

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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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
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1a Name of plan <u>PIMCO REAL RETURN RET ACCT</u>	1b Three-digit plan number (PN) ▶ <u>995</u> 1c Effective date of plan
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> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>36-6071399</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</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> 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>PIMCO REAL RETURN RET ACCT</u>	B Three-digit plan number (PN)	<u>995</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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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	ARCH MANAGEMENT PROFIT SHARING PLAN
b	Name of plan sponsor	JOF, LLC
c	EIN-PN	47-2674762-001
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	ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE 401(K) PLAN
b	Name of plan sponsor	ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE
c	EIN-PN	31-1120194-001
a	Plan name	BUFFALO VETERINARY PRACTICES 401(K) PLAN
b	Name of plan sponsor	PET DEGREE HOSPITAL PLLC
c	EIN-PN	81-2573552-001
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	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	CROWN CRAFTS, INC.
c	EIN-PN	58-0678148-002
a	Plan name	CROWN PACKAGING CORPORATION PROFIT SHARING PLAN
b	Name of plan sponsor	CROWN PACKAGING CORPORATION
c	EIN-PN	31-0743880-001
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	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY 401(K) PLAN
b	Name of plan sponsor	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY LLC
c	EIN-PN	45-2581371-001
a	Plan name	GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN
b	Name of plan sponsor	GLOBAL SURVEILLANCE ASSOCIATES
c	EIN-PN	88-0230434-001
a	Plan name	INTERNATIONAL MARKETING STRATEGIES 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	INTERNATIONAL MARKETING STRATEGIES
c	EIN-PN	52-1523774-001
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	ROCKY MOUNTAIN BUSINESS SYSTEMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCKY MOUNTAIN BUSINESS SYSTEMS, INC.	c EIN-PN 85-0330110-002
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&J VINEYARD SUPPLY INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	A&J VINEYARD SUPPLY INC.	c EIN-PN 26-1669835-001
a	Plan name	ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor	ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001
a	Plan name	ASPIRE HIGHER EDUCATIONAL SERVICES 401(K) PLAN	
b	Name of plan sponsor	ASPIRE HIGHER EDUCATIONAL SERVICES	c EIN-PN 81-3643454-001
a	Plan name	C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name	CVIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CVIN, LLC	c EIN-PN 77-0407563-001
a	Plan name	IR-G 401(K) RETIREMENT READINESS PLAN	
b	Name of plan sponsor	D & M INDUSTRIES, INC.	c EIN-PN 62-1393238-001
a	Plan name	MAK CHEMICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	MAK CHEMICALS, INC.	c EIN-PN 45-4836928-001
a	Plan name	NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEVADA ORTHOPEDIC & SPINE CENTER, LLC	c EIN-PN 88-0313907-001
a	Plan name	PK HOUSING 401(K) PLAN	
b	Name of plan sponsor	PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001

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	RUTLEDGE FARMING COMPANY, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	RUTLEDGE FARMING COMPANY, INC.	c EIN-PN 26-2858269-001
a	Plan name	SACCO & FILLAS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SACCO & FILLAS, LLP	c EIN-PN 16-1706802-001
a	Plan name	TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
a	Plan name	TEAMEPS LLC 401(K) PLAN	
b	Name of plan sponsor	TEAMEPS LLC	c EIN-PN 20-4489290-001
a	Plan name	UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNISOURCE SOLUTIONS, INC.	c EIN-PN 95-4117599-001
a	Plan name	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	TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TERESI TRUCKING, LLC	c EIN-PN 94-1712166-001
a	Plan name	A.M.E. INC. 401(K)	
b	Name of plan sponsor	A.M.E. INC.	c EIN-PN 22-3603962-001
a	Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J. J. MAUGET COMPANY, INC.	c EIN-PN 95-1968672-002
a	Plan name	V & A INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	V & A INC.	c EIN-PN 26-3968624-001
a	Plan name	ALAN SCHATZBERG & ASSOCIATES RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	ALAN SCHATZBERG & ASSOCIATES, INC.	c EIN-PN 22-3529223-001
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 KAHUA 401(K) PLAN	
b	Name of plan sponsor KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	c EIN-PN 58-2352698-001
a	Plan name W.E. LYONS CONSTRUCTION CO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor W.E. LYONS CONSTRUCTION CO.	c EIN-PN 94-1450704-001
a	Plan name ATHERTON & ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor ATHERTON & ASSOCIATES LLP	c EIN-PN 94-1239084-001
a	Plan name MANASWIS ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN	
b	Name of plan sponsor MANASWIS ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC	c EIN-PN 83-1463534-001
a	Plan name MARCIA HARRER SOBEK, D.D.S., LLC 401(K) PLAN	
b	Name of plan sponsor MARCIA HARRER SOBEK, D.D.S., LLC	c EIN-PN 86-0917714-001
a	Plan name MARPAC CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor MARPAC CONSTRUCTION LLC	c EIN-PN 91-1678599-001
a	Plan name BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor BARNUM & CELILLO ELECTRIC, INC.	c EIN-PN 68-0227342-001
a	Plan name MCPOWELL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor MCPOWELL MANAGEMENT INC.	c EIN-PN 27-1410013-001
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name 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 DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001

