

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

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: JPMORGAN SMARTRETIREMENT INCOME RET OPT
1b Three-digit plan number (PN): 661
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

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>JPMORGAN SMARTRETIREMENT INCOME RET OPT</u>	B Three-digit plan number (PN)	<u>661</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</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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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 A GREATER LOVE FOSTER FAMILY AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor A GREATER LOVEFOSTER FAMILY AGENCY, INC.	c EIN-PN 82-3295704-001
a	Plan name ACTON MECHANICAL 401(K) PLAN	
b	Name of plan sponsor ACTON MECHANICAL, INC.	c EIN-PN 45-0483488-001
a	Plan name MCBRIDE QUALITY CARE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor MCBRIDE QUALITY CARE SERVICES, INC.	c EIN-PN 38-2905688-002
a	Plan name MEDARDO C. SUPNET, M.D., INC. 401(K) PLAN	
b	Name of plan sponsor MEDARDO C. SUPNET, M.D., INC.	c EIN-PN 95-4779732-002
a	Plan name MERIT TITLE, LLC 401(K) PLAN	
b	Name of plan sponsor MERIT TITLE, LLC	c EIN-PN 20-0467684-001
a	Plan name NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEPTUNE SHIPPING LIMITED	c EIN-PN 26-0630492-001
a	Plan name NOBILITY HEALTH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOBILITY HEALTH	c EIN-PN 81-0701839-001
a	Plan name NVISNX 401(K) PLAN	
b	Name of plan sponsor NVISNX LLC	c EIN-PN 83-1395572-001
a	Plan name OLD TOWN FIBERGLASS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OLD TOWN FIBERGLASS	c EIN-PN 20-2006359-001
a	Plan name OMEGA THERMO PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor OMEGA THERMO PRODUCTS, LLC	c EIN-PN 39-1930105-001
a	Plan name OPEN RANGE ENGINEERING SERVICES 401(K) PLAN	
b	Name of plan sponsor OPEN RANGE ENGINEERING SERVICES, PLLC	c EIN-PN 20-5674889-001
a	Plan name PACIFIC ASIAN ENTERPRISES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC ASIAN ENTERPRISES, INC.	c EIN-PN 95-3306034-002

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 PACIFIC POWER ELECTRICAL CONTRACTING, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PACIFIC POWER ELECTRICAL CONTRACTING, LLC	c EIN-PN 45-2456005-001
a	Plan name ADAMS COUNTY LIBRARY SYSTEM 401(K) PLAN	
b	Name of plan sponsor ADAMS COUNTY LIBRARY SYSTEM	c EIN-PN 23-1352002-002
a	Plan name ALLIED HEATING & AIR 401(K) PLAN	
b	Name of plan sponsor TOM JOHNSON, INC. DBA ALLIED HEATING & AIR	c EIN-PN 90-0182914-001
a	Plan name ALPHAONE AMBULANCE 401(K) PLAN	
b	Name of plan sponsor ALPHAONE AMBULANCE MEDICAL SERVICES, INC.	c EIN-PN 27-3266402-001
a	Plan name AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001
a	Plan name ASSURE HOSPICE CARE. INC. RETIREMENT PLAN	
b	Name of plan sponsor ASSURE HOSPICE CARE, INC	c EIN-PN 47-5390084-001
a	Plan name BCB TRANSPORT, LLC. 401(K) PLAN	
b	Name of plan sponsor BCB TRANSPORT, LLC.	c EIN-PN 27-5099832-001
a	Plan name BLUE STARS ADMISSIONS CONSULTING, LLC RETIREMENT PLAN	
b	Name of plan sponsor BLUE STARS ADMISSIONS CONSULTING, LLC	c EIN-PN 83-3693605-001
a	Plan name PARAGON PRINT SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PARAGON PRINT SYSTEMS, INC.	c EIN-PN 23-2984595-001
a	Plan name PEARL HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor PEARL OF ROLLING MEADOWS, LLC	c EIN-PN 83-1666833-001
a	Plan name PRINCIPLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor PRINCIPLE SERVICES, LLC	c EIN-PN 83-3051083-001
a	Plan name QUALITY FABRICATION & DESIGN 401(K) PLAN	
b	Name of plan sponsor QUALITY FABRICATION & DESIGN	c EIN-PN 75-2191833-001

