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| <p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p> | <p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p> | <p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p> |
|---|---|---|

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 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

| | |
|--|--|
| <p>1a Name of plan <u>WELLS FARGO SPECIAL MID CAP VALUE RET ACCT</u></p> | <p>1b Three-digit plan number (PN) ▶ <u>050</u></p> |
| <p>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 FINANCIAL LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p> | <p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>83-1098532</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p> |

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 |
|--|--|

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

| | |
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| 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 _____

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| 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. |
|---|--|---|

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 MID CAP VALUE RET ACCT</u> | B Three-digit plan number (PN) | <u>050</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) |
|---------------|--|

| | | |
|---|----------------------|---|
| 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) |

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:

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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) | |
|---|----------------------|--|--------------------------------|
| <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 | ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE 401(K) PLAN | |
| b | Name of plan sponsor | ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE | c EIN-PN 31-1120194-001 |
| a | Plan name | ARTHUR T. CANARIO 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | ARTHUR T. CANARIO MD PA | c EIN-PN 22-3482097-003 |
| a | Plan name | BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING | |
| b | Name of plan sponsor | BURGE MANAGEMENT GROUP, INC. | c EIN-PN 27-2829648-001 |
| 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 | INTEGRITY CONSTRUCTION MANAGEMENT, LLC 401K PLAN | |
| b | Name of plan sponsor | INTEGRITY CONSTRUCTION MANAGEMENT, LLC | c EIN-PN 45-5124212-001 |
| 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 | TURNER ENGINEERING CORPORATION 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TURNER ENGINEERING CORPORATION | c EIN-PN 20-3882870-002 |
| a | Plan name | UNIQUE PLUMBING 401(K) PLAN | |
| b | Name of plan sponsor | UNIQUE PLUMBING | c EIN-PN 82-1924329-001 |
| a | Plan name | UNISOURCE SOLUTIONS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | UNISOURCE SOLUTIONS, INC. | c EIN-PN 95-4117599-001 |
| a | Plan name | 417 ROYAL RESTAURANT, LLC 401 (K) PLAN | |
| b | Name of plan sponsor | 417 ROYAL RESTAURANT, LLC | c EIN-PN 46-3172979-001 |
| a | Plan name | A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | A&B ENVIRONMENTAL SERVICES, INC. | c EIN-PN 76-0261001-001 |
| a | Plan name | ASSOCIATED TERRAZZO CO., INC. BASIC PROFIT SHARING 401(K) PLAN | |
| b | Name of plan sponsor | ASSOCIATED TERRAZZO CO., INC. | c EIN-PN 94-2458894-001 |

| 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 | BUX-MONT TRANSPORTATION 401(K) PLAN | |
| b | Name of plan sponsor | BUX-MONT TRANSPORTATION | c EIN-PN 23-1576223-001 |
| a | Plan name | CABRILLO HOLDINGS, LLC 401(K) PLAN | |
| b | Name of plan sponsor | CABRILLO HOLDINGS, LLC | c EIN-PN 35-2485780-001 |
| a | Plan name | D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor | D H GRIFFIN OF TEXAS INC | c EIN-PN 76-0455054-001 |
| a | Plan name | DALAD REALTY 401(K) PLAN | |
| b | Name of plan sponsor | DALAD REALTY COMPANY | c EIN-PN 34-1001816-001 |
| a | Plan name | DANNIBLE & MCKEE, LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | DANNIBLE & MCKEE, LLP | c EIN-PN 33-0996661-001 |
| 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 | MAGNOLIA COMMUNITY SERVICES, INC. PROFIT SHARING PLAN | |
| b | Name of plan sponsor | MAGNOLIA COMMUNITY SERVICES, INC. | c EIN-PN 72-0423625-001 |
| a | Plan name | NEW CANAAN MEDICAL GROUP, 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NEW CANAAN MEDICAL GROUP | c EIN-PN 06-0841383-002 |
| 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 | RPCS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | RPCS, INC. | c EIN-PN 20-1751783-001 |
| a | Plan name | RUTLEDGE FARMING COMPANY, INC. 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | RUTLEDGE FARMING COMPANY, INC. | c EIN-PN 26-2858269-001 |
| a | Plan name | TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | TEALL CAPITAL PARTNERS, LLC | c EIN-PN 83-0591973-222 |

