

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: BLACKROCK GLOBAL ALLOCATION RET ACCT; 1b Three-digit plan number (PN): 864; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>BLACKROCK GLOBAL ALLOCATION RET ACCT</u>	B Three-digit plan number (PN)	<u>864</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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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 CRESCENT CITY SECURITY, INC. 401(K) PLAN	
b	Name of plan sponsor CRESCENT CITY SECURITY, INC.	c EIN-PN 35-1549160-001
a	Plan name ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ENTERRA SOLUTIONS, LLC	c EIN-PN 30-0002607-001
a	Plan name GMH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor GMH ASSOCIATES, INC.	c EIN-PN 23-2618889-001
a	Plan name INTERPLAN LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTERPLAN, LLC	c EIN-PN 59-3667640-001
a	Plan name LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN	
b	Name of plan sponsor LIGHTING & ELECTRICAL SALES CO., INC.	c EIN-PN 74-1786305-001
a	Plan name LINCOLN LAND SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor LINCOLN LAND SERVICES, LLC	c EIN-PN 20-5535148-001
a	Plan name LOGGINS PLUMBING 401(K) PLAN	
b	Name of plan sponsor LOGGINS PLUMBING	c EIN-PN 75-2802742-001
a	Plan name NATIONAL CHILDREN'S CANCER SOCIETY 401(K) PLAN	
b	Name of plan sponsor NATIONAL CHILDREN'S CANCER SOCIETY	c EIN-PN 37-1227890-001
a	Plan name NATIONAL WATER SERVICES 401(K) PLAN	
b	Name of plan sponsor NATIONAL WATER SERVICES	c EIN-PN 35-2158046-222
a	Plan name NCA RETIREMENT PLAN	
b	Name of plan sponsor NEVADA CARDIOLOGY ASSOCIATES	c EIN-PN 88-0293130-001
a	Plan name PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PETROLEUM EQUIPMENT INSTITUTE	c EIN-PN 73-0593344-002
a	Plan name PGS/GS DENTISTRY 401K PLAN	
b	Name of plan sponsor PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095590-001

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	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	TWIST BRANDS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TWIST BRANDS, LLC	c EIN-PN 85-3689218-001
a	Plan name	A SNAILS PACE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A SNAILS PACE, INC.	c EIN-PN 33-0667328-001
a	Plan name	A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN	
b	Name of plan sponsor	A. COLARUSSO & SON, INC.	c EIN-PN 14-1424400-001
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
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	CW LAW LLP 401(K) PLAN	
b	Name of plan sponsor	CW LAW LLP	c EIN-PN 85-3275179-001
a	Plan name	D & W MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	D & W MANAGEMENT, INC.	c EIN-PN 77-0420267-001
a	Plan name	EVERT & WEATHERSBY RETIREMENT PLAN	
b	Name of plan sponsor	EVERT & WEATHERSBY, LLC	c EIN-PN 58-1830721-001
a	Plan name	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name	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	NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEVADA ORTHOPEDIC & SPINE CENTER, LLC	c EIN-PN 88-0313907-001

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	PK HOUSING 401(K) PLAN	
b	Name of plan sponsor	PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name	SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SACATE PELLET MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name	SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
b	Name of plan sponsor	SAGE HEALTH SERVICES OF INDIANA	c EIN-PN 35-1811450-001
a	Plan name	FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC.	c EIN-PN 25-1603610-001
a	Plan name	FORM GRINDING TECH INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	FORM GRINDING TECH INC	c EIN-PN 38-3502129-001
a	Plan name	HEIN SCHNEIDER & BOND P.C. 401(K) PLAN	
b	Name of plan sponsor	HEIN SCHNEIDER & BOND	c EIN-PN 43-1696065-001
a	Plan name	HEMISPHERE AEROSPACE INVESTMENTS, LLC 401(K) PLAN	
b	Name of plan sponsor	HEMISPHERE AEROSPACE INVESTMENTS, LLC	c EIN-PN 83-1981062-001
a	Plan name	J & L WINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J & L WINES, INC.	c EIN-PN 25-1434953-001
a	Plan name	JAFCO AMERICA VENTURES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JAFCO AMERICA VENTURES, INC. DBA ICON VENTURES	c EIN-PN 94-2948334-001
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	ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALCON ENTERTAINMENT	c EIN-PN 62-1674411-001
a	Plan name	JRB ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JRB ASSOCIATES, INC.	c EIN-PN 05-0504611-001

