

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P
B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report (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: TA VANGUARD LIFESTRATEGY CONSERVATIVE GROWTH RET OPT
1b Three-digit plan number (PN): 505
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.

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

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

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

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

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

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

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

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

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

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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>TA VANGUARD LIFESTRATEGY CONSERVATIVE GROWTH RET OPT</u>	<b>B</b> Three-digit plan number (PN) <u>505</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>83-1098532</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">MLA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIKE LOVE &amp; ASSOCIATES, LLC</a>	<b>c</b> EIN-PN <a href="#">46-5678839-001</a>
<b>a</b>	Plan name <a href="#">MPRM, LLC 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MPRM, LLC</a>	<b>c</b> EIN-PN <a href="#">95-4676804-001</a>
<b>a</b>	Plan name <a href="#">NEWELL MACHINERY COMPANY 401(K)/PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEWELL MACHINERY COMPANY, INC.</a>	<b>c</b> EIN-PN <a href="#">42-0646297-002</a>
<b>a</b>	Plan name <a href="#">PETE &amp; PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PETE &amp; PETE CONTAINER SERVICE, INC.</a>	<b>c</b> EIN-PN <a href="#">31-1548571-777</a>
<b>a</b>	Plan name <a href="#">PK HOUSING 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PK HOUSING AND MANAGEMENT COMPANY</a>	<b>c</b> EIN-PN <a href="#">38-2964283-001</a>
<b>a</b>	Plan name <a href="#">QUARTER20, INC. 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">QUARTER20, INC.</a>	<b>c</b> EIN-PN <a href="#">46-5333165-001</a>
<b>a</b>	Plan name <a href="#">SCOT MAILING &amp; SHIPPING SYSTEMS, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCOT MAILING &amp; SHIPPING SYSTEMS, INC.</a>	<b>c</b> EIN-PN <a href="#">61-1336536-001</a>
<b>a</b>	Plan name <a href="#">SECRET CHARM 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SECRET CHARM</a>	<b>c</b> EIN-PN <a href="#">73-1678960-001</a>
<b>a</b>	Plan name <a href="#">SJB GROUP, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SJB GROUP, INC.</a>	<b>c</b> EIN-PN <a href="#">20-1963915-001</a>
<b>a</b>	Plan name <a href="#">SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHEAST PERSONNEL LEASING, INC.</a>	<b>c</b> EIN-PN <a href="#">59-3298197-333</a>
<b>a</b>	Plan name <a href="#">THE BOYLAND GROUP 401(K) SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BOYLAND AUTO ORLANDO, LLC</a>	<b>c</b> EIN-PN <a href="#">05-0546979-001</a>
<b>a</b>	Plan name <a href="#">ALTHON MICRO, INC. 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ALTHON MICRO INC.</a>	<b>c</b> EIN-PN <a href="#">95-4285664-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AM-TREE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	<b>c</b> EIN-PN 22-2761331-001
<b>a</b>	Plan name	AMER TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMER TECHNOLOGY, INC.	<b>c</b> EIN-PN 74-2828249-001
<b>a</b>	Plan name	AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN TEXTILE MAINTENANCE COMPANY	<b>c</b> EIN-PN 95-2076802-004
<b>a</b>	Plan name	ANGELINA SURGICAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANGELINA SURGICAL ASSOCIATES	<b>c</b> EIN-PN 75-2895810-001
<b>a</b>	Plan name	THE EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CORPORATE SOLUTIONS, INC.	<b>c</b> EIN-PN 74-2817774-333
<b>a</b>	Plan name	ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC. DISCRETIONARY DEFINED CONTRIBUTION / 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC.	<b>c</b> EIN-PN 95-4223153-001