| 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 | TEAMEPS LLC 401(K) PLAN | |
| b Name of plan sponsor | TEAMEPS LLC | c EIN-PN 20-4489290-001 |
| a Plan name | FLUENCE CORPORATION LLC 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | FLUENCE CORPORATION LLC | c EIN-PN 27-4214544-001 |
| a Plan name | GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b Name of plan sponsor | GROUP MANAGEMENT SERVICES, INC. | c EIN-PN 34-1707723-001 |
| a Plan name | HAWAII PACIFIC X-RAY CORPORATION 401(K) PLAN | |
| b Name of plan sponsor | HAWAII PACIFIC X-RAY CORPORATION | c EIN-PN 99-0250562-001 |
| a Plan name | HERITAGE POOLS, LLC 401(K) PLAN | |
| b Name of plan sponsor | HERITAGE POOLS, LLC | c EIN-PN 68-0597720-001 |
| a Plan name | ABO 401(K) | |
| b Name of plan sponsor | AMERICA'S BACK OFFICE | c EIN-PN 47-4975107-001 |
| a Plan name | J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | J. J. MAUGET COMPANY, INC. | c EIN-PN 95-1968672-002 |
| a Plan name | JA USA 401(K) PLAN | |
| b Name of plan sponsor | JUNIOR ACHIEVEMENT USA | c EIN-PN 84-1267604-334 |
| a Plan name | JEFF'S PRESCRIPTION SHOP 401(K) PLAN | |
| b Name of plan sponsor | JEFF'S PRESCRIPTION SHOP | c EIN-PN 61-1051036-001 |
| a Plan name | UTAH MANUFACTURERS ASSOCIATION MEP 401(K) PLAN | |
| b Name of plan sponsor | UTAH MANUFACTURERS ASSOCIATION | c EIN-PN 87-0187660-333 |
| a Plan name | V & A INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b Name of plan sponsor | V & A INC. | c EIN-PN 26-3968624-001 |
| a Plan name | KASSEL MECHANICAL LLC 401(K) PLAN | |
| b Name of plan sponsor | KE GUTRIDGE, LLC | c EIN-PN 82-1007719-777 |

| 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 W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING | c EIN-PN 58-2352698-001 |
| a | Plan name ATLAS PAYROLL RESOURCES, INC. 401(K) | |
| b | Name of plan sponsor ATLAS PAYROLL RESOURCES, INC. | c EIN-PN 45-5180704-001 |
| a | Plan name MANASWI'S ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN | |
| b | Name of plan sponsor MANASWI'S ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC | c EIN-PN 83-1463534-001 |
| a | Plan name MAPLE LEAF CHEESEMAKERS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MAPLE LEAF CHEESEMAKERS, INC. | c EIN-PN 39-1895024-001 |
| a | Plan name BELLINGER FAMILY, LTD 401(K) PLAN | |
| b | Name of plan sponsor BELLINGER DEVELOPMENT, LTD. | c EIN-PN 74-2831468-001 |
| a | Plan name OPSPRO 401(K) PLAN | |
| b | Name of plan sponsor TDI OPERATIONS LLC DBA OPSPRO | c EIN-PN 45-5597348-001 |
| a | Plan name CENTRIC 401(K) PLAN | |
| b | Name of plan sponsor CENTRIC CONSTRUCTION, INC. | c EIN-PN 81-0608550-001 |
| a | Plan name CF & K 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor LIBERTY CASTING COMPANY, LLC | c EIN-PN 45-0508423-001 |
| a | Plan name DBHMS 401(K) PLAN | |
| b | Name of plan sponsor NEST BUILDERS, INC D/B/A DBHMS | c EIN-PN 35-2185639-001 |
| a | Plan name DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN | |
| b | Name of plan sponsor DOGWOOD SITE CONTRACTORS LLC | c EIN-PN 87-1345377-001 |
| a | Plan name FACILITY SOLUTIONS PLUS 401(K) PLAN | |
| b | Name of plan sponsor FACILITY SOLUTIONS PLUS, INC. | c EIN-PN 46-4765121-001 |
| a | Plan name AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor AUTISM SPECTRUM CONSULTANTS, INC. | c EIN-PN 20-0401114-001 |

