

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

2024

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 (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: JPMORGAN U.S. SMALL COMPANY RET OPT
1b Three-digit plan number (PN): 884
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.

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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>JPMORGAN U.S. SMALL COMPANY RET OPT</u>		B Three-digit plan number (PN) ▶ <u>884</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)

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)	
<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	ECCO EQUIPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	ECCO EQUIPMENT COMPANY LLC	c EIN-PN 95-2800890-001
a	Plan name	KAYE SURETY 401(K) PLAN	
b	Name of plan sponsor	KAYE ASSOCIATES LLC DBA KAYE SURETY	c EIN-PN 82-5453294-001
a	Plan name	KBKC DESIGN 401(K) PLAN	
b	Name of plan sponsor	KBKC DESIGN	c EIN-PN 99-3478083-001
a	Plan name	BIG HORN WIRELINE 401(K) PLAN	
b	Name of plan sponsor	BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001
a	Plan name	PSGM LAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACE SELDEN GILMAN MARKS, PLLC DBA PSGM LAW	c EIN-PN 93-2786572-001
a	Plan name	BLUEGRASS COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	BLUEGRASS PRIMARY HEALTH CARE CENTER, INC. DBA BLUEGRASS COMMUNITY H	c EIN-PN 06-1798832-001
a	Plan name	TIMS TRUCK CAPITAL & AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	TIM'S TRUCK CAPITAL & AUTO SALES, INC.	c EIN-PN 02-0468466-001
a	Plan name	TWIN BUILDERS INC 401(K) PLAN	
b	Name of plan sponsor	TWIN BUILDERS INC	c EIN-PN 54-2072727-001
a	Plan name	REVOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	REVOLOGY, INC.	c EIN-PN 87-3441512-001
a	Plan name	CAPCO STEEL ERECTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	CAPCO STEEL ERECTION COMPANY	c EIN-PN 27-1100663-001
a	Plan name	GRAFFEN BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	GRAFFEN BUSINESS SYSTEMS, INC.	c EIN-PN 23-1908016-001
a	Plan name	VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001

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	VMC CONTRACTING, INC. 401(K) PLAN B	
b	Name of plan sponsor	VMC CONTRACTING, INC.	c EIN-PN 75-3049345-002
a	Plan name	MILLER VALVE & CONTROLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MILLER VALVE & CONTROLS, LLC	c EIN-PN 85-4352454-001
a	Plan name	MILLS ANIMAL HOSPITAL 401(K) PLAN	
b	Name of plan sponsor	MILLS VETERINARY SERVICES DBA MILLS ANIMAL HOSPITAL	c EIN-PN 81-1149328-001
a	Plan name	MINNESOTA/WISCONSIN PLAYGROUND, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MINNESOTA PLAYGROUND, INC.	c EIN-PN 41-1382118-003
a	Plan name	SAMUELS & SON SEAFOOD CO. UNION 401(K) PLAN	
b	Name of plan sponsor	SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540625-001
a	Plan name	SAMUELS & SON SEAFOOD COMPANY, INC.401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SAMUELS AND SON SEAFOOD CO INC.	c EIN-PN 23-2540626-001
a	Plan name	CONSUMER ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor	CONSUMER ATTORNEYS PLC	c EIN-PN 86-3781893-001
a	Plan name	CORNETT ROOFING SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CORNETT ROOFING SYSTEMS	c EIN-PN 20-0482602-001
a	Plan name	DAWN WAREHOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor	DAWN WAREHOUSING, INC.	c EIN-PN 54-1234908-001
a	Plan name	DC SHEETMETAL, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	DC SHEETMETAL, LLC	c EIN-PN 06-1570038-002
a	Plan name	OMNI-TECH SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	OMNI-TECH SOLUTIONS, LLC	c EIN-PN 81-4983507-001
a	Plan name	P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	P & P SEPTIC SERVICE, INC.	c EIN-PN 03-0269006-001

