

<p>Form 5500</p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p>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>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p>This Form is Open to Public Inspection</p>
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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>TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>835</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>36-6071399</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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</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> <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.	OMB No. 1210-0110 <hr/> 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>TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT</u>	B Three-digit plan number (PN)	<u>835</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>36-6071399</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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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 1 SOURCE BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor 1 SOURCE BUSINESS SOLUTIONS, LLC	c EIN-PN 27-3793520-333
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 ARIZONA LABOR FORCE AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor ARIZONA LABOR FORCE	c EIN-PN 86-0514245-333
a	Plan name ARMBRECHT & WIERENGA ORTHODONTICS PLC 401(K) PLAN	
b	Name of plan sponsor ARMBRECHT & WIERENGA ORTHODONTICS PLC	c EIN-PN 38-2163006-001
a	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001
a	Plan name BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
b	Name of plan sponsor BUTLER, FITZGERALD & FIVESON, P.C.	c EIN-PN 20-2841166-001
a	Plan name GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
b	Name of plan sponsor GODLEY, GLAZER, & FUNK PLLC	c EIN-PN 84-4742362-001
a	Plan name INTEGRATED EMPLOYER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor INTEGRATED EMPLOYER SOLUTIONS, INC.	c EIN-PN 87-0653068-333
a	Plan name LONG BEACH AREA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor LONG BEACH AREA CHAMBER OF COMMERCE	c EIN-PN 95-0944550-001
a	Plan name LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	c EIN-PN 37-1654147-001
a	Plan name PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-001
a	Plan name PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	c EIN-PN 84-1864152-001

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	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
b	Name of plan sponsor	ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	c EIN-PN 99-0222900-001
a	Plan name	ROSELAND EYE CARE 401(K) PLAN	
b	Name of plan sponsor	ROSELAND EYE CARE	c EIN-PN 22-2538235-001
a	Plan name	ROYAL POWDER CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ROYAL POWDER CORPORATION	c EIN-PN 34-1964799-001
a	Plan name	UNISAND INCORPORATED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNISAND INCORPORATED	c EIN-PN 34-1658346-001
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	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	GRACE SMITH HOUSE, INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRACE SMITH HOUSE, INC	c EIN-PN 14-1626657-002
a	Plan name	GRAPHIC COMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor	PRINTING INDUSTRIES ASSOCIATION, INC. OF SOUTHERN CALIFORNIA	c EIN-PN 95-1501502-001
a	Plan name	ISOLVED 401-K PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-310
a	Plan name	IVY HAWN 401(K) PLAN	
b	Name of plan sponsor	VOLUSIA CHARTER SCHOOL OF EXCELLENCE	c EIN-PN 30-0600042-001
a	Plan name	MAK CHEMICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	MAK CHEMICALS, INC.	c EIN-PN 45-4836928-001
a	Plan name	MAKAI HR RETIREMENT PLAN	
b	Name of plan sponsor	KCPHI SERVICES, LLC DBA MAKAI HR	c EIN-PN 82-3809240-333

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 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 PIPELINE SYSTEM HOLDINGS, LLC	
b	Name of plan sponsor PIPELINE HEALTH SYSTEM, LLC	c EIN-PN 82-3626084-001
a	Plan name RPA 401(K) PLAN	
b	Name of plan sponsor RADIOLOGICAL PHYSICS ASSOCIATES INC.	c EIN-PN 62-1442497-001
a	Plan name TEAMWORK HUMAN RESOURCES, INC. MEP	
b	Name of plan sponsor TEAMWORK HUMAN RESOURCES, INC.	c EIN-PN 68-0482464-001
a	Plan name TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor TEKSECUTE TECHNOLOGY GROUP, LLC	c EIN-PN 01-0548119-001
a	Plan name UPPER HUDSON VALLEY DERMATOLOGY, PC 401(K) PLAN	
b	Name of plan sponsor UPPER HUDSON VALLEY DERMATOLOGY, PC	c EIN-PN 14-1818287-004
a	Plan name UPSHIFT HR 401(K) PLAN	
b	Name of plan sponsor UPSHIFT HR	c EIN-PN 87-4055304-001
a	Plan name FLEET DRIVER SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor FLEET DRIVER SERVICE, INC.	c EIN-PN 45-3685803-333
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 FOCUS HR, INC. RETIREMENT PLAN	
b	Name of plan sponsor FOCUS HR, INC.	c EIN-PN 14-1871027-001
a	Plan name SLR SERVICE 401K PLAN	
b	Name of plan sponsor SIGMA HEALTH REHAB LLC	c EIN-PN 30-0565417-001
a	Plan name GUHROO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EXECUTIVE RESOURCE GROUP LLC DBA GUHROO	c EIN-PN 46-4868112-001