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	REALOGIC SOLUTIONS LLC 401(K) PLAN	
b	Name of plan sponsor	REALSCAPE GROUP LLC DBA REALOGIC SOLUTIONS	c EIN-PN 46-4805391-001
a	Plan name	RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
b	Name of plan sponsor	RETINA CONSULTANTS SAN DIEGO, INC	c EIN-PN 95-3511595-001
a	Plan name	ROLLAC SHUTTER OF TEXAS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROLLAC SHUTTER OF TEXAS, INC.	c EIN-PN 76-0117689-001
a	Plan name	BRAZOS VALLEY CONTRACTING CO. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAZOS VALLEY CONTRACTING CO.	c EIN-PN 74-2578579-001
a	Plan name	BRIGHTCOVERS 401(K) PLAN	
b	Name of plan sponsor	TRANSLUCENT LLC DBA BRIGHTCOVERS	c EIN-PN 84-1999442-001
a	Plan name	C. KEITH HENDERSON & ASSOCIATES PROFIT SHARING TRUST	
b	Name of plan sponsor	HENENDERSON & HENDERSON, P.C.	c EIN-PN 22-1900354-001
a	Plan name	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	C.R.M. PHYSICIANS, LLC DBA ASCENT HEALTHCARE	c EIN-PN 45-4487309-001
a	Plan name	C3 SYSTEMS & SECURITY RETIREMENT PLAN	
b	Name of plan sponsor	C3 SYSTEMS & SECURITY	c EIN-PN 72-1581602-001
a	Plan name	CARNIVAL EMPLOYMENT SERVICES 401(K) P/S PLAN	
b	Name of plan sponsor	CARNIVAL EMPLOYMENT SERVICES, LLC	c EIN-PN 26-4824293-001
a	Plan name	CAUDILL, KADO & CO - DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JENNIFER CAUDILL, MD, PLLC	c EIN-PN 45-2672063-001
a	Plan name	CENTURY BUILDING SOLUTIONS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTURY BUILDING SOLUTIONS, INC.	c EIN-PN 46-0631230-001
a	Plan name	CLOMPUS & RETO VISION ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	CLOMPUS & RETO VISION ASSOCIATES, PC	c EIN-PN 23-2586730-001

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	CONSERVATION AND LIQUIDATION OFFICE 401(K) PLAN	
b	Name of plan sponsor	CONSERVATION AND LIQUIDATION OFFICE	c EIN-PN 95-4332303-001
a	Plan name	CORNERSTONE FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor	LEONARD FINANCIAL LLC	c EIN-PN 83-1863378-001
a	Plan name	DALHART ABSTRACT COMPANY, LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DALHART ABSTRACT COMPANY, LP	c EIN-PN 75-2814512-002
a	Plan name	DELAWARE VALLEY ANESTHESIA ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	DELAWARE VALLEY ANESTHESIA ASSOCIATES LLC	c EIN-PN 22-3501151-001
a	Plan name	DELTRAN OPERATIONS USA INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DELTRAN OPERATIONS USA INC	c EIN-PN 46-3331632-001
a	Plan name	DENTAL PROFESSIONALS OF FAIR LAWN 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	DENTAL PROFESSIONALS OF FAIR LAWN, P.A.	c EIN-PN 22-2028230-001
a	Plan name	DIAMOND VISION OPTOMETRY 401(K) PLAN	
b	Name of plan sponsor	DIAMOND VISION OPTOMETRY, INC.	c EIN-PN 27-3507785-001
a	Plan name	DIRT POOR 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HELMS & SONS EXCAVATING, INC.	c EIN-PN 31-1547042-001
a	Plan name	DON E.. KELLY CONTRACTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	DON E. KELLY CONTRACTOR, INC.	c EIN-PN 43-1479564-001
a	Plan name	DORSETT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	DORSETT'S AUTO SALES, INC.	c EIN-PN 35-1269099-001
a	Plan name	ECOPOL AMERICA 401(K) PLAN	
b	Name of plan sponsor	ECOPOL AMERICA, INC.	c EIN-PN 88-0673772-001
a	Plan name	ENTHUSIAST ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	ENTHUSIAST ENTERPRISE	c EIN-PN 46-2378541-001