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 P&S COMPRESSOR & SPRAY EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor P&S COMPRESSOR & SPRAY EQUIPMENT, INC.	c EIN-PN 52-1573686-001
a	Plan name P3 MARTIAL ARTS 401(K) PLAN	
b	Name of plan sponsor SCOTT BAILEY'S MARTIAL ARTS ACADEMY, INC.	c EIN-PN 47-1694447-001
a	Plan name DEPENDABLE TUBE BENDING 401(K) PLAN	
b	Name of plan sponsor DEPENDABLE TUBE BENDING	c EIN-PN 20-4351581-001
a	Plan name DESIGN READY CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor DESIGN READY CONTROLS, INC.	c EIN-PN 41-1649617-001
a	Plan name MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	c EIN-PN 20-3910631-001
a	Plan name RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor RICHWOODS ACADEMY, LLC	c EIN-PN 84-4059471-001
a	Plan name CAPTURA GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPTURA GROUP, INC.	c EIN-PN 20-2083614-001
a	Plan name CARMEL ACADEMY 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CARMEL ACADEMY	c EIN-PN 13-4013334-002
a	Plan name MARY KELLY GREEN MD PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MARY KELLY GREEN MD PLLC	c EIN-PN 45-3454581-001
a	Plan name URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor URTHPACT, LLC	c EIN-PN 04-3339273-001
a	Plan name RUIZ SALON GROUP 401(K) PLAN	
b	Name of plan sponsor RUIZ WEST END MANAGEMENT LC	c EIN-PN 74-2951507-001
a	Plan name GRC DEVELOPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRC DEVELOPMENT, INC.	c EIN-PN 27-1135741-001

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	MERAKI SOCIAL, LLC 401(K) PLAN	
b	Name of plan sponsor	MERAKI SOCIAL, LLC	c EIN-PN 81-2114618-001
a	Plan name	WHITFIELD OIL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WHITFIELD OIL CO., INC.	c EIN-PN 58-1275819-002
a	Plan name	365 HEALTH SERVICES 401(K) PLAN	
b	Name of plan sponsor	365 HEALTH SERVICES, LLC	c EIN-PN 47-1842850-001
a	Plan name	HABITAT FOR HUMANITY INLAND VALLEY, INC. 401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor	HABITAT FOR HUMANITY INLAND VALLEY, INC.	c EIN-PN 33-0461804-001
a	Plan name	HERZOG ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor	HERZOG ROOFING, INC.	c EIN-PN 41-1380767-001
a	Plan name	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND 401(K) PLAN	
b	Name of plan sponsor	CONVENTION & VISITORS BUREAU OF GREATER PORTLAND	c EIN-PN 01-0384674-001
a	Plan name	ACE RADON CORPORATION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ACE RADON CORPORATION	c EIN-PN 20-1929185-001
a	Plan name	NEARLY NEW TOWN 401(K) PLAN	
b	Name of plan sponsor	NEARLY NEW TOWN	c EIN-PN 82-5293249-001
a	Plan name	NORMSHIELD INC. 401(K) PLAN	
b	Name of plan sponsor	NORMSHIELD INC.	c EIN-PN 81-1561086-001
a	Plan name	HOME INSTEAD SENIOR CARE 401(K) PLAN	
b	Name of plan sponsor	BOKKER, INC DBA HOME INSTEAD SENIOR CARE	c EIN-PN 45-2590810-001
a	Plan name	HOME INSTEAD SENIOR CARE RETIREMENT PLAN	
b	Name of plan sponsor	PAHOS, INC. DBA HOME INSTEAD SENIOR CARE	c EIN-PN 72-1351629-001
a	Plan name	CR SVS US LLC 401(K) PLAN	
b	Name of plan sponsor	CR SVS US LLC	c EIN-PN 45-4051399-001