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 <u>TEXO MEMBERS 401(K) PLAN</u>	
b	Name of plan sponsor <u>TEXO ABC/AGC, INC.</u>	c EIN-PN <u>32-0274111-002</u>
a	Plan name <u>THE BERRY MAN, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>THE BERRY MAN, INC.</u>	c EIN-PN <u>77-0341777-001</u>
a	Plan name <u>HAWAII ONCOLOGY, INC. 401(K) RETIREMENT SAVINGS PLAN</u>	
b	Name of plan sponsor <u>HAWAII ONCOLOGY, INC.</u>	c EIN-PN <u>81-2343960-001</u>
a	Plan name <u>HAWTHORNE CHEVROLET 401(K) PLAN</u>	
b	Name of plan sponsor <u>HAWTHORNE CHEVROLET</u>	c EIN-PN <u>22-0981720-001</u>
a	Plan name <u>HELPSIDE INC. 401(K) RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>HELPSIDE INC.</u>	c EIN-PN <u>87-0476353-333</u>
a	Plan name <u>THE PARTNERS COMPANIES 401(K) PLAN</u>	
b	Name of plan sponsor <u>THE PARTNER COMPANIES LLC</u>	c EIN-PN <u>85-2379191-001</u>
a	Plan name <u>ABC OF DELAWARE 401(K) PLAN</u>	
b	Name of plan sponsor <u>ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE</u>	c EIN-PN <u>51-0101352-333</u>
a	Plan name <u>ABO 401(K)</u>	
b	Name of plan sponsor <u>AMERICA'S BACK OFFICE</u>	c EIN-PN <u>47-4975107-001</u>
a	Plan name <u>ACCURATE INGREDIENTS, INC. RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>ACCURATE INGREDIENTS, INC.</u>	c EIN-PN <u>11-2571863-001</u>
a	Plan name <u>ACE RETAIL SAVINGS PLAN</u>	
b	Name of plan sponsor <u>ACE HARDWARE</u>	c EIN-PN <u>36-0700810-001</u>
a	Plan name <u>UTAH MANUFACTURERS ASSOCIATION MEP 401(K) PLAN</u>	
b	Name of plan sponsor <u>UTAH MANUFACTURERS ASSOCIATION</u>	c EIN-PN <u>87-0187660-333</u>
a	Plan name <u>AIMSUN, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>AIMSUN INC.</u>	c EIN-PN <u>46-0525028-001</u>

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 ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	c EIN-PN 63-6049915-555
a	Plan name ALCHEMY GLOBAL NETWORKS 401(K) PLAN	
b	Name of plan sponsor ALCHEMY GLOBAL NETWORKS, LLC	c EIN-PN 81-0874754-001
a	Plan name JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	c EIN-PN 38-2380905-001
a	Plan name AST/ACME, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AST/ACME, INC.	c EIN-PN 61-1278559-001
a	Plan name MARINE INDUSTRY RETIREMENT PLAN	
b	Name of plan sponsor NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC.	c EIN-PN 36-2369301-333
a	Plan name BARBER & BORG LLC PROFIT SHARING PLAN	
b	Name of plan sponsor BARBER & BORG LLC	c EIN-PN 74-3147169-002
a	Plan name BEL AIR BAY CLUB 401(K) PLAN	
b	Name of plan sponsor BEL AIR BAY CLUB, LTD	c EIN-PN 95-0537590-004
a	Plan name MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEDICAL SOCIETY OF DELAWARE	c EIN-PN 51-0061011-333
a	Plan name CALCAGNI & KANEFSKY LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALCAGNI & KANEFSKY LLP	c EIN-PN 81-2712035-001
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 OKLAHOMA HOME BUILDERS MEP 401(K)	
b	Name of plan sponsor OKLAHOMA HOME BUILDERS ASSOCIATION	c EIN-PN 73-0683222-333
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