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 DBHMS 401(K) PLAN	
b	Name of plan sponsor NEST BUILDERS, INC D/B/A DBHMS	c EIN-PN 35-2185639-001
a	Plan name FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AUTISM SPECTRUM CONSULTANTS, INC.	c EIN-PN 20-0401114-001
a	Plan name AVOPACIFIC OILS, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor AVOPACIFIC OILS, LLC	c EIN-PN 47-5047002-001
a	Plan name 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 MEDINA ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor J.M. MEDINA, DMD, PA	c EIN-PN 16-1741159-001
a	Plan name MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name NOVA AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOVA AUTOMOTIVE INC.	c EIN-PN 26-0025508-002
a	Plan name CAPITAL AREA TITLE, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CAPITAL AREA TITLE, LLC	c EIN-PN 20-4865361-001
a	Plan name CAROLINA DEALERSHIPS, INC. 401(K) PLAN	
b	Name of plan sponsor CAROLINA DEALERSHIPS, INC.	c EIN-PN 20-0465434-001
a	Plan name CHILD & MARTON LLP 401(K) PLAN	
b	Name of plan sponsor CHILD & MARTON LLP	c EIN-PN 80-0051807-001
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

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 EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAR MEDICAL GROUP, P.A.	c EIN-PN 74-2283401-001
a	Plan name 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 RACK PROCESSING COMPANY UNION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RACK PROCESSING COMPANY	c EIN-PN 31-0535048-001
a	Plan name RACK/T&R WELDING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RACK PROCESSING COMPANY	c EIN-PN 31-0535048-002
a	Plan name FCBI 401(K) PLAN	
b	Name of plan sponsor FOOTHILLS COMMERCIAL BUILDERS, INC.	c EIN-PN 84-1150396-222
a	Plan name FOUST FOUNDATIONS 401(K) PLAN	
b	Name of plan sponsor FOUST FOUNDATIONS, INC.	c EIN-PN 39-2021879-001
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 CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name THE SCHUMACHER CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE SCHUMACHER CONSTRUCTION COMPANY	c EIN-PN 34-1091859-001
a	Plan name ADC LTD NM 401(K) PLAN	
b	Name of plan sponsor ADC LTD NM	c EIN-PN 85-0464911-001
a	Plan name ADC LTD NM UNION 401(K) PLAN	
b	Name of plan sponsor ADC LTD NM	c EIN-PN 85-0464911-003
a	Plan name VALLEY ALLERGY CLINIC, PC EMPLOYEES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor VALLEY ALLERGY CLINIC, PC.	c EIN-PN 38-2209197-001