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	FEDERAL STREET STRATEGIES 401(K) PLAN	
b Name of plan sponsor	FEDERAL STREET STRATEGIES, LLC	c EIN-PN 82-1333618-001
a Plan name	FLUX POWER, INC. 401(K) PLAN	
b Name of plan sponsor	FLUX POWER, INC.	c EIN-PN 27-1142066-001
a Plan name	FOX BALLARD PLLC 401(K) PLAN	
b Name of plan sponsor	FOX BALLARD PLLC	c EIN-PN 84-2081102-001
a Plan name	FRANK J. GRADY, M.D. ASSOC 401(K) PLAN	
b Name of plan sponsor	FRANK J. GRADY M.D. ASSOC	c EIN-PN 74-1779810-001
a Plan name	FUSION HEALTH 401(K) PLAN	
b Name of plan sponsor	FUSION HEALTHCARE STAFFING, LLC	c EIN-PN 46-2470418-001
a Plan name	GEARHART FAMILY DENTISTRY, LLC 401(K) PLAN	
b Name of plan sponsor	GEARHART FAMILY DENTISTRY, LLC	c EIN-PN 83-3379247-001
a Plan name	GENERAL MANUFACTURER, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	NANALU INDUSTRIES, LLC	c EIN-PN 26-4532527-001
a Plan name	HABITAT FOR HUMANITY SA 401(K)	
b Name of plan sponsor	HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER AOPKA, FLORIDA,	c EIN-PN 59-3034059-001
a Plan name	INDUSTRIAL SERVICE CORP. EMPLOYEE 401(K) PLAN	
b Name of plan sponsor	NORTHWESTERN PLASTICS, LTD. DBA INDUSTRIAL SERVICE CORP.	c EIN-PN 42-1193589-001
a Plan name	J FOX AGENCY LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	J FOX AGENCY LLC	c EIN-PN 45-3506450-001
a Plan name	JADT FOOD GROUP, LLC 401(K) PLAN	
b Name of plan sponsor	JADT FOOD GROUP, LLC	c EIN-PN 41-1891521-001
a Plan name	KEYSTONE PLASTIC & RECONSTRUCTIVE SURGERY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KEYSTONE PLASTIC & RECONSTRUCTIVE SURGERY	c EIN-PN 76-0514609-001

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 KONWINSKI CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor KONWINSKI CONSTRUCTION	c EIN-PN 38-2906724-001
a	Plan name LAW OFFICES OF RICHARD BREDLAU 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LAW OFFICES OF RICHARD BREDLAU	c EIN-PN 77-0503854-002
a	Plan name MARK BROWER PROPERTIES 401(K) PLAN	
b	Name of plan sponsor MARK BROWER PROPERTIES, LLC	c EIN-PN 27-4577200-001
a	Plan name WOODS AIR MOVEMENT LIMITED 401(K) PLAN	
b	Name of plan sponsor WOODS AIR MOVEMENT LIMITED	c EIN-PN 36-4946974-001
a	Plan name WORLD TRUCK TOWING AND RECOVERY, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WORLD TRUCK TOWING AND RECOVERY, INC.	c EIN-PN 30-0079946-001
a	Plan name SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
b	Name of plan sponsor VRK ENTERPRISES, LLC	c EIN-PN 81-3354376-001
a	Plan name SMDA 401K PLAN	
b	Name of plan sponsor SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a	Plan name SNIDER INC 401(K) PLAN	
b	Name of plan sponsor SNIDER INC	c EIN-PN 56-1649710-001
a	Plan name STAR TIRE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STAR TIRE, INC.	c EIN-PN 75-1502226-001
a	Plan name SUPPLYDEN, INC. 401(K) PLAN	
b	Name of plan sponsor SUPPLYDEN, INC.	c EIN-PN 38-3603806-001
a	Plan name SUTHERLAND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUTHERLAND INSURANCE & REALTY CO., INC. DBA SUTHERLAND INSURANCE COM	c EIN-PN 56-0751537-001
a	Plan name SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SYNDEX CORPORATION	c EIN-PN 74-1750316-001