<b>a</b>	Plan name	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLE MAKOFF LLP	<b>c</b> EIN-PN 27-1587480-001
<b>a</b>	Plan name	BREEDLOVE, DENNIS, & ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BREEDLOVE, DENNIS, & ASSOCIATES, INC.	<b>c</b> EIN-PN 59-1694414-001
<b>a</b>	Plan name	C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	C & S DRAPERIES, INC.	<b>c</b> EIN-PN 77-0072946-001
<b>a</b>	Plan name	VINTNERS DISTRIBUTORS, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VINTNERS DISTRIBUTORS, INC.	<b>c</b> EIN-PN 94-3023379-005
<b>a</b>	Plan name	W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	W. L. PETREY WHOLESALE	<b>c</b> EIN-PN 63-0672324-001
<b>a</b>	Plan name	CARE MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARE MANAGEMENT, INC.	<b>c</b> EIN-PN 11-3117425-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CEDAR RAPIDS OB-GYN SPECIALISTS, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CEDAR RAPIDS OB-GYN SPECIALISTS, PC	<b>c</b> EIN-PN 42-1232291-001
<b>a</b>	Plan name CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL PAPER STOCK CO., INC	<b>c</b> EIN-PN 43-1234352-001
<b>a</b>	Plan name CRESCENT CITY SECURITY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRESCENT CITY SECURITY, INC.	<b>c</b> EIN-PN 35-1549160-001
<b>a</b>	Plan name CVIN, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CVIN, LLC	<b>c</b> EIN-PN 77-0407563-001
<b>a</b>	Plan name D & W MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor D & W MANAGEMENT, INC.	<b>c</b> EIN-PN 77-0420267-001
<b>a</b>	Plan name DAVID RESTAURANT GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVID RESTAURANT GROUP, INC.	<b>c</b> EIN-PN 47-4444126-001
<b>a</b>	Plan name DELTA CONSTRUCTORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DELTA CONSTRUCTORS, LLC	<b>c</b> EIN-PN 37-1552952-001
<b>a</b>	Plan name DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DNJ ENGINE COMPONENTS, INC.	<b>c</b> EIN-PN 95-4637381-001
<b>a</b>	Plan name FINANCE ONE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor FINANCE ONE INC.	<b>c</b> EIN-PN 95-4713873-001
<b>a</b>	Plan name FINCHAM ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FINCHAM ENTERPRISES, INC.	<b>c</b> EIN-PN 85-0382554-001
<b>a</b>	Plan name FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC.	<b>c</b> EIN-PN 25-1603610-001
<b>a</b>	Plan name FRESNO PIPE & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FRESNO PIPE & SUPPLY, INC.	<b>c</b> EIN-PN 77-0039687-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GACE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GACE CONSULTING ENGINEERS, P.C.	<b>c</b> EIN-PN 20-5995207-001
<b>a</b>	Plan name	HERTZ, CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HERTZ, CHERSON & ROSENTHAL, P.C.	<b>c</b> EIN-PN 11-3138051-004
<b>a</b>	Plan name	HIGH PROPERTIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGH PROPERTY MANAGEMENT LLC	<b>c</b> EIN-PN 42-1516913-001
<b>a</b>	Plan name	HINSHAW, MARSH, STILL & HINSHAW, LLP PROFIT SHARING AND TAX DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HINSHAW, MARSH, STILL & HINSHAW, LLP	<b>c</b> EIN-PN 35-2447620-001
<b>a</b>	Plan name	HORIZON LAWN MAINTENANCE, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	HORIZON LAWN MAINTENANCE, INC.	<b>c</b> EIN-PN 38-2856449-001
<b>a</b>	Plan name	HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUDSON COMMUNITY ENTERPRISES, INC.	<b>c</b> EIN-PN 22-1629147-001
<b>a</b>	Plan name	INSPIRE PR GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INSPIRE PR GROUP	<b>c</b> EIN-PN 47-1101618-001
<b>a</b>	Plan name	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	KETTMANN MACHINING INC.	<b>c</b> EIN-PN 26-4023756-001
<b>a</b>	Plan name	KEVIN J. ROBERTSON, D.D.S., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROBERTSON FAMILY DENTISTRY, INC.	<b>c</b> EIN-PN 34-1959064-001
<b>a</b>	Plan name	KIVU CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	KIVU CONSULTING, INC.	<b>c</b> EIN-PN 27-1257543-001