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 VANCOUVER BOLT & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VANCOUVER BOLT & SUPPLY, INC.	c EIN-PN 91-1051191-001
a	Plan name VENERUSO & ACCINELLI PROFIT SHARING PLAN	
b	Name of plan sponsor VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	c EIN-PN 81-3879700-001
a	Plan name KEARNEY'S 401(K) PLAN AND TRUST	
b	Name of plan sponsor KEARNEY'S METALS INC.	c EIN-PN 94-1666953-001
a	Plan name WALLER SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALLER SALES CORPORATION	c EIN-PN 62-1624316-001
a	Plan name WALTON ISAACSON 401(K) PLAN	
b	Name of plan sponsor WALTON ISAACSON LLC	c EIN-PN 20-3735704-001
a	Plan name AGRITEK INDUSTRIES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AGRITEK INDUSTRIES, INC.	c EIN-PN 38-2742197-001
a	Plan name B&R MOLL, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor B&R MOLL, INC.	c EIN-PN 20-0026172-001
a	Plan name BILL RAY NISSAN 401(K) PLAN	
b	Name of plan sponsor DICK BAIRD, INC. DBA BILL RAY NISSAN	c EIN-PN 59-1197628-002
a	Plan name CEDAR HILL FURNITURE 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor GFS CORP; CEDAR HILL COMFORT SHOPPE DBA CEDAR HILL FURNITURE	c EIN-PN 31-0920114-001
a	Plan name CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	c EIN-PN 68-0025437-001
a	Plan name DIESELSITE INC. 401(K) PLAN	
b	Name of plan sponsor DIESELSITE INC.	c EIN-PN 45-4660009-001
a	Plan name DIXIE SEAL AND STAMP COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIXIE SEAL AND STAMP COMPANY, INC.	c EIN-PN 58-0222270-001

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. (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 EDGE CONCRETE CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor EDGE CONCRETE CONSTRUCTION, LLC	c EIN-PN 91-2140958-001
a	Plan name FINISHING EDGE 401(K) PLAN	
b	Name of plan sponsor FINISHING EDGE CURB & SIDEWALK, LLC	c EIN-PN 91-1658323-001
a	Plan name FISHERIES SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor FISHERIES SUPPLY CO.	c EIN-PN 91-0222320-001
a	Plan name FRANK, FRANK, GOLDSTEIN & NAGER, P.C.401(K)PLAN	
b	Name of plan sponsor FRANK, FRANK, GOLDSTEIN & NAGER, PC	c EIN-PN 13-2829967-001
a	Plan name FRESNO PIPE & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRESNO PIPE & SUPPLY, INC.	c EIN-PN 77-0039687-001
a	Plan name JOSEPH A. MOTTA, ATTORNEY AT LAW 401(K) PLAN & TRUST	
b	Name of plan sponsor JOSEPH A. MOTTA, ATTORNEY AT LAW	c EIN-PN 82-2722960-001
a	Plan name JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN	
b	Name of plan sponsor JOSEPH J. SCHIFINI MD, LTD	c EIN-PN 88-0424633-001
a	Plan name OKAHARA AND ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OKAHARA AND ASSOCIATES, INC.	c EIN-PN 99-0186805-001
a	Plan name 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	PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	PROFILE RACING, INC.	c EIN-PN 22-1921633-001
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	STAG INDUSTRIAL MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STAG INDUSTRIAL MANAGEMENT LLC	c EIN-PN 27-3647617-001
a	Plan name	THE FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FIRST MEDICAL CENTER, INC.	c EIN-PN 33-0791088-001
a	Plan name	THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name	THE KENWOOD 401(K) PLAN	
b	Name of plan sponsor	THE KENWOOD CONGREGATE ASSOCIATES	c EIN-PN 36-3382337-001
a	Plan name	VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VIP COMMUNITY MENTAL HEALTH CENTER, INC.	c EIN-PN 30-0017808-001
a	Plan name	AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	c EIN-PN 88-0159433-001
a	Plan name	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	BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor	BOLAND MARINE & INDUSTRIAL, LLC	c EIN-PN 85-0485227-001
a	Plan name	FURMAN & HAUSWIRTH 401 (K) PLAN	
b	Name of plan sponsor	FURMAN & HAUSWIRTH CPAS	c EIN-PN 11-3134883-001
a	Plan name	GACE 401(K) PLAN	
b	Name of plan sponsor	GACE CONSULTING ENGINEERS, P.C.	c EIN-PN 20-5995207-001