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	TFG TREE FREE, INC. 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor	TFG TREE FREE, INC.	c EIN-PN 56-2628897-001
a	Plan name	THE ELENCO 401(K) PLAN	
b	Name of plan sponsor	ELENCO CARBIDE TOOL CORPORATION	c EIN-PN 39-1125498-001
a	Plan name	TRINITY CONSTRUCTION GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	TRINITY CONSTRUCTION GROUP, LLC	c EIN-PN 35-2688581-001
a	Plan name	TYLER MCCABE DMD, LLC 401(K) PLAN	
b	Name of plan sponsor	TYLER MCCABE DMD, LLC	c EIN-PN 47-3682389-001
a	Plan name	UNZICKER DENTAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	UNZICKER DENTAL CORPORATION	c EIN-PN 82-3591748-001
a	Plan name	VANQUISH WORLDWIDE, LLC FORT LEE 401(K) PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-004
a	Plan name	VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001
a	Plan name	VMC CONTRACTING, INC. 401(K) PLAN B	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-002
a	Plan name	WEATHER TIGHT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	WEATHER TIGHT CORPORATION	c EIN-PN 39-1647457-001
a	Plan name	PONY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	W.C.W. CORPORATION	c EIN-PN 88-0206170-001
a	Plan name	KRIEGSMAN TRANSFER COMPANY MONEY PURCHASE PLAN	
b	Name of plan sponsor	KRIEGSMAN TRANSFER COMPANY	c EIN-PN 37-0635587-001
a	Plan name	FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
b	Name of plan sponsor	FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	c EIN-PN 32-0012113-001

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 PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PSYCHOLOGY ASSOCIATES OF BETHLEHEM, P.C.	c EIN-PN 23-2704845-002
a	Plan name BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN	
b	Name of plan sponsor SUSAN L. BURNETTE, P.C.	c EIN-PN 02-0625716-001
a	Plan name BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
a	Plan name FURRER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor NORTH VALLEY FINANCIAL SERVICES LLC DBA FURRER AND ASSOCIATES	c EIN-PN 87-2736693-001
a	Plan name RICHARD GROUP 401(K) PLAN	
b	Name of plan sponsor RICHARD GROUP, LLC	c EIN-PN 46-1249708-001
a	Plan name GENESIS MARINE LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GENESIS MARINE	c EIN-PN 45-2448783-001
a	Plan name MED-FAST PHARMACY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MED-FAST PHARMACY, INC.	c EIN-PN 25-1631348-001
a	Plan name MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEDIX SPECIALTY VEHICLES, LLC	c EIN-PN 54-2028306-001
a	Plan name CHAVEZ CONCRETE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor CHAVEZ CONCRETE AND EXCAVATION CONTRACTORS, INC.	c EIN-PN 85-0210055-002
a	Plan name ROPE CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ROPE CORP	c EIN-PN 59-3585714-001
a	Plan name H.V.A.C. MECHANICAL, INC. 401(K) PLAN	
b	Name of plan sponsor H.V.A.C. MECHANICAL, INC.	c EIN-PN 33-0842894-001
a	Plan name MISSION DE LA CASA 401(K) PLAN	
b	Name of plan sponsor MISSION DE LA CASA	c EIN-PN 77-0525988-001