| 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 | 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 | AVOPACIFIC OILS, LLC 401(K) PLAN AND TRUST | |
| b | Name of plan sponsor | AVOPACIFIC OILS, LLC | c EIN-PN 47-5047002-001 |
| a | Plan name | MASTER CRAFT FLOORS 401(K) PLAN | |
| b | Name of plan sponsor | MASTER CRAFT FLOORS | c EIN-PN 38-2720505-001 |
| a | Plan name | MELROSE PHARMACY, INC. 401(K) PLAN | |
| b | Name of plan sponsor | MELROSE PHARMACY, INC. | c EIN-PN 41-2019019-001 |
| a | Plan name | BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN | |
| b | Name of plan sponsor | BENCHMARK WIRELINE PRODUCTS, INC. | c EIN-PN 74-2036988-001 |
| a | Plan name | BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | BETTER NEWSPAPERS, INC. | c EIN-PN 37-1300470-001 |
| a | Plan name | NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NORTHWEST EYE SPECIALISTS, PLLC | c EIN-PN 86-0720868-005 |
| a | Plan name | NOVA MEDICAL ASSOCIATES, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | NOVA MEDICAL ASSOCIATES, LLC | c EIN-PN 56-2106086-777 |
| a | Plan name | CARAVEL 401(K) PLAN | |
| b | Name of plan sponsor | CARAVEL SOLUTIONS INC. | c EIN-PN 27-3222605-001 |
| a | Plan name | CAROLINA DEALERSHIPS, INC. 401(K) PLAN | |
| b | Name of plan sponsor | CAROLINA DEALERSHIPS, INC. | c EIN-PN 20-0465434-001 |
| a | Plan name | CINGULAR HR 401(K) PLAN | |
| b | Name of plan sponsor | CINGULAR HR | c EIN-PN 46-1128124-001 |
| a | Plan name | PREPARING 4 TOMORROW 401(K) PLAN | |
| b | Name of plan sponsor | MARRICK MEDICAL FINANCE, LLC | c EIN-PN 20-8059557-001 |

| 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 PRINT AND GRAPHICS RETIREMENT PLAN | |
| b | Name of plan sponsor PRINTING INDUSTRIES ALLIANCE | c EIN-PN 16-1037029-001 |
| a | Plan name EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor EAR MEDICAL GROUP, P.A. | c EIN-PN 74-2283401-001 |
| a | Plan name SDS STORES & SLS BIG BOY 401K PLAN | |
| b | Name of plan sponsor SDS STORES & SLS BIG BOY RESTAURANTS | c EIN-PN 20-1759333-001 |
| a | Plan name FCBI 401(K) PLAN | |
| b | Name of plan sponsor FOOTHILLS COMMERCIAL BUILDERS, INC. | c EIN-PN 84-1150396-222 |
| a | Plan name FELTON DENTAL CARE 401(K) PLAN & TRUST | |
| b | Name of plan sponsor BRETT R. FELTON, DMD, PC | c EIN-PN 27-0215608-001 |
| a | Plan name FORSYTHE JEWELERS 401(K) PLAN | |
| b | Name of plan sponsor FORSYTHE JEWELERS | c EIN-PN 57-0712293-001 |
| a | Plan name HAMOND SAFETY MANAGEMENT LLC PROFIT SHARING PLAN | |
| b | Name of plan sponsor HAMOND SAFETY MANAGEMENT, LLC | c EIN-PN 11-3350879-002 |
| a | Plan name HANSEN & ROSASCO, LLP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor HANSEN & ROSASCO LLP | c EIN-PN 84-4715027-001 |
| a | Plan name THE FARBER COMPANIES 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor FARBER SPECIALTY VEHICLES, INC. | c EIN-PN 41-2043544-001 |
| a | Plan name JMOR MACHINERY MOVERS 401(K) PLAN | |
| b | Name of plan sponsor JMOR MACHINERY MOVERS, INC | c EIN-PN 81-1341428-001 |
| a | Plan name JOBSOURCE NORTH AMERICA, INC. 401(K) PLAN | |
| b | Name of plan sponsor JOBSOURCE NORTH AMERICA, INC. | c EIN-PN 81-5133458-001 |
| a | Plan name VENERUSO & ACCINELLI PROFIT SHARING PLAN | |
| b | Name of plan sponsor VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP | c EIN-PN 81-3879700-001 |