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 SJ LOGISTICS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SJ LOGISTICS, LLC	c EIN-PN 84-3592266-001
a	Plan name SKELLY HOME RENOVATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor SKELLY HOME RENOVATION, LLC	c EIN-PN 81-5055958-001
a	Plan name PACIFIC DRIVE-INS LLC 401(K)	
b	Name of plan sponsor PACIFIC DRIVE-INS LLC	c EIN-PN 46-3867535-001
a	Plan name ANGIE'S KINDER CARE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ANGIE'S KINDERCARE	c EIN-PN 90-0726397-001
a	Plan name J AND J INDUSTRIAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor J AND J INDUSTRIAL CONTRACTING	c EIN-PN 30-0867952-001
a	Plan name PEGASYS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor PEGASYS TECHNOLOGIES, LLC	c EIN-PN 82-4668955-001
a	Plan name ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name JHD CORPORATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor JHD CORPORATION, INC.	c EIN-PN 06-0856707-001
a	Plan name KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
a	Plan name THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name BJB ELECTRIC, LP 401(K) PLAN	
b	Name of plan sponsor BJB ELECTRIC, LP	c EIN-PN 58-2438805-002
a	Plan name EVOLUTION DESIGN INC. 401(K) PLAN	
b	Name of plan sponsor EVOLUTION DESIGN INC.	c EIN-PN 88-4173749-001

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	LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	LABRASCA PLASTIC SURGERY, INC.	c EIN-PN 46-4013077-001
a	Plan name	LAKE POINTE WELLNESS CENTER 401K PLAN	
b	Name of plan sponsor	LAKE POINTE WELLNESS CENTER	c EIN-PN 83-3986869-001
a	Plan name	LAKEVIEW PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	LAKEVIEW PHYSICAL THERAPY AND SPINE LLC	c EIN-PN 83-4244452-001
a	Plan name	FAY FAMILY DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FAY FAMILY DENTAL CARE	c EIN-PN 84-3543483-001
a	Plan name	FEIGHNER INSURANCE, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	FEIGHNER INSURANCE, INC. DBA INSURANCE MANAGEMENT GROUP	c EIN-PN 35-0943733-002
a	Plan name	LC PROPERTY L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LC PROPERTY L.L.C.	c EIN-PN 80-0635906-001
a	Plan name	TODD STRATEGY 401(K) PLAN	
b	Name of plan sponsor	TODD STRATEGY, LLC DBA TODD STRATEGY GROUP	c EIN-PN 46-5566087-001
a	Plan name	TOP SHELF LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor	TOP SHELF LOGISTICS, LLC	c EIN-PN 26-0272605-001
a	Plan name	LEE RIDDICK PLUMBING & HEATING 401(K) PLAN	
b	Name of plan sponsor	LEE RIDDICK PLUMBING & HEATING INC.	c EIN-PN 46-4276258-001
a	Plan name	MASTER PLUMBING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	MASTER PLUMBING SOLUTIONS LLC	c EIN-PN 46-3187028-001
a	Plan name	MOMENTUM BUILDERS 401(K)	
b	Name of plan sponsor	MOMENTUM BUILDERS	c EIN-PN 25-1413147-001
a	Plan name	NETS NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor	NETS NEW ENGLAND LLC	c EIN-PN 26-0743519-001