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 ACCORD FEDERAL SERVICES, LLC CORPORATE 401(K) PLAN	
b	Name of plan sponsor ACCORD FEDERAL SERVICES, LLC	c EIN-PN 27-2897669-002
a	Plan name NATIONAL TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL TECHNOLOGIES, INC.	c EIN-PN 39-0981304-001
a	Plan name ADVANCED AUTOMATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED AUTOMATION TECHNOLOGIES, INC.	c EIN-PN 52-1749594-001
a	Plan name NEXT DAY DELIVERY SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEXT DAY DELIVERY SERVICE, INC.	c EIN-PN 81-2485203-001
a	Plan name AM2 SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor AM2 SOLUTIONS LLC	c EIN-PN 20-8887397-001
a	Plan name SSL LAW FIRM LLP RETIREMENT PLAN	
b	Name of plan sponsor SSL LAW FIRM, LLP	c EIN-PN 94-3397499-001
a	Plan name STOCKBRIDGE ENGINEERING, INC. 401(K) PLAN	
b	Name of plan sponsor STOCKBRIDGE ENGINEERING, INC.	c EIN-PN 39-1732812-001
a	Plan name PACE ANALYTICAL, INC. DEL CARIBE RETIREMENTS SAVINGS PLAN	
b	Name of plan sponsor PACE ANALYTICAL, INC.	c EIN-PN 66-0629797-001
a	Plan name AMPAC 401(K) PLAN	
b	Name of plan sponsor AEROSPACE MASS PROPERTIES ANALYSIS, INC.	c EIN-PN 23-1949127-001
a	Plan name REICHEL FOODS 401(K) PLAN	
b	Name of plan sponsor REICHEL FOODS, INC.	c EIN-PN 90-0246502-001
a	Plan name REPCO SALES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor REPCO SALES LLC	c EIN-PN 99-3976601-001
a	Plan name C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FUSION INTEGRATED SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor FUSION INTEGRATED SOLUTIONS, LLC	c EIN-PN 20-1651003-001
a	Plan name GH GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GH GROUP, INC.	c EIN-PN 68-1040851-001
a	Plan name WALBERG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALBERG, INC.	c EIN-PN 81-2702296-001
a	Plan name CHILDREN'S LEARNING ADVENTURE 401(K)	
b	Name of plan sponsor CHILDREN'S LEARNING ADVENTURE USA, LLC	c EIN-PN 20-5808736-001
a	Plan name CHILDREN'S WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor CHILDREN'S WELLNESS CENTER, LLC	c EIN-PN 20-3469174-001
a	Plan name CHOICE CONCRETE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor CHOICE CONCRETE CONSTRUCTION, INC.	c EIN-PN 52-1758766-777
a	Plan name SATHER MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SATHER MANAGEMENT CORPORATION	c EIN-PN 27-1461790-001
a	Plan name WHITEFAB, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WHITEFAB, INC.	c EIN-PN 63-0856879-001
a	Plan name HEXADYNE 401(K) PLAN	
b	Name of plan sponsor HEXADYNE CORPORATION	c EIN-PN 20-2774386-001
a	Plan name CONTRACT SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONTRACT SOURCE, INC.	c EIN-PN 34-1605726-001
a	Plan name NISSIN PRECISION NA 401(K) PLAN	
b	Name of plan sponsor NISSIN PRECISION NORTH AMERICA, INC.	c EIN-PN 31-1279356-001
a	Plan name AERO-MARK LLC 401(K) PLAN	
b	Name of plan sponsor AERO-MARK LLC	c EIN-PN 26-4647620-001

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	AEROSPACE & MARINE INTERNATIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor	AEROSPACE & MARINE INTERNATIONAL CORPORATION	c EIN-PN 77-0280581-001
a	Plan name	STANDARD BUILDERS 401(K) PLAN	
b	Name of plan sponsor	STANDARD BUILDERS, INC.	c EIN-PN 20-4989039-001
a	Plan name	STARDUST CELEBRATIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STARDUST CELEBRATIONS, LLC	c EIN-PN 75-2839427-001
a	Plan name	DUBOIS COUNTY BLOCK & BRICK, INC. 401(K) PLAN	
b	Name of plan sponsor	DUBOIS COUNTY BLOCK & BRICK, INC.	c EIN-PN 35-2083897-001
a	Plan name	KELDERMAN MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	KELDERMAN MANUFACTURING, INC.	c EIN-PN 42-1145969-001
a	Plan name	PROPERTY MANAGEMENT OF ANDOVER, INC. 401(K) PLAN	
b	Name of plan sponsor	PROPERTY MANAGEMENT OF ANDOVER, INC.	c EIN-PN 04-2978110-001
a	Plan name	BIO MEDIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	MARYLAND PLASTICS, INC.	c EIN-PN 52-1636609-002
a	Plan name	ETORI USA, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ETORI USA, INC.	c EIN-PN 20-1728643-001
a	Plan name	EVER READY ELECTRIC, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EVER READY ELECTRIC, INC.	c EIN-PN 39-1948378-001
a	Plan name	EVERGREEN AVIATION & SPACE MUSEUM 401(K) PLAN	
b	Name of plan sponsor	EVERGREEN AVIATION & SPACE MUSEUM	c EIN-PN 93-1069203-001
a	Plan name	LAKES TENNIS 401(K) PLAN	
b	Name of plan sponsor	KICK SERVICE, LTD. DBA LAKES TENNIS ACADEMY	c EIN-PN 20-1885263-001
a	Plan name	TOIGO FOUNDATION RETIREMENT PLAN	
b	Name of plan sponsor	THE ROBERT A. TOIGO FOUNDATION	c EIN-PN 13-3565426-001