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 GARTH FISHER M.D., A MEDICAL CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor GARTH FISHER M.D., A MEDICAL CORP.	c EIN-PN 95-4440917-001
a	Plan name HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC) PROFIT SHARING PLAN	
b	Name of plan sponsor HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC)	c EIN-PN 72-0846620-001
a	Plan name HUDDLE HOUSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUDDLE HOUSE, INC.	c EIN-PN 58-0916623-003
a	Plan name HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor HUDSON COMMUNITY ENTERPRISES, INC.	c EIN-PN 22-1629147-001
a	Plan name KTX - AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor KTX - AMERICA, INC.	c EIN-PN 30-0031143-001
a	Plan name LA MADE CREATIVE 401(K) PLAN	
b	Name of plan sponsor LA MADE CREATIVE, INC.	c EIN-PN 47-1699482-001
a	Plan name RELIABLE CONTROLS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RELIABLE CONTROLS CORPORATION	c EIN-PN 87-0630670-001
a	Plan name WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001
a	Plan name ANDERSON MULHOLLAND & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDERSON MULHOLLAND & ASSOCIATES, INC.	c EIN-PN 13-3508264-001
a	Plan name ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
b	Name of plan sponsor ANDERSON, JULIAN & HULL, LLP	c EIN-PN 82-0504369-001
a	Plan name BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN	
b	Name of plan sponsor BOO-KER OIL & GAS CORP.	c EIN-PN 72-0750276-001
a	Plan name 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

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 BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BRAND FUEL CO. LLC	c EIN-PN 46-4597317-001
a	Plan name INFINITI HR RETIREMENT PLAN	
b	Name of plan sponsor INFINITI HR	c EIN-PN 26-2399761-001
a	Plan name LANDIVAR 401(K) PLAN	
b	Name of plan sponsor LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001
a	Plan name LAVATEC LAUNDRY TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LAVATEC LAUNDRY TECHNOLOGY, INC.	c EIN-PN 27-3113145-001
a	Plan name PAUL W. MAURER GENERAL CONTRACTING, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor PAUL W. MAURER GENERAL CONTRACTING, INC.	c EIN-PN 38-2338191-002
a	Plan name SUPREME COLOR GRAPHICS 401(K) PLAN	
b	Name of plan sponsor SUPREME COLOR GRAPHICS, LLC	c EIN-PN 46-4088562-001
a	Plan name SYSTEM RESOURCES TELECOM 401(K) PLAN	
b	Name of plan sponsor SYSTEM RESOURCES TELECOM, LLC	c EIN-PN 72-1432916-001
a	Plan name WINTER PARK IMPORTS, INC. 401K PLAN	
b	Name of plan sponsor WINTER PARK IMPORTS, INC.	c EIN-PN 59-2955009-001
a	Plan name MRC CREATIONS, LLC 401(K)	
b	Name of plan sponsor MRC CREATIONS, LLC	c EIN-PN 46-4236344-002
a	Plan name NATIONAL AUTO CARE 401(K) PLAN	
b	Name of plan sponsor NATIONAL AUTO CARE CORP.	c EIN-PN 31-1115893-001
a	Plan name PEDIATRIC PARTNERS OF NORTHERN KENTUCKY PSC 401(K) PLAN	
b	Name of plan sponsor PEDIATRIC PARTNERS OF NORTHERN KENTUCKY, PSC	c EIN-PN 20-1127554-001
a	Plan name PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERSON & COVEY, INC.	c EIN-PN 95-2020861-001

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	SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	C SYSTEMS, LLC	c EIN-PN 20-1820942-001
a	Plan name	GATOR HOME TECH 401K PLAN	
b	Name of plan sponsor	GATOR TECH INTEGRATION, INC.	c EIN-PN 54-2077009-002
a	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001
a	Plan name	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	INSTANT INFOSYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INSTANT INFOSYSTEMS	c EIN-PN 95-4400744-001
a	Plan name	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT 401(K) PLAN	
b	Name of plan sponsor	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT	c EIN-PN 22-3391706-001
a	Plan name	INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN	
b	Name of plan sponsor	INSURANCE PROFESSIONALS OF TENNESSEE, LLC	c EIN-PN 20-1340121-001
a	Plan name	LEGAL ASSISTANCE FOR SENIORS 401(K) PLAN	
b	Name of plan sponsor	LEGAL ASSISTANCE FOR SENIORS, INC.	c EIN-PN 94-2941697-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
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 PIMCO REAL RETURN RET ACCT	B Three-digit plan number (PN) ▶ 995
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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	24395198
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	16631567
(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	24395198	16631567
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	24395198	16631567

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)	942376	
(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		942376

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		942376
l Transfers of assets:			
(1) To this plan	2l(1)		5281497
(2) From this plan	2l(2)		13987504

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 _____.