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	NORTH JACKSON PRIMARY CARE, LLC 401(K) PLAN	
b	Name of plan sponsor	NORTH JACKSON PRIMARY CARE, LLC	c EIN-PN 20-5560539-001
a	Plan name	PERSPECTIVE PV 401(K) PLAN	
b	Name of plan sponsor	PERSPECTIVE PV	c EIN-PN 81-5230196-002
a	Plan name	PETERSEN COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY DESIGN & CONSTRUCTION, INC.	c EIN-PN 87-0328548-001
a	Plan name	SIGNATURE LANDSCAPE L.L.C. 401(K) PLAN & TRUST	
b	Name of plan sponsor	SIGNATURE LANDSCAPE L.L.C.	c EIN-PN 11-3652968-001
a	Plan name	STEM CIDERS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	STEM CIDERS, LLC	c EIN-PN 46-2031245-001
a	Plan name	STEPPING STONES PEDIATRIC THERAPY 401(K) PLAN	
b	Name of plan sponsor	STEPPING STONES PEDIATRIC THERAPY, PLLC	c EIN-PN 27-1777939-001
a	Plan name	SUMMIT SITEWORKS LLC, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUMMIT SITEWORKS LLC	c EIN-PN 47-0967899-001
a	Plan name	THUREN FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor	THUREN FABRICATION, INC.	c EIN-PN 20-5081862-001
a	Plan name	TORELCO LLC 401(K) PLAN	
b	Name of plan sponsor	TORELCO LLC	c EIN-PN 88-0965718-001
a	Plan name	VAN SANT ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VAN SANT ENTERPRISES INC.	c EIN-PN 42-1464060-001
a	Plan name	WATER WELL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	WATER WELL INVESTMENTS, LLC	c EIN-PN 85-2736894-001
a	Plan name	WATERMAN BROTHERS CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WATERMAN BROTHERS CONSTRUCTION, INC.	c EIN-PN 36-3713511-001

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	WILL CLARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	WILL CLARK ELECTRIC INC.	c EIN-PN 46-0382827-001
a	Plan name	WILLIAMS INSTITUTIONAL FOODS 401(K) PLAN	
b	Name of plan sponsor	WILLIAMS INSTITUTIONAL FOODS	c EIN-PN 58-1148285-001
a	Plan name	A TO Z SPEECH THERAPY 401(K) PLAN	
b	Name of plan sponsor	A TO Z SPEECH THERAPY	c EIN-PN 81-4796737-001
a	Plan name	APLIN MASONRY 401(K) PLAN	
b	Name of plan sponsor	APLIN MASONRY OF TELLURIDE, INC.	c EIN-PN 84-1586727-001
a	Plan name	BOYS & GIRLS CLUB OF GREATER NEW HAVEN 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUBS OF GREATER NEW HAVEN	c EIN-PN 06-0646935-002
a	Plan name	CADILLAC COFFEE COMPANY EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	CADILLAC COFFEE COMPANY	c EIN-PN 38-0570380-001
a	Plan name	CARPE DIEM RECON RETIREMENT PLAN	
b	Name of plan sponsor	CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	c EIN-PN 81-4451244-001
a	Plan name	CASSILL MOTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASSILL MOTORS, INC.	c EIN-PN 42-1375775-001
a	Plan name	CRIMSON CARE NETWORK 401(K) PLAN	
b	Name of plan sponsor	CRIMSON CARE NETWORK	c EIN-PN 82-2820387-002
a	Plan name	CRIMSON VISTA 401(K) PLAN	
b	Name of plan sponsor	CRIMSON VISTA, INC.	c EIN-PN 81-1640781-001
a	Plan name	DELTA PEANUT, LLC 401(K) PLAN	
b	Name of plan sponsor	DELTA PEANUT, LLC	c EIN-PN 83-2811029-001
a	Plan name	DILS ROOFING 401(K) PLAN	
b	Name of plan sponsor	TRUPRO, INC. DBA DILS ROOFING	c EIN-PN 33-0492050-001