| 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 VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN | |
| b | Name of plan sponsor VETERINARY PHARMACEUTICALS, INC. | c EIN-PN 94-2185252-001 |
| a | Plan name ALLPRO CORPORATION 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor ALLPRO CORPORATION | c EIN-PN 59-3347302-001 |
| a | Plan name KELLEHER + HOLLAND GROUP 401(K) PLAN | |
| b | Name of plan sponsor KELLEHER + HOLLAND, LLC | c EIN-PN 85-2363788-001 |
| a | Plan name WALTON ISAACSON 401(K) PLAN | |
| b | Name of plan sponsor WALTON ISAACSON LLC | c EIN-PN 20-3735704-001 |
| a | Plan name WASEYABEK DEVELOPMENT COMPANY, LLC 401(K) PLAN | |
| b | Name of plan sponsor WASEYABEK DEVELOPMENT COMPANY, LLC | c EIN-PN 45-2425291-001 |
| a | Plan name ADVANCED TEXTILES ASSOCIATION | |
| b | Name of plan sponsor ADVANCED TEXTILES ASSOCIATION | c EIN-PN 41-0434683-001 |
| a | Plan name AMERICA'S HR DEPT. 401(K) PLAN | |
| b | Name of plan sponsor AMERICA'S HR DEPT. - EMPLOYEES ONLY III, INC. | c EIN-PN 82-4338934-001 |
| a | Plan name AYKO GROUP, LLC 401(K) PLAN | |
| b | Name of plan sponsor AYKO GROUP LLC | c EIN-PN 47-4533642-001 |
| a | Plan name B&R MOLL, INC. 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor B&R MOLL, INC. | c EIN-PN 20-0026172-001 |
| a | Plan name BALD PEAK COLONY CLUB 401(K) PLAN | |
| b | Name of plan sponsor BALD PEAK COLONY CLUB | c EIN-PN 02-0210407-002 |
| a | Plan name BISCO 401K PLAN | |
| b | Name of plan sponsor BONNEVILLE INDUSTRIAL SUPPLY | c EIN-PN 87-0329139-001 |
| a | Plan name BLUE POLYMERS, LLC 401(K) PLAN | |
| b | Name of plan sponsor BLUE POLYMERS, LLC | c EIN-PN 92-0586961-001 |

| 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 CCINTEGRATION, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor CCINTEGRATION, INC. | c EIN-PN 77-0197130-001 |
| 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 DIXIE SEAL AND STAMP COMPANY 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor DIXIE SEAL AND STAMP COMPANY, INC. | c EIN-PN 58-0222270-001 |
| a | Plan name EDGE CONCRETE CONSTRUCTION, LLC 401(K) PLAN | |
| b | Name of plan sponsor EDGE CONCRETE CONSTRUCTION, LLC | c EIN-PN 91-2140958-001 |
| a | Plan name FINANCE ONE INC. 401(K) PLAN | |
| b | Name of plan sponsor FINANCE ONE INC. | c EIN-PN 95-4713873-001 |
| a | Plan name FINISHING EDGE 401(K) PLAN | |
| b | Name of plan sponsor FINISHING EDGE CURB & SIDEWALK, LLC | c EIN-PN 91-1658323-001 |
| a | Plan name HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN | |
| b | Name of plan sponsor HISTORICAL RESEARCH ASSOCIATES, INC. | c EIN-PN 81-0373761-001 |
| a | Plan name KIVU CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor KIVU CONSULTING, INC. | c EIN-PN 27-1257543-001 |
| 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 MATTRESS DIRECT 401(K) PLAN | |
| b | Name of plan sponsor MATTRESS DIRECT, LLC | c EIN-PN 72-1502440-001 |
| a | Plan name MAX SALES GROUP, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor MAX SALES GROUP, INC. | c EIN-PN 20-3694079-001 |
| a | Plan name MESA UNITED WAY PROFIT SHARING PLAN | |
| b | Name of plan sponsor MESA UNITED WAY, INC. | c EIN-PN 86-0198599-002 |