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 TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a	Plan name MALCOLM SMITH MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor MALCOLM SMITH MOTORCYCLES, INC.	c EIN-PN 33-0118610-001
a	Plan name MASTER GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor MASTER PRODUCTS COPORATION	c EIN-PN 66-0407424-002
a	Plan name MATICH CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MATICH CORPORATION	c EIN-PN 95-1810911-002
a	Plan name NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST	
b	Name of plan sponsor NEW ENGLAND DENTAL CENTER, P.C.	c EIN-PN 06-1001051-001
a	Plan name NORTHERN NEVADA 401(K) PLAN	
b	Name of plan sponsor FERNLEY NUGGET CORPORATION	c EIN-PN 26-1620600-002
a	Plan name ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ORLANDO SPRING CORP	c EIN-PN 95-1933966-001
a	Plan name OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OUTAGAMIE CO-OP SERVICES, INC.	c EIN-PN 39-1316865-001
a	Plan name PGI PROFIT SHARING PLAN	
b	Name of plan sponsor THE PERSIMMON GROUP, INC.	c EIN-PN 75-2515316-001
a	Plan name PROSPERA LAW, LLP 401(K) PLAN	
b	Name of plan sponsor PROSPERA LAW, LLP	c EIN-PN 27-3613349-001
a	Plan name RISER MOTORS, INC. 401(K) PLAN	
b	Name of plan sponsor RISER MOTORS, INC.	c EIN-PN 71-0857865-001
a	Plan name SCHAEFFER DOUGLAS TITLE 401(K) PLAN	
b	Name of plan sponsor SCHAEFFER DOUGLAS TITLE	c EIN-PN 20-3601896-001

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	SCHIMP FAMILY DENTISTRY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	SCHIMP FAMILY DENTISTRY	c EIN-PN 30-0024715-001
a	Plan name	SCHULTZ PROCESS SERVICES 401(K) PLAN	
b	Name of plan sponsor	SCHULTZ PROCESS SERVICES, INC.	c EIN-PN 45-4118372-001
a	Plan name	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	c EIN-PN 30-0188234-001
a	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-222
a	Plan name	VANQUISH WORLDWIDE, LLC 401(K)PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395487-001
a	Plan name	VANQUISH WORLDWIDE, LLC FS TEAMSTERS 401(K) PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-003
a	Plan name	VANQUISH WORLDWIDE, LLC PREVAILING WAGE EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	VANQUISH WORLDWIDE, LLC	c EIN-PN 26-0395489-002
a	Plan name	AMERICAN PROFICIENCY INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	AMERICAN PROFICIENCY INSTITUTE, INC.	c EIN-PN 38-2949312-001
a	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	FLORIDA WHOLESALE DISTRIBUTORS, INC.	c EIN-PN 59-2714320-001
a	Plan name	CALICO BUILDING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALICO BUILDING SERVICES, INC.	c EIN-PN 33-0493568-001
a	Plan name	CHRISTIAN HOME SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CHRISTIAN HOME SERVICES, INC.	c EIN-PN 38-3369745-001
a	Plan name	COLLINS & HYING LLC RETIREMENT PLAN	
b	Name of plan sponsor	COLLINS & HYING LLC	c EIN-PN 82-0712958-001