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	GIENAPP ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor	GIENAPP ARCHITECTS, LLC	c EIN-PN 87-0759464-001
a	Plan name	GILSTER-MARY LEE CORPORATION EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	GILSTER-MARY LEE	c EIN-PN 37-0951425-002
a	Plan name	GREAT OUTDOORS FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	GREAT OUTDOORS FOUNDATION	c EIN-PN 42-1441098-001
a	Plan name	HAMMOND-MITCHELL, INC. 401(K) PLAN	
b	Name of plan sponsor	HAMMOND-MITCHELL, INC.	c EIN-PN 54-0839749-001
a	Plan name	J. HENSLEY SERVICES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SHADES PAINTING COMPANY, LLC DBA J. HENSLEY SERVICES	c EIN-PN 46-4222141-001
a	Plan name	JACK MILLIKIN INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JACK MILLIKIN INC.	c EIN-PN 38-1852235-002
a	Plan name	JMAC DISTRIBUTION, LLC 401(K) PLAN	
b	Name of plan sponsor	JMAC DISTRIBUTION, LLC	c EIN-PN 20-4317474-001
a	Plan name	KENNETH RICKS DDS INC. 401(K) PLAN	
b	Name of plan sponsor	KENNETH RICKS DDS INC.	c EIN-PN 47-4884440-001
a	Plan name	KENTINA LLC 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KENTINA LLC	c EIN-PN 47-2579774-001
a	Plan name	LANCE PAUL AUTOMOTIVE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LANCE PAUL AUTOMOTIVE LLC	c EIN-PN 27-2029875-001
a	Plan name	A-1 SECURITY BARS, INC. 401(K) PLAN	
b	Name of plan sponsor	A-1 SECURITY BARS, INC.	c EIN-PN 52-2284626-001
a	Plan name	ARCHAMBAULT CONSTRUCTION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCHAMBAULT CONSTRUCTION, INC.	c EIN-PN 04-3574452-001

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 BRET STEEL CORP 401(K) PLAN	
b	Name of plan sponsor BRET STEEL CORP	c EIN-PN 02-0493597-001
a	Plan name BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
b	Name of plan sponsor BREVARD MEDICAL DERMATOLOGY	c EIN-PN 36-4796769-001
a	Plan name CCS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor CCS SERVICES, LLC	c EIN-PN 75-3026195-001
a	Plan name HARMSSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARMSSEN CONSTRUCTION, INC.	c EIN-PN 38-2720081-001
a	Plan name HARRISON VETERINARY CLINIC 401(K) PLAN	
b	Name of plan sponsor HARRISON VETERINARY CLINIC, PLLC	c EIN-PN 61-1272496-001
a	Plan name HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001
a	Plan name JACKSON TIRE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JACKSON TIRE SERVICE, INC.	c EIN-PN 94-2295698-001
a	Plan name KEY DATA DASHBOARD, INC. DBA KEY DATA 401(K) PLAN	
b	Name of plan sponsor KEY DATA DASHBOARD, INC. DBA KEY DATA	c EIN-PN 87-3648034-002
a	Plan name KFG EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor KINGDOM FINANCIAL GROUP, INC.	c EIN-PN 25-1887984-001
a	Plan name MAYOR'S YOUTH EMPOWERMENT PROGRAM 401(K) PLAN	
b	Name of plan sponsor MAYOR'S YOUTH EMPOWERMENT PROGRAM	c EIN-PN 42-1444335-001
a	Plan name NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a	Plan name PARKS JOHNSON AGENCY 401(K) PLAN	
b	Name of plan sponsor PARKS JOHNSON AGENCY	c EIN-PN 85-2713186-001