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	POLY SCIENTIFIC R & D CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	POLY SCIENTIFIC R & D CORP.	c EIN-PN 11-2196414-001
a	Plan name	PWARE, LLC 401K PLAN	
b	Name of plan sponsor	PWARE, LLC	c EIN-PN 83-4410439-001
a	Plan name	QUAD PLUS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	QUAD PLUS LLC	c EIN-PN 20-2033561-001
a	Plan name	DWC EXCHANGE 401(K) PLAN	
b	Name of plan sponsor	DWC ERISA CONSULTANTS (DBA DWC - THE 401(K) EXPERTS)	c EIN-PN 24-2091417-001
a	Plan name	SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHRAM AUTO & TRUCK PARTS, INC.	c EIN-PN 38-3453628-001
a	Plan name	SCOTT LITMAN INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOTT LITMAN INSURANCE AGENCY, INC.	c EIN-PN 95-4544781-001
a	Plan name	AVMA LIFE TRUST, LLC MEP 401(K) PS PLAN	
b	Name of plan sponsor	AVMA LIFE TRUST, LLC	c EIN-PN 84-2685033-001
a	Plan name	MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	MARQUEZ BROTHERS INTERNATIONAL, INC	c EIN-PN 94-2789431-889
a	Plan name	MASTERY LOGISTICS SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor	MASTERY LOGISTICS SYSTEMS, INC.	c EIN-PN 83-1185597-001
a	Plan name	BETMGM 401(K) PLAN	
b	Name of plan sponsor	BETMGM, LLC	c EIN-PN 83-1679867-001
a	Plan name	NORTHWEST 401(K) BENEFITS GROUP	
b	Name of plan sponsor	SOUND FORD, INC	c EIN-PN 91-0906207-001
a	Plan name	OPTIMUM THERAPEUTICS PT & OT PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OPTIMUM THERAPEUTICS PT & OT PLLC	c EIN-PN 45-2839564-001

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 OUR CHILDREN THE LEADERS OF TOMORROW, INC. 401(K) PLAN	
b	Name of plan sponsor OUR CHILDREN THE LEADERS OF TOMORROW, INC.	c EIN-PN 27-0787205-001
a	Plan name CLAIMS RESOURCE SERVICES, INC 401(K) PLAN & TRUST	
b	Name of plan sponsor CLAIMS RESOURCE SERVICES, INC.	c EIN-PN 94-3241983-001
a	Plan name CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARK BROTHERS, INC.	c EIN-PN 94-1572305-002
a	Plan name PRESIDIO EMPLOYEE CO LLC 401(K) PLAN	
b	Name of plan sponsor PRESIDIO EMPLOYEE CO LLC	c EIN-PN 82-5116779-001
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 DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
b	Name of plan sponsor DYNAMIC RESEARCH	c EIN-PN 95-3385947-001
a	Plan name RALLY FOR RETIREMENT 401(K) PLAN	
b	Name of plan sponsor GREAT SALONS OF KNOXVILLE, INC.	c EIN-PN 84-1616153-002
a	Plan name FORRESTALL PLAN	
b	Name of plan sponsor JEFF FORRESTALL CPA PC	c EIN-PN 58-2514091-333
a	Plan name SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SOUTHEAST PERSONNEL LEASING, INC.	c EIN-PN 59-3298197-333
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 CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-001

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	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-003
a	Plan name	THE EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	CORPORATE SOLUTIONS, INC.	c EIN-PN 74-2817774-333
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
b	Name of plan sponsor	RETAIL ASSOCIATION OF MAINE	c EIN-PN 01-0165117-334
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	KIMIL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	KIMIL CO., INC.	c EIN-PN 16-1376982-001
a	Plan name	ADVANCED TEXTILES ASSOCIATION	
b	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	c EIN-PN 41-0434683-001
a	Plan name	AGILEX BUSINESS SOLUTIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	AGILEX BUSINESS SOLUTIONS, LLC	c EIN-PN 81-1011017-001
a	Plan name	AMERICA'S RETIREMENT PLAN	
b	Name of plan sponsor	R.E. BERLA LIMITED	c EIN-PN 46-0999083-002
a	Plan name	AXIOM ACQUISITION VENTURES MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	AXIOM ACQUISITION VENTURES MANAGEMENT, LLC	c EIN-PN 85-3091143-001
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
a	Plan name	BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	BADGER TRUCK & AUTOMOTIVE GROUP	c EIN-PN 39-1044839-002
a	Plan name	CAVAN BUILDERS CORP. 401(K) PLAN	
b	Name of plan sponsor	CAVAN BUILDERS CORP.	c EIN-PN 82-4046385-001