<b>a</b>	Plan name	LANDIVAR 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LANDIVAR & ASSOCIATES, LLC	<b>c</b> EIN-PN 75-3088910-001
<b>a</b>	Plan name	LAW OFFICE OF MARK A. VICKNESS 401K PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF MARK A. VICKNESS	<b>c</b> EIN-PN 86-1126683-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEGON FODIMAN & SUDDUTH, P.A.	<b>c</b> EIN-PN 65-0520887-001
<b>a</b>	Plan name LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LIGHTING & ELECTRICAL SALES CO., INC.	<b>c</b> EIN-PN 74-1786305-001
<b>a</b>	Plan name LOGGINS PLUMBING 401(K) PLAN	
<b>b</b>	Name of plan sponsor LOGGINS PLUMBING	<b>c</b> EIN-PN 75-2802742-001
<b>a</b>	Plan name MARCUS, WATANABE & DAVE, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MARCUS, WATANABE & DAVE, LLP	<b>c</b> EIN-PN 95-4319447-001
<b>a</b>	Plan name NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	<b>c</b> EIN-PN 51-0306007-001
<b>a</b>	Plan name OBERG FREIGHT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor OBERG FREIGHT	<b>c</b> EIN-PN 42-1233437-001
<b>a</b>	Plan name ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.	<b>c</b> EIN-PN 38-3553403-001
<b>a</b>	Plan name REGIONAL PARAMEDICAL SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor REGIONAL PARAMEDICAL SERVICES	<b>c</b> EIN-PN 63-0957564-001
<b>a</b>	Plan name REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor REISCHLING PRESS, INC.	<b>c</b> EIN-PN 91-1013222-001
<b>a</b>	Plan name THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor THE WORTHE REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 95-4521084-001
<b>a</b>	Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC	<b>c</b> EIN-PN 27-1531650-001
<b>a</b>	Plan name TOP HAT UNIFORM 401(K) PLAN	
<b>b</b>	Name of plan sponsor TOP HAT UNIFORM, INC.	<b>c</b> EIN-PN 11-1979505-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WILD, CARTER AND TIPTON A PROFESSIONAL CORP</b>	<b>c</b> EIN-PN <b>94-2589967-002</b>
<b>a</b>	Plan name <b>WILLITS &amp; NEWCOMB 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JOHNSTON NURSERIES, FLP, DBA WILLITS &amp; NEWCOMB</b>	<b>c</b> EIN-PN <b>47-2188570-001</b>
<b>a</b>	Plan name <b>ZIEHL-ABEGG, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ZIEHL-ABEGG, INC.</b>	<b>c</b> EIN-PN <b>20-0338305-001</b>
<b>a</b>	Plan name <b>A&amp;B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>A&amp;B ENVIRONMENTAL SERVICES, INC.</b>	<b>c</b> EIN-PN <b>76-0261001-001</b>
<b>a</b>	Plan name <b>BARNUM &amp; CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BARNUM &amp; CELILLO ELECTRIC, INC.</b>	<b>c</b> EIN-PN <b>68-0227342-001</b>
<b>a</b>	Plan name <b>BAUERSCHMIDT &amp; SONS, INC. RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BAUERSCHMIDT &amp; SONS, INC.</b>	<b>c</b> EIN-PN <b>11-2287095-001</b>
<b>a</b>	Plan name <b>CHARLES A. EVANS, M.D. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CHARLES A. EVANS, M.D.</b>	<b>c</b> EIN-PN <b>20-4257821-001</b>
<b>a</b>	Plan name <b>CLAIMS RESOURCE SERVICES, INC 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>CLAIMS RESOURCE SERVICES, INC.</b>	<b>c</b> EIN-PN <b>94-3241983-001</b>
<b>a</b>	Plan name <b>CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLARK BROTHERS, INC.</b>	<b>c</b> EIN-PN <b>94-1572305-002</b>
<b>a</b>	Plan name <b>GENERAL WHOLESALE COMPANY, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GENERAL WHOLESALE COMPANY, INC.</b>	<b>c</b> EIN-PN <b>58-0525744-001</b>
<b>a</b>	Plan name <b>GMG GENERAL, INC. EE SAVINGS TRUST</b>	
<b>b</b>	Name of plan sponsor <b>GMG GENERAL, INC.</b>	<b>c</b> EIN-PN <b>92-0138234-001</b>
<b>a</b>	Plan name <b>JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JEFFREY A. WELLER, D.D.S., PC</b>	<b>c</b> EIN-PN <b>36-4052634-777</b>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name JOHN HOWARD COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor JOHN HOWARD COMPANY, INC.	<b>c</b> EIN-PN 95-3273463-001
<b>a</b>	Plan name JOHN MULLEN & COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A	