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 PRECISION BORING TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION BORING TECHNOLOGY, INC.	c EIN-PN 13-4354647-001
a	Plan name RJ NOLAN & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor RJ NOLAN & ASSOCIATES, INC.	c EIN-PN 39-1090667-001
a	Plan name SMDA 401K PLAN	
b	Name of plan sponsor SERAFINI, MICHALOWSKI, DERKACZ & ASSOCIATES	c EIN-PN 20-4874959-001
a	Plan name TOYS FOR TRUCKS, INC. 401(K) PLAN	
b	Name of plan sponsor TOYS FOR TRUCKS, INC.	c EIN-PN 39-1646646-001
a	Plan name HAYDON HOLDINGS, LLC AND SUBSIDIARIES PROFIT SHARING PLAN	
b	Name of plan sponsor HAYDON HOLDINGS, LLC	c EIN-PN 06-1662614-001
a	Plan name JAINDL PROPERTIES LLC RETIREMENT PLAN	
b	Name of plan sponsor JAINDL PROPERTIES LLC	c EIN-PN 20-1690137-001
a	Plan name KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name KLAR, IZSAK, & STENGER LLC 401(K) PLAN	
b	Name of plan sponsor KLAR, IZSAK, & STENGER LLC	c EIN-PN 43-1844222-001
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 MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MCCOURT EQUIPMENT, INC.	c EIN-PN 74-2913583-001
a	Plan name RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor RADD CAPITAL, LLC	c EIN-PN 82-2026337-001
a	Plan name ROBERTS ENERGY, LLC 401(K) PLAN	
b	Name of plan sponsor ROBERTS ENERGY, LLC	c EIN-PN 81-3450263-001

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 SERCOM 401(K) PLAN	
b	Name of plan sponsor SCIENTIFIC EQUIPMENT REPAIR COMPANY	c EIN-PN 84-1469712-001
a	Plan name SONSHINE FAMILY TELEVISION CORP 401(K) PLAN	
b	Name of plan sponsor SONSHINE FAMILY TELEVISION CORP	c EIN-PN 22-2672541-001
a	Plan name SOS WELL SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOS WELL SERVICES, LLC	c EIN-PN 83-0330736-001
a	Plan name SYMETRICA 401(K) PLAN	
b	Name of plan sponsor SYMETRICA, INC.	c EIN-PN 20-4144926-001
a	Plan name ARIZONA HOUSING, INC. 401(K) PLAN	
b	Name of plan sponsor ARIZONA HOUSING, INC.	c EIN-PN 86-0811431-001
a	Plan name BEEP 401(K) PLAN	
b	Name of plan sponsor BEEP, INC.	c EIN-PN 61-1908700-334
a	Plan name BEETS CATERING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BEETS CATERING, INC.	c EIN-PN 94-6694661-001
a	Plan name CENTERA BIOSCIENCE 401(K) PLAN	
b	Name of plan sponsor CENTERA BIOSCIENCE INC.	c EIN-PN 46-3097866-001
a	Plan name EMERALD PROFESSIONAL STAFFING INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EMERALD PROFESSIONAL STAFFING INC.	c EIN-PN 46-1362080-001
a	Plan name EMERGENCY SIGNAL SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor EMERGENCY SIGNAL SYSTEMS, INC.	c EIN-PN 04-2492046-001
a	Plan name NA MAKANA ALOHA GROUP, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NA MAKANA ALOHA GROUP, INC.	c EIN-PN 83-3967421-001
a	Plan name SOUTH POINT COUNSELING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor SOUTH POINT COUNSELING SERVICES, LLC	c EIN-PN 45-3866896-001

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 T. AARON BUICE, M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor T. AARON BUICE, M.D., P.C.	c EIN-PN 20-0717378-001
a	Plan name ALL PURPOSE, LLC 401(K) PLAN	
b	Name of plan sponsor ALL PURPOSE, LLC	c EIN-PN 82-1968528-001
a	Plan name CHARLES AUTO FAMILY 401(K) PLAN	
b	Name of plan sponsor CHARLES CHEVROLET OLDSMOBILE, INC. DBA CHARLES AUTO FAMILY	c EIN-PN 34-0877679-001
a	Plan name COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	c EIN-PN 82-1776313-001
a	Plan name D.M. HARRIS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor D.M. HARRIS, LLC	c EIN-PN 47-2383937-001
a	Plan name ENERGY SERVICES OF COLORADO, INC. 401(K) PLAN	
b	Name of plan sponsor ENERGY SERVICES OF COLORADO, INC.	c EIN-PN 68-0577024-001
a	Plan name FIVE STAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIVE STAR REAL ESTATE & PROPERTY MANAGEMENT, LLC	c EIN-PN 46-3215891-001
a	Plan name HEART & HANDS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE	c EIN-PN 46-5257926-001
a	Plan name LIVA EYE CENTER 401(K) PLAN	
b	Name of plan sponsor LIVA EYE CENTER, LLC	c EIN-PN 20-0466607-002
a	Plan name AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name BRYNER CHEVROLET INC. SALARY DEFERRAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRYNER CHEVROLET INC.	c EIN-PN 23-1912111-001