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>W. L. PETREY WHOLESAL COMPANY, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>W. L. PETREY WHOLESAL</u>	c EIN-PN <u>63-0672324-001</u>
a	Plan name <u>ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>C & G HEALTH SOLUTIONS DBA ASTIS SOUTH HILLS PHARMACY</u>	c EIN-PN <u>45-5632914-001</u>
a	Plan name <u>MARCIA HARRER SOBEK, D.D.S., LLC 401(K) PLAN</u>	
b	Name of plan sponsor <u>MARCIA HARRER SOBEK, D.D.S., LLC</u>	c EIN-PN <u>86-0917714-001</u>
a	Plan name <u>MARCUS, WATANABE & DAVE, LLP 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>MARCUS, WATANABE & DAVE, LLP</u>	c EIN-PN <u>95-4319447-001</u>
a	Plan name <u>MARPAC CONSTRUCTION, LLC 401(K) PLAN</u>	
b	Name of plan sponsor <u>MARPAC CONSTRUCTION LLC</u>	c EIN-PN <u>91-1678599-001</u>
a	Plan name <u>BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN</u>	
b	Name of plan sponsor <u>BARNUM & CELILLO ELECTRIC, INC.</u>	c EIN-PN <u>68-0227342-001</u>
a	Plan name <u>BAUERSCHMIDT & SONS, INC. RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>BAUERSCHMIDT & SONS, INC.</u>	c EIN-PN <u>11-2287095-001</u>
a	Plan name <u>BAYSHORE HEALTH & HOMEMAKER SERVICES, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.</u>	c EIN-PN <u>59-2833315-001</u>
a	Plan name <u>NEWELL MACHINERY COMPANY 401(K)/PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>NEWELL MACHINERY COMPANY, INC.</u>	c EIN-PN <u>42-0646297-002</u>
a	Plan name <u>NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN</u>	
b	Name of plan sponsor <u>NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.</u>	c EIN-PN <u>51-0306007-001</u>
a	Plan name <u>ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN</u>	
b	Name of plan sponsor <u>ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.</u>	c EIN-PN <u>38-3553403-001</u>
a	Plan name <u>CHAMPION DISCS, INC. RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>CHAMPION DISCS, INC.</u>	c EIN-PN <u>95-3894688-001</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 PLUTUS CAPITAL NY INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PLUTUS CAPITAL NY INC.	c EIN-PN 82-2739089-001
a	Plan name POLLUX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor POLLUX SYSTEMS, INC.	c EIN-PN 35-1813327-001
a	Plan name DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DAVE ARBOGAST GROUP, INC.	c EIN-PN 31-1409301-001
a	Plan name DAVID MANCINI & SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID MANCINI & SONS, INC.	c EIN-PN 27-3716806-001
a	Plan name DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001
a	Plan name PURCHASING POWER 401(K) PLAN	
b	Name of plan sponsor PURCHASING POWER, LLC	c EIN-PN 90-0193342-222
a	Plan name QUARTER20, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor QUARTER20, INC.	c EIN-PN 46-5333165-001
a	Plan name DR. ALEXANDER J. KIM, INC. RETIREMENT PLAN & TRUST	
b	Name of plan sponsor DR. ALEXANDER J. KIM DDS	c EIN-PN 43-2071840-001
a	Plan name DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor DRILLING SUPPLY & MANUFACTURING	c EIN-PN 74-1903853-001
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 ATTAWAY SERVICES CAROLINA, INC. 401(K) PLAN	
b	Name of plan sponsor ATTAWAY SERVICE CAROLINA, INC.	c EIN-PN 82-2912532-001
a	Plan name MATCHSTICK VENTURES LLC 401(K) PLAN	
b	Name of plan sponsor MATCHSTICK VENTURES LLC	c EIN-PN 47-2994395-001

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 MEHRAN FOTOVATJAH, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEHRAN FOTOVATJAH, DDS, INC.	c EIN-PN 77-0516617-002
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 BENO J. GUNDLACH COMPANY 401(K) PLAN	
b	Name of plan sponsor BJG INVESTMENTS COMPANY	c EIN-PN 46-1578021-002
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 NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor NOTKIN HAWAII, INC.	c EIN-PN 99-0237335-001
a	Plan name CARE MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor CARE MANAGEMENT, INC.	c EIN-PN 11-3117425-001
a	Plan name ORTHO SPINE ADVANCE HEALTH, INC. 401(K) PLAN	
b	Name of plan sponsor ORTHO SPINE ADVANCE HEALTH, INC.	c EIN-PN 46-1326710-001
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 PRO WIRELINE INC. 401(K) PLAN	
b	Name of plan sponsor PRO WIRELINE INC.	c EIN-PN 04-3682361-001
a	Plan name DECON LABORATORIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DECON LABORATORIES, INC.	c EIN-PN 23-2097317-002
a	Plan name DELTA CONSTRUCTORS, LLC 401(K) PLAN	
b	Name of plan sponsor DELTA CONSTRUCTORS, LLC	c EIN-PN 37-1552952-001