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	ECG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECG, INC.	c EIN-PN 22-2944262-001
a	Plan name	ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
b	Name of plan sponsor	ECOLOGY SERVICES, INC.	c EIN-PN 52-1633980-001
a	Plan name	FISCHER, INC. 401(K) PLAN	
b	Name of plan sponsor	FISCHER, INC.	c EIN-PN 61-1311180-001
a	Plan name	FPMA 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	FLORIDA PODIATRIC MEDICAL ASSOCIATION	c EIN-PN 59-3134492-333
a	Plan name	HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
b	Name of plan sponsor	HAWAII HEALTH & HARM REDUCTION CENTER	c EIN-PN 99-0284222-001
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	JOHN HOWARD COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JOHN HOWARD COMPANY, INC.	c EIN-PN 95-3273463-001
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	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	MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP	c EIN-PN 11-3481599-001
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	PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PAKLAB	c EIN-PN 95-4109799-001

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	PALM BEACH HEALTH CONSULTING LLC 401(K) PLAN	
b	Name of plan sponsor	PALM BEACH HEALTH CONSULTING	c EIN-PN 92-1435276-001
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	REGARD MUSIC GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	REGARD MUSIC GROUP, LLC	c EIN-PN 85-2122043-001
a	Plan name	REGIS FINANCIAL PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	REGIS FINANCIAL PARTNERS, LLC	c EIN-PN 20-8083708-001
a	Plan name	SKYVIEW CHOICE, LLC 401(K) PLAN	
b	Name of plan sponsor	SKYVIEW CHOICE, LLC	c EIN-PN 82-3517647-001
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	THOMPSON BROS PLUMBING 401K PLAN	
b	Name of plan sponsor	THOMPSON BROS PLUMBING	c EIN-PN 37-1458920-001
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	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	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	BMR PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	BMR PARTNERS, INC.	c EIN-PN 47-3763181-001
a	Plan name	ELEMENTAL MANAGEMENT GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	ELEMENTAL MANAGEMENT GROUP, LLC	c EIN-PN 82-3203908-001

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	GAHCC 401(K) PLAN	
b	Name of plan sponsor	GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE	c EIN-PN 74-0492475-001
a	Plan name	HR PARTNERS 401(K) PLAN	
b	Name of plan sponsor	HR PARTNERS, INC.	c EIN-PN 58-2394083-333
a	Plan name	LAKE COUNTRY EYE CARE 401(K) PLAN	
b	Name of plan sponsor	LAKE COUNTRY EYE CARE, LLC	c EIN-PN 47-2254444-001
a	Plan name	PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor	CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	c EIN-PN 95-0616125-002
a	Plan name	RESOLUTE INDEPENDENT ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor	RESOLUTE INDEPENDENT ADVISORS, LLC	c EIN-PN 82-1263122-001
a	Plan name	RETIRE READY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RETIRE READY	c EIN-PN 20-1826963-333
a	Plan name	TITUS PRECISION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TITUS PRECISION COMPANY	c EIN-PN 87-3842552-222
a	Plan name	WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
b	Name of plan sponsor	WILLIAMS FIRE & HAZARD, LLC	c EIN-PN 93-4675784-001
a	Plan name	ANGELIC HEALTH 401(K) PLAN	
b	Name of plan sponsor	ANGELIC PRACTICE MANAGEMENT, LLC	c EIN-PN 82-5301108-001
a	Plan name	BRAD PEASLEY TRUCKING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BRAD PEASLEY TRUCKING LLC	c EIN-PN 20-3853328-001
a	Plan name	CONSOLIDATED EMPLOYER SERVICES 401(K) PLAN	
b	Name of plan sponsor	CONSOLIDATED EMPLOYER SERVICES, INC.	c EIN-PN 47-2468992-001
a	Plan name	CONSTRUCTORS, INCORPORATED 401(K) PLAN	
b	Name of plan sponsor	CONSTRUCTORS, INCORPORATED	c EIN-PN 85-0135619-001