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	COLORADO SURGICAL AFFILIATES, LLC PROFIT-SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLORADO SURGICAL AFFILIATES, LLC	c EIN-PN 81-3228396-001
a	Plan name	DENALI CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor	DENALI CONSTRUCTION SERVICES, LP DBA THERMAL DYNAMIN, DENALI COMFORT	c EIN-PN 20-1036081-001
a	Plan name	FIDELITY BUILDERS SUPPLY INC. 401(K) PLAN	
b	Name of plan sponsor	FIDELITY BUILDERS SUPPLY INC.	c EIN-PN 34-4477025-001
a	Plan name	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GASTROENTEROLOGY OF WEST CENTRAL OHIO, INC.	c EIN-PN 20-8143829-001
a	Plan name	GREAT KIDS PEDIATRICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ABEL PAREDES, M.D., P.A. DBA GREAT KIDS PEDIATRICS	c EIN-PN 74-2092637-002
a	Plan name	INTERPRET, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INTERPRET, LLC	c EIN-PN 20-4554232-002
a	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAVINS, INC.	c EIN-PN 27-3977682-001
a	Plan name	COMMUNITY MENTAL HEALTH CENTERS 401(K) PLAN	
b	Name of plan sponsor	LEHIGH VALLEY COMMUNITY MENTAL HEALTH CENTERS, INC.	c EIN-PN 23-2835896-001
a	Plan name	DIXIE INDUSTRIAL INSULATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DIXIE INDUSTRIAL INSULATION, INC.	c EIN-PN 61-1306346-001
a	Plan name	GLENN A ZEH, DDS, PC 401(K) PLAN	
b	Name of plan sponsor	GLENN A ZEH, DDS, PC	c EIN-PN 84-1596272-001
a	Plan name	JACK YATES DRYWALL PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK YATES DRYWALL	c EIN-PN 27-1959275-001
a	Plan name	LESSITER PUBLICATIONS INC. 401(K) PLAN	
b	Name of plan sponsor	LESSITER PUBLICATIONS INC.	c EIN-PN 39-1169768-222

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	SUPERIOR, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR, INC.	c EIN-PN 62-1346975-001
a	Plan name	JAE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JEWELL ASSOCIATES ENGINEERS, INC.	c EIN-PN 26-1811972-001
a	Plan name	KINGFISHER CHARTERS & LODGE 401(K) PLAN	
b	Name of plan sponsor	KINGFISHER CHARTERS & LODGE, LLC	c EIN-PN 71-0874903-001
a	Plan name	MCDONALD LIQUOR INC. 401(K) PLAN	
b	Name of plan sponsor	MCDONALD LIQUOR INC.	c EIN-PN 41-1833330-001
a	Plan name	NRG MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor	NRG MEDIA, LLC	c EIN-PN 56-2501807-001
a	Plan name	PAUL M. POTENZA, P.C., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAUL M. POTENZA, P.C.	c EIN-PN 06-0990053-002
a	Plan name	THE OHIO ART COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-004
a	Plan name	THE OHIO ART COMPANY DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	THE OHIO ART COMPANY	c EIN-PN 34-4319140-005
a	Plan name	ARENA EVENT SERVICES SAVINGS PLAN	
b	Name of plan sponsor	ARENA EVENT SERVICES	c EIN-PN 30-0766502-001
a	Plan name	BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIDGEWAY, INC.	c EIN-PN 37-0984175-001
a	Plan name	CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	CEH AUTOMOTIVE CORP.	c EIN-PN 86-0200402-001
a	Plan name	CENTRAL FLORIDA CANCER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	CENTRAL FLORIDA CANCER INSTITUTE	c EIN-PN 59-3569143-001

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 CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	c EIN-PN 23-7198801-001
a	Plan name O2 SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor O2 SOLUTIONS, LLC	c EIN-PN 14-1964996-001
a	Plan name PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor PAUL MILLER FORD, INC.	c EIN-PN 61-0481346-001
a	Plan name SOUTH FLORIDA HOSPITAL AND HEALTH CARE ASSOCIATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor SOUTH FLORIDA HOSPITAL AND HEALTH CARE ASSOCIATION, INC.	c EIN-PN 59-0979494-001
a	Plan name TAB ENGINEERS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TAB ENGINEERS, LLC	c EIN-PN 46-1400045-001
a	Plan name THE ROUND ROCK BASEBALL CLUB EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor ROUND ROCK BASEBALL CLUB, LP	c EIN-PN 77-0646382-001
a	Plan name VINCENT GREENE ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VINCENT GREENE ARCHITECTS	c EIN-PN 52-2066377-002
a	Plan name WTP 401(K) PLAN	
b	Name of plan sponsor WESTRAN THERMAL PROCESSING	c EIN-PN 81-2963161-001
a	Plan name ABSOLUTE ENERGY RETIREMENT PLAN	
b	Name of plan sponsor ABSOLUTE ENERGY, L.L.C	c EIN-PN 20-3841025-777
a	Plan name BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor BENJAMIN DEL VENTO, P.A.	c EIN-PN 22-1943968-001
a	Plan name LONE WOLF RESOURCES 401(K) PLAN	
b	Name of plan sponsor LONE WOLF RESOURCES, LLC	c EIN-PN 75-2815928-001
a	Plan name MCR SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor MCR SERVICES LLC	c EIN-PN 39-1969575-002