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	R W SMITH COMPANY 401(K) PLAN	
b	Name of plan sponsor	R W SMITH COMPANY	c EIN-PN 58-1909821-001
a	Plan name	R&R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	R&R DIRECT MAIL, INC.	c EIN-PN 11-2467943-002
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	SPECIALTY PROPERTY, LTD 401(K) PLAN	
b	Name of plan sponsor	SPECIALTY PROPERTY, LTD	c EIN-PN 74-2938057-001
a	Plan name	HARBERSON HOLDINGS, INC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	HARBERSON HOLDINGS INC.	c EIN-PN 56-2438638-002
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	HERTZ , CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HERTZ, CHERSON & ROSENTHAL, P.C.	c EIN-PN 11-3138051-004
a	Plan name	HIES, INC. 401(K) PLAN	
b	Name of plan sponsor	HIES, INC.	c EIN-PN 99-0307452-001
a	Plan name	HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
b	Name of plan sponsor	HIGHTOWERS PETROLEUM CO.	c EIN-PN 31-1151689-001
a	Plan name	ADVANCE VALVE INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCE VALVE INC.	c EIN-PN 43-1040049-002
a	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-777
a	Plan name	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLE MAKOFF LLP	c EIN-PN 27-1587480-001

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	ALH 401(K) PLAN	
b	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001
a	Plan name	ALLIANCE BUS GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLIANCE BUS GROUP, INC.	c EIN-PN 27-4466560-001
a	Plan name	KIDS FIRST PEDIATRIC DENTISTRY, PLLC RETIREMENT PLAN	
b	Name of plan sponsor	KIDS FIRST PEDIATRIC DENTISTRY, PLLC	c EIN-PN 26-1449209-001
a	Plan name	BILL BRADLEY PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor	BILL BRADLEY PLUMBING, INC.	c EIN-PN 63-0657536-001
a	Plan name	BISCO 401K PLAN	
b	Name of plan sponsor	BONNEVILLE INDUSTRIAL SUPPLY	c EIN-PN 87-0329139-001
a	Plan name	COAST DIAMOND, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COAST DIAMOND, INC.	c EIN-PN 94-2551495-002
a	Plan name	DESIGN CONTINUUM, INC. 401(K) PLAN	
b	Name of plan sponsor	DESIGN CONTINUUM INC.	c EIN-PN 58-1100379-001
a	Plan name	ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN	
b	Name of plan sponsor	ECOLOGY SERVICES, INC.	c EIN-PN 52-1633982-002
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	FILM SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FILM SOLUTIONS, LLC	c EIN-PN 47-4848508-001
a	Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	HARRY WARREN, INC.	c EIN-PN 59-1523664-001
a	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	c EIN-PN 99-0143112-001

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 HINSHAW, MARSH, STILL & HINSHAW, LLP PROFIT SHARING AND TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor HINSHAW, MARSH, STILL & HINSHAW, LLP	c EIN-PN 35-2447620-001
a	Plan name HOSPICE OF SAN JOAQUIN 401(K) PLAN	
b	Name of plan sponsor HOSPICE OF SAN JOAQUIN	c EIN-PN 94-2777980-005
a	Plan name MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor MEYBOHM REALTORS, LLC	c EIN-PN 58-2508705-002
a	Plan name MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDWAY TRAILERS, INC.	c EIN-PN 43-1204852-002
a	Plan name MILLER MAYS & ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor MILLER MAYS & ASSOCIATES, LLC	c EIN-PN 45-4818677-001
a	Plan name PROPACK LOGISTICS US, LLC 401(K) PLAN	
b	Name of plan sponsor PROPACK LOGISTICS US, LLC	c EIN-PN 82-1965778-001
a	Plan name RAPTOR PETROLEUM 401(K) PLAN	
b	Name of plan sponsor RAPTOR PETROLEUM	c EIN-PN 20-5877086-001
a	Plan name SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIGNALS AUDIO VIDEO, INC.	c EIN-PN 95-4602729-001
a	Plan name VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002
a	Plan name AMERICAN MARINE SERVICES GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN WORKBOATS, INC.	c EIN-PN 99-0164323-001
a	Plan name AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name AMERICARE, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICARE, INC.	c EIN-PN 11-2608743-002