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	CIRCLE COMPUTER RESOURCES, INC. 401(K) PLAN
b	Name of plan sponsor	CIRCLE COMPUTER RESOURCES, INC.
c	EIN-PN	42-1404024-001
a	Plan name	GREENVILLE ENDODONTICS 401(K) PLAN
b	Name of plan sponsor	GREENVILLE ENDODONTICS, LLC
c	EIN-PN	82-3388235-001
a	Plan name	IMPERIAL, LLC RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	IMPERIAL, LLC
c	EIN-PN	73-1310190-001
a	Plan name	IMPERIUM UTILITY SERVICES 401(K) PLAN
b	Name of plan sponsor	IMPERIUM UTILITY SERVICES, LLC
c	EIN-PN	82-3004992-001
a	Plan name	JON CHASE AGENCY 401K PLAN
b	Name of plan sponsor	JON CHASE AGENCY
c	EIN-PN	30-0695620-001
a	Plan name	MICHIGAN FENCE CO., INC. 401(K) PLAN
b	Name of plan sponsor	MICHIGAN FENCE CO., INC.
c	EIN-PN	38-2266859-001
a	Plan name	OGGVO 401(K) PLAN
b	Name of plan sponsor	OGGVOREP LIMITED LIABILITY COMPANY
c	EIN-PN	82-5225259-001
a	Plan name	RCI 401(K) PLAN
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.
c	EIN-PN	72-1285520-001
a	Plan name	SAFE HARBOR 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF THE GUIDANCE CENTER, INC.
b	Name of plan sponsor	THE GUIDANCE CENTER, INC.
c	EIN-PN	86-0223720-001
a	Plan name	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C. PROFIT SHARING PLAN
b	Name of plan sponsor	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C.
c	EIN-PN	87-0545902-001
a	Plan name	TRIFECTA ACCESS CONTROLS, LLC 401(K) PLAN
b	Name of plan sponsor	TRIFECTA ACCESS CONTROLS, LLC
c	EIN-PN	57-1212218-001
a	Plan name	CITIZEN ACCESS 401(K) PLAN
b	Name of plan sponsor	CITIZEN ACCESS RESIDENTIAL RESOURCES
c	EIN-PN	03-0440255-001

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 FOUNDATION TECHNOLOGIES, LLC 401(K) PLAN

b Name of plan sponsor FOUNDATION TECHNOLOGIES, LLC **c** EIN-PN 41-1967504-001

a Plan name SPARKMAN INDUSTRIES, INC. AND SPARKMAN MANAGEMENT GROUP, INC. 401(K) PLAN

b Name of plan sponsor SPARKMAN INDUSTRIES, INC. **c** EIN-PN 74-1874129-002

a Plan name TEXAS HUMANE HEROES 401(K) PLAN

b Name of plan sponsor TEXAS HUMANE HEROES, INC. **c** EIN-PN 74-2069592-001

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

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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

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 JPMORGAN U.S. SMALL COMPANY RET OPT	B Three-digit plan number (PN) ▶ 884
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)	7116209
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	8111810
(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	7116209	8111810
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	7116208	8111809

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)	46672	
(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)	104322	
(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)		594166
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		745160

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		745160
l Transfers of assets:			
(1) To this plan.....	2l(1)		2572081
(2) From this plan	2l(2)		2321640

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 _____.