES, LLC	c EIN-PN 62-1828852-001
a	Plan name	ANTHEM TAX SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	ANTHEM TAX SERVICES LLC	c EIN-PN 81-5160059-001
a	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001
a	Plan name	INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN	
b	Name of plan sponsor	INSURANCE PROFESSIONALS OF TENNESSEE, LLC	c EIN-PN 20-1340121-001
a	Plan name	LIBERTY RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-777
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

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 PGIM TOTAL RETURN BOND RET ACCT	B Three-digit plan number (PN) ► 016
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 83-1098532

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.

Assets	(a) Beginning of Year	(b) End of Year
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)	28047166
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	24496417
(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	28047166	24496417
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	28047166	24496417

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)		
(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)	635654	
(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)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		635654

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		635654
l Transfers of assets:			
(1) To this plan	2l(1)		6498580
(2) From this plan	2l(2)		10684983

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 _____.