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 BLUEBERRY BLVD., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLUEBERRY BLVD., LLC	c EIN-PN 11-3559983-001
a	Plan name BMR PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor BMR PARTNERS, INC.	c EIN-PN 47-3763181-222
a	Plan name BOARDMAN, LLC 401(K) PLAN	
b	Name of plan sponsor BOARDMAN, LLC	c EIN-PN 73-1470937-003
a	Plan name BOGHOSIAN RAISIN PACKING COMPANY, INC. 401(K)	
b	Name of plan sponsor BOGHOSIAN RAISIN PACKING COMPANY, INC.	c EIN-PN 94-2175344-002
a	Plan name COLUMBIA RIVER FLOOR COVERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA RIVER FLOOR COVERING, INC.	c EIN-PN 91-0839015-002
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 MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MOCERI MANAGEMENT CO	c EIN-PN 38-6175411-001
a	Plan name REINTJES & HITER CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor REINTJES & HITER CO., INC.	c EIN-PN 48-0762809-001
a	Plan name REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REISCHLING PRESS, INC.	c EIN-PN 91-1013222-001
a	Plan name RELIABLE MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MEDLITE, INC.	c EIN-PN 22-3117157-001
a	Plan name WILSHIRE HOUSE ASSOCIATION EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor WILSHIRE HOUSE ASSOCIATION	c EIN-PN 95-3593022-001
a	Plan name ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
b	Name of plan sponsor ANDERSON, JULIAN & HULL, LLP	c EIN-PN 82-0504369-001

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 I	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-301
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 GATEWAY 401(K) RETIREMENT PLAN EXCHANGE III	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-303
a	Plan name GATEWAY 401(K) RETIREMENT PLAN EXCHANGE IV	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-304
a	Plan name GATEWAY AMP RETIREMENT PLAN EXCHANGE - ACTIVE	
b	Name of plan sponsor AMP	c EIN-PN 85-4019239-002
a	Plan name IBP & HPI 401(K) PLAN	
b	Name of plan sponsor ISLAND BREEZE PRODUCTIONS, INC.	c EIN-PN 99-0276955-001
a	Plan name ICON EQUIPMENT DISTRIBUTORS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor ICON EQUIPMENT DISTRIBUTORS, INC.	c EIN-PN 22-2435580-001
a	Plan name IMPERIAL RUBBER PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor IMPERIAL RUBBER	c EIN-PN 33-0350283-001
a	Plan name LAW OFFICE OF MARK A. VICKNESS 401K PLAN	
b	Name of plan sponsor LAW OFFICE OF MARK A. VICKNESS	c EIN-PN 86-1126683-001
a	Plan name MONTESSORI INTERNATIONAL ACADEMY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MADOKA INTERNATIONAL, INC. DBA MONTESSORI INTERNATIONAL ACADEMY	c EIN-PN 27-3946841-001
a	Plan name TOWER ENGINEERING SOLUTIONS, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOWER ENGINEERING SOLUTIONS, LLC.	c EIN-PN 46-2297448-001
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

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	PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEACHTREE PARK PEDIATRICS, LLP	c EIN-PN 58-0966853-001
a	Plan name	RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name	TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	TRUE NORTH CUSTOM PUBLISHING, LLC.	c EIN-PN 62-1764489-001
a	Plan name	ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANIMAL & BIRD HOSPITAL, INC.	c EIN-PN 33-0078013-001
a	Plan name	ANTHEM TAX SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor	ANTHEM TAX SERVICES LLC	c EIN-PN 81-5160059-001
a	Plan name	BREEDLOVE, DENNIS, & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	BREEDLOVE, DENNIS, & ASSOCIATES, INC.	c EIN-PN 59-1694414-001
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	GATEWAY AMP RETIREMENT PLAN EXCHANGE - MFS	
b	Name of plan sponsor	AMP	c EIN-PN 85-4019239-005
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	GEOSPHERE CAPITAL MANAGEMENT LLC 401(K) PLAN	
b	Name of plan sponsor	GEOSPHERE CAPITAL MANAGEMENT, LLC	c EIN-PN 20-8493181-003
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan BLACKROCK GLOBAL ALLOCATION RET ACCT	B Three-digit plan number (PN) ▶ 864
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)	22509157
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20623088
(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	22509157	20623088
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	22509157	20623088

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)	2028019	
(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		2028019

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		2028019
l Transfers of assets:			
(1) To this plan	2l(1)		2079549
(2) From this plan	2l(2)		5993637

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 _____.