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 GATEWAY 401(K) RETIREMENT PLAN EXCHANGE II	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-302
a	Plan name ICON SIGN COMPANY 401(K)	
b	Name of plan sponsor ICON ACQUISTIONS, LLC DBA ICON SIGN COMPANY	c EIN-PN 82-1771476-001
a	Plan name LASTING IMAGE PROMOTIONAL PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LASTING IMAGE PROMOTIONAL PRODUCTS CO.	c EIN-PN 23-2872152-001
a	Plan name LEADING EDGE HUMAN RESOURCES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LEADING EDGE LEADERSHIP GROUP LLC	c EIN-PN 80-0737702-001
a	Plan name MORAN INDUSTRIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MORAN INDUSTRIES INC	c EIN-PN 23-2711171-001
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 SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUN ENGINEERING SERVICES, INC.	c EIN-PN 33-0312587-001
a	Plan name SUSTAINABLEHR RETIREMENT PLAN	
b	Name of plan sponsor SUSTAINABLEHR PEO, LLC	c EIN-PN 84-2747571-001
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 TRAVEL YESTERDAY INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRAVEL YESTERDAY INC DBA FISCHER TRAVEL ENTERPRISES	c EIN-PN 13-2768026-001

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 WORKCENTRIC RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor WORKCENTRIC, LLC	c EIN-PN 84-3894931-333
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 RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor C SYSTEMS, LLC	c EIN-PN 20-1820942-002
a	Plan name TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874762-001
a	Plan name TRI-STATE VETERINARY GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TRI-STATE VETERINARY GROUP	c EIN-PN 14-1800585-001
a	Plan name ZYNERGIA HR 401(K) PLAN	
b	Name of plan sponsor SYNERGY HR LLC	c EIN-PN 81-3943870-002
a	Plan name BRONX PARK REHABILITATION AND NURSING CENTER 401(K) PLAN	
b	Name of plan sponsor WHITE PLAINS NURSING HOME INC. D/B/A BRONX PARK	c EIN-PN 13-3992987-001
a	Plan name BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor BUCKLES-SMITH ELECTRIC COMPANY	c EIN-PN 94-1460248-003
a	Plan name CONTINENTAL EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor CONTINENTAL EXPRESS, INC	c EIN-PN 34-1434240-001
a	Plan name CORPORATE BUILDING SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor CORPORATE BUILDING SERVICES INC	c EIN-PN 14-1732520-001
a	Plan name EMPLOYER FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor EMPLOYER FLEXIBLE HR, LLC	c EIN-PN 27-4406361-333

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	EMPLOYERS RESOURCE 401(K) PLAN	c	EIN-PN	33-0688056-002
b	Name of plan sponsor	EMPLOYERS RESOURCE			
a	Plan name	EMPOWER HR RETIREMENT SAVINGS PLAN	c	EIN-PN	36-4115383-333
b	Name of plan sponsor	EMPOWER HR			
a	Plan name	ENDURANCE BUILDING SYSTEMS, INC. 401(K) PLAN	c	EIN-PN	92-3467996-001
b	Name of plan sponsor	ENDURANCE BUILDING SYSTEMS, INC.			
a	Plan name	ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN	c	EIN-PN	20-0029039-001
b	Name of plan sponsor	ENERGY MANAGEMENT COLLABORATIVE, LLC			
a	Plan name	GEOSPHERE CAPITAL MANAGEMENT LLC 401(K) PLAN	c	EIN-PN	20-8493181-003
b	Name of plan sponsor	GEOSPHERE CAPITAL MANAGEMENT, LLC			
a	Plan name	INSTANT INFOSYSTEMS 401(K) PROFIT SHARING PLAN	c	EIN-PN	95-4400744-001
b	Name of plan sponsor	INSTANT INFOSYSTEMS			
a	Plan name	LIBERTY RETIREMENT PLAN EXCHANGE	c	EIN-PN	85-3213245-777
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS			
a	Plan name	LIFESOURCE, UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. RETIREMENT PLAN	c	EIN-PN	36-3584029-002
b	Name of plan sponsor	UPPER MIDWEST ORGAN PROCUREMENT ORGANIZATION, INC. DBA LIFESOURCE			
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				
a	Plan name		c	EIN-PN	
b	Name of plan sponsor				

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 TA BLACKROCK LIFEPATH INDEX 2025 RET ACCT	B Three-digit plan number (PN) ▶ 835
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	142701665	169539265
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	142701665	169539265
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	142701665	169539265

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)	8980567	
(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		8980567

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		8980567
l Transfers of assets:			
(1) To this plan.....	2l(1)		72336584
(2) From this plan	2l(2)		54479551

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 _____.