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	MDSAVE, INC. 401(K) PLAN	
b Name of plan sponsor	MDSAVE, INC.	c EIN-PN 45-4596654-001
a Plan name	ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN	
b Name of plan sponsor	ALL SEASONS WINDOW & DOOR MFG. INC.	c EIN-PN 75-1868821-001
a Plan name	AZTECS TELECOM, INC. 401(K) PLAN	
b Name of plan sponsor	AZTECS TELECOM, INC.	c EIN-PN 33-0915556-001
a Plan name	B & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	B & B TRADING CORPORATION	c EIN-PN 04-3055768-001
a Plan name	GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	GREEN FRONT FURNITURE COMPANY, INC.	c EIN-PN 54-0837729-003
a Plan name	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	PHARMACY ASSOCIATES OF SOUTHSIDE VIRGINIA, INC.	c EIN-PN 54-1850850-001
a Plan name	SADDLEBACK DESIGN RETIREMENT TRUST	
b Name of plan sponsor	SADDLEBACK DESIGN, INC.	c EIN-PN 84-1379148-001
a Plan name	SOUTHERN CHEM 401(K) PLAN	
b Name of plan sponsor	SOUTHERN CHEM, LLC	c EIN-PN 72-0701959-001
a Plan name	TRIBLER ORPETT & MEYER, P.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TRIBLER ORPETT & MEYER, P.C.	c EIN-PN 36-3317353-001
a Plan name	TRIS PHARMA 401(K) PLAN	
b Name of plan sponsor	TRIS PHARMA, INC.	c EIN-PN 22-3747409-001
a Plan name	TRUE GRIT REDI-MIX/TRUE GRIT CONCRETE 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TRUE GRIT REDI-MIX LTD	c EIN-PN 20-2018457-001
a Plan name	ALLIED GOVERNMENT SOLUTIONS, INC. RETIREMENT PLAN	
b Name of plan sponsor	ALLIED GOVERNMENT SOLUTIONS, INC.	c EIN-PN 27-4329708-001

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	ALLIED UNIVERSAL CBU 401(K) PLAN	c	EIN-PN	27-1562945-002
b	Name of plan sponsor	UNIVERSAL SERVICES OF AMERICA, LP	c	EIN-PN	27-1562945-002
a	Plan name	DARTMOUTH BUSINESS SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	c	EIN-PN	36-4348934-001
b	Name of plan sponsor	DARTMOUTH BUSINESS SERVICES, INC.	c	EIN-PN	36-4348934-001
a	Plan name	DAVID A. PARIS, D.D.S., S.C. 401(K) PROFIT SHARING PLAN	c	EIN-PN	39-1696459-001
b	Name of plan sponsor	DAVID A. PARIS, D.D.S., S.C.	c	EIN-PN	39-1696459-001
a	Plan name	EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	c	EIN-PN	62-1835816-001
b	Name of plan sponsor	EAST TENNESSEE NEPHROLOGY, P.C.	c	EIN-PN	62-1835816-001
a	Plan name	OLYMPIATECH 401(K) PROFIT SHARING PLAN	c	EIN-PN	41-0919848-001
b	Name of plan sponsor	OLYMPIATECH ELECTRICAL CONTRACTOR, INC.	c	EIN-PN	41-0919848-001
a	Plan name	SPAY 401(K) PLAN	c	EIN-PN	47-4011165-777
b	Name of plan sponsor	SPAY, INC.	c	EIN-PN	47-4011165-777
a	Plan name	TURBO TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	47-2895452-001
b	Name of plan sponsor	TURBO TRANSPORTATION, INC.	c	EIN-PN	47-2895452-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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 JPMORGAN SMARTRETIREMENT INCOME RET OPT	B Three-digit plan number (PN) ▶ 661
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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)	6117285
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	35330895
(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	6117285	35330895
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	6117285	35330895

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)	555113	
(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		555113

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)	92640	
(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)		92640
j Total expenses. Add all expense amounts in column (b) and enter total	2j		92640

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		462473
l Transfers of assets:			
(1) To this plan	2l(1)		33172535
(2) From this plan	2l(2)		4421398

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 _____.