| 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 METROPOLITAN RECYCLING, LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor METROPOLITAN RECYCLING, LLC ATTN TORRIE | c EIN-PN 80-0578177-001 |
| a | Plan name MICLEE MANAGEMENT GROUP, LLC 401(K) PLAN | |
| b | Name of plan sponsor MICLEE MANAGEMENT GROUP, LLC | c EIN-PN 27-1717856-001 |
| a | Plan name PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor PROVEN PARTNERS MANUFACTURING | c EIN-PN 20-2145505-001 |
| a | Plan name RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor RALPH BRENNAN RESTAURANT GROUP, L.L.C. | c EIN-PN 72-1350467-001 |
| 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 SKLAR EXPLORATION COMPANY, LLC 401(K) PROFIT SHARING PLAN & TRUST | |
| b | Name of plan sponsor SKLAR EXPLORATION COMPANY, LLC | c EIN-PN 72-1417930-001 |
| 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 FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor THE FIRST MEDICAL CENTER, INC. | c EIN-PN 33-0791088-001 |
| a | Plan name THE KENWOOD 401(K) PLAN | |
| b | Name of plan sponsor THE KENWOOD CONGREGATE ASSOCIATES | c EIN-PN 36-3382337-001 |
| a | Plan name VINEBURG LLC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor VINEBURG LLC | c EIN-PN 68-0466361-001 |
| 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 BLUFOX MOBILE 401(K) PLAN PROFIT SHARING PLAN | |
| b | Name of plan sponsor BLUFOX MOBILE | c EIN-PN 82-1471419-001 |

| 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 | COCOA COASTAL 401(K) | |
| b Name of plan sponsor | D.D.A. CORPORATION DBA COASTAL HYUNDAI | c EIN-PN 59-2829907-001 |
| a Plan name | GACE 401(K) PLAN | |
| b Name of plan sponsor | GACE CONSULTING ENGINEERS, P.C. | c EIN-PN 20-5995207-001 |
| a Plan name | GAHCC 401(K) PLAN | |
| b Name of plan sponsor | GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE | c EIN-PN 74-0492475-001 |
| a Plan name | HUDDLE HOUSE, INC. 401(K) PROFIT SHARING PLAN | |
| b Name of plan sponsor | HUDDLE HOUSE, INC. | c EIN-PN 58-0916623-003 |
| 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 | MIRCI DENTAL, PLLC 401(K) PLAN | |
| b Name of plan sponsor | MIRCI DENTAL | c EIN-PN 84-2985731-001 |
| a Plan name | MONARCH SALES 401(K) PLAN | |
| b Name of plan sponsor | MONARCH SALES, LTD., INC. | c EIN-PN 65-0011355-001 |
| a Plan name | PAOLI LAW FIRM, P.C. 401(K) PLAN | |
| b Name of plan sponsor | PAOLI LAW FIRM, P.C. | c EIN-PN 84-1384608-001 |
| a Plan name | WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN | |
| b Name of plan sponsor | WILLE ELECTRIC SUPPLY CO., INC. | c EIN-PN 94-1433043-001 |
| a Plan name | ANDERSON, JULIAN & HULL, LLP 401(K) PLAN | |
| b Name of plan sponsor | ANDERSON, JULIAN & HULL, LLP | c EIN-PN 82-0504369-001 |
| a Plan name | BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN | |
| b Name of plan sponsor | BOO-KER OIL & GAS CORP. | c EIN-PN 72-0750276-001 |
| a Plan name | BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN | |
| b Name of plan sponsor | BOONE KARLBERG P.C. | c EIN-PN 81-0522567-001 |