<b>b</b>	Name of plan sponsor JOHN MULLEN & COMPANY, INC.	<b>c</b> EIN-PN 99-0109877-001
<b>a</b>	Plan name JYGA TECH USA 401(K) PLAN	
<b>b</b>	Name of plan sponsor JYGA TECH USA, INC	<b>c</b> EIN-PN 61-1898802-001
<b>a</b>	Plan name KEARNEY'S 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor KEARNEY'S METALS INC.	<b>c</b> EIN-PN 94-1666953-001
<b>a</b>	Plan name MERRELL LLC EMPLOYEE 401(K) PLAN	
<b>b</b>	Name of plan sponsor MERRELL LLC	<b>c</b> EIN-PN 81-2931810-001
<b>a</b>	Plan name PBM, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PBM, LLC	<b>c</b> EIN-PN 26-3885918-004
<b>a</b>	Plan name RIVERSIDE MFG., LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RIVERSIDE MFG., LLC	<b>c</b> EIN-PN 26-0332652-001
<b>a</b>	Plan name RPCS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor RPCS, INC.	<b>c</b> EIN-PN 20-1751783-001
<b>a</b>	Plan name SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAGE HEALTH SERVICES OF INDIANA	<b>c</b> EIN-PN 35-1811450-001
<b>a</b>	Plan name SYSTEMS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor C SYSTEMS, LLC	<b>c</b> EIN-PN 20-1820942-002
<b>a</b>	Plan name TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TRIUNITY ENGINEERING AND MANAGEMENT INC.	<b>c</b> EIN-PN 76-0747545-001
<b>a</b>	Plan name TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor TRUE NORTH CUSTOM PUBLISHING, LLC.	<b>c</b> EIN-PN 62-1764489-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	U.S. HELICOPTERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	US HELICOPTERS, INC.	<b>c</b> EIN-PN 56-1290925-001
<b>a</b>	Plan name	ACQUIS CONSULTING GROUP, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACQUIS CONSULTING GROUP, LLC	<b>c</b> EIN-PN 13-3990791-002
<b>a</b>	Plan name	AG-WISE ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AG-WISE ENTERPRISES, INC.	<b>c</b> EIN-PN 77-0146782-001
<b>a</b>	Plan name	ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALCON ENTERTAINMENT	<b>c</b> EIN-PN 62-1674411-001
<b>a</b>	Plan name	BLIND CHILDREN'S CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLIND CHILDREN'S CENTER, INC.	<b>c</b> EIN-PN 95-1656369-002
<b>a</b>	Plan name	COCOA COASTAL 401(K)	
<b>b</b>	Name of plan sponsor	D.D.A. CORPORATION DBA COASTAL HYUNDAI	<b>c</b> EIN-PN 59-2829907-001
<b>a</b>	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FALCON TRADING COMPANY, INC.	<b>c</b> EIN-PN 94-2863170-001
<b>a</b>	Plan name	FARM PUMP AND IRRIGATION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FARM PUMP AND IRRIGATION COMPANY, INC.	<b>c</b> EIN-PN 95-3868044-001
<b>a</b>	Plan name	FAXON LAW GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FAXON LAW GROUP	<b>c</b> EIN-PN 27-0061719-001
<b>a</b>	Plan name	HAT CREEK CONSTRUCTION & MATERIALS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAT CREEK CONSTRUCTION & MATERIALS, INC.	<b>c</b> EIN-PN 68-0203789-001
<b>a</b>	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	<b>c</b> EIN-PN 99-0143112-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>TA VANGUARD LIFESTRATEGY CONSERVATIVE GROWTH RET OPT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>505</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>83-1098532</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>		
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>		
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	20243750	19814007
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	20243750	19814007
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	20243750	19814007

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	1441325	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		1441325

**Expenses**

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

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1441325
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		2233718
(2) From this plan .....	<b>2l(2)</b>		4104786

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined  
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.