| 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 | CONSTRUCTORS, INCORPORATED 401(K) PLAN | |
| b | Name of plan sponsor | CONSTRUCTORS, INCORPORATED | c EIN-PN 85-0135619-001 |
| a | Plan name | INFINITI HR RETIREMENT PLAN | |
| b | Name of plan sponsor | INFINITI HR | c EIN-PN 26-2399761-001 |
| a | Plan name | INNOVANT, INC. RETIREMENT PLAN | |
| b | Name of plan sponsor | INNOVANT, INC. | c EIN-PN 45-0499207-001 |
| a | Plan name | LAUGHING OUT LOUD, LLC 401(K) & PROFIT SHARING PLAN | |
| b | Name of plan sponsor | LAUGHING OUT LOUD, LLC | c EIN-PN 46-1324384-221 |
| a | Plan name | PAYDAY EMPLOYER 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor | PAYDAY, INC. | c EIN-PN 85-0413891-003 |
| a | Plan name | PBS ASO, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | PBS ASO, LLC | c EIN-PN 85-0768284-001 |
| a | Plan name | PBS PEO SERVICES, LLC RETIREMENT PLAN | |
| b | Name of plan sponsor | PBS PEO SERVICES | c EIN-PN 81-4175750-999 |
| a | Plan name | RETIREMENT SAVINGS PLAN | |
| b | Name of plan sponsor | TAG RESOURCES, LLC | c EIN-PN 62-1874774-013 |
| a | Plan name | TOYOTA TSUSHO AMERICA, INC. ENTERPRISE MULTIPLE EMPLOYER PLAN | |
| b | Name of plan sponsor | TOYOTA TSUSHO AMERICA, INC. | c EIN-PN 13-1943519-001 |
| a | Plan name | TRAIN TIMES BROADWAY LP 401(K) PLAN | |
| b | Name of plan sponsor | TRAIN TIMES BROADWAY LP | c EIN-PN 82-0813336-001 |
| a | Plan name | TRANSITION MANAGEMENT CORP 401(K) PLAN | |
| b | Name of plan sponsor | TRANSITION MANAGEMENT CORP | c EIN-PN 52-2032600-001 |
| a | Plan name | WINTER PARK IMPORTS, INC. 401K PLAN | |
| b | Name of plan sponsor | WINTER PARK IMPORTS, INC. | c EIN-PN 59-2955009-001 |

| 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 MR. BS BISTRO, INC. 401(K) RETIREMENT PLAN | |
| b | Name of plan sponsor MR. B'S BISTRO, INC. | c EIN-PN 72-0847066-001 |
| a | Plan name MSABC MULTIPLE EMPLOYER 401(K) PLAN | |
| b | Name of plan sponsor MISSISSIPPI ASSOCIATED BUILDERS & CONTRACTORS, INC. | c EIN-PN 64-0415733-333 |
| a | Plan name PEARLMAN PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PEARLMAN PROPERTY MANAGEMENT | c EIN-PN 77-0474584-001 |
| a | Plan name PENA AND BROMBERG, PC 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PENA AND BROMBERG PC | c EIN-PN 38-3852466-001 |
| a | Plan name PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor PERSON & COVEY, INC. | c EIN-PN 95-2020861-001 |
| a | Plan name ZAPPONE CHRYSLER JEEP DODGE, INC. PROFIT SHARING 401 (K) PLAN | |
| b | Name of plan sponsor ZAPPONE CHRYSLER JEEP DODGE, INC. | c EIN-PN 20-3142416-001 |
| a | Plan name ARACOR, INC. 401 (K) PLAN | |
| b | Name of plan sponsor ARACOR, INC. | c EIN-PN 74-1480428-002 |
| a | Plan name COXSACKIE TRANSPORT INC. 401(K) PROFIT SHARING PLAN AND TRUST | |
| b | Name of plan sponsor COXSACKIE TRANSPORT INC. | c EIN-PN 14-1745890-001 |
| a | Plan name EMPLOYEES' 401(K) AND HEALTH/DISABILITY PLAN OF CALLISTER, BROBERG & BECKER, A LAW CORPORATION | |
| b | Name of plan sponsor CALLISTER, BROBERG & BECKER A LAW CORPORATION | c EIN-PN 82-1680303-001 |
| a | Plan name GENERAL WHOLESALE COMPANY, INC. 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor GENERAL WHOLESALE COMPANY, INC. | c EIN-PN 58-0525744-001 |
| a | Plan name GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. MULTIPLE EMPLOYER 401(K) PLAN | |
| b | Name of plan sponsor GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. | c EIN-PN 36-2512922-001 |
| a | Plan name INSPIRE PR GROUP 401(K) PROFIT SHARING PLAN | |
| b | Name of plan sponsor INSPIRE PR GROUP | c EIN-PN 47-1101618-001 |

| | | |
|--|--|--|
| 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 |
|--|--|--|

| | |
|---|--|
| 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 MID CAP VALUE RET ACCT | B Three-digit plan number (PN) ▶ 050 |
| 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 |
|---------------|--------------------------------------|

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) | 11500184 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | 9921599 |
| (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 | 11500184 | 9921599 |
| 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 | 11500184 | 9921599 |

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) | 1495636 | |
| (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 | | 1495636 |

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 | | 1495636 |
| l Transfers of assets: | | | |
| (1) To this plan | 2l(1) | | 2937373 |
| (2) From this plan | 2l(2) | | 6011594 |

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 _____.