

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>JPMORGAN SMARTRETIREMENT 2045 RET OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>893</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/08/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

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 SMARTRETIREMENT 2045 RET OPT</u>	B Three-digit plan number (PN) ▶ <u>893</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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b Name of sponsor of entity listed in (a):		
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b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

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c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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:

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d Entity code

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d Entity code

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c EIN-PN

d Entity code

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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)

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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)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ECHOMARK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECHOMARK, INC.	c EIN-PN 88-3138477-001
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	KALEIDOSCOPE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ORCAS DAYCARE ASSOCIATION	c EIN-PN 91-1510335-001
a	Plan name	THE ATTAINMENT NETWORK 401(K) PLAN	
b	Name of plan sponsor	THE ATTAINMENT NETWORK	c EIN-PN 88-2778206-001
a	Plan name	KREATIONS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	KREATIONS AUTO BODY	c EIN-PN 26-3285845-001
a	Plan name	LA PROVENCE BAKERY 401(K) PLAN	
b	Name of plan sponsor	LA PROVENCE BAKERY	c EIN-PN 20-2583441-001
a	Plan name	THE VICTIM CENTER INC. 401(K) PLAN	
b	Name of plan sponsor	THE VICTIM CENTER INC.	c EIN-PN 43-1149629-001
a	Plan name	FASTQSR 401(K) PLAN	
b	Name of plan sponsor	FASTQSR LLC DBA FASTER LINES	c EIN-PN 85-0930522-001
a	Plan name	PROVISTA SOFTWARE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	PROVISTA SOFTWARE CORPORATION	c EIN-PN 38-4102924-001
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	BLUE TOP STEERING GEARS, INC. 401K	
b	Name of plan sponsor	BLUE TOP STEERING GEARS, INC.	c EIN-PN 80-0336991-001
a	Plan name	REDROC AUSTIN 401(K) PLAN	
b	Name of plan sponsor	ERNEST J CORDER DBA REDROC AUSTIN	c EIN-PN 04-3709976-001

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 REEDS SPRING READY MIX 401(K) PLAN	
b	Name of plan sponsor REEDS SPRING READY MIX	c EIN-PN 88-2673558-001
a	Plan name TWIN VALLEY TIRE & COMMUNITY OIL CO. 401(K) PLAN	
b	Name of plan sponsor TWIN VALLEY TIRE & COMMUNITY OIL CO. INC.	c EIN-PN 47-3516588-001
a	Plan name C & L PLUMBING COMPANY 401(K) PLAN AND TRUST	
b	Name of plan sponsor C & L PLUMBING COMPANY	c EIN-PN 54-1190441-001
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 UNZICKER DENTAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor UNZICKER DENTAL CORPORATION	c EIN-PN 82-3591748-001
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 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 CHBIOA 401(K) PLAN	
b	Name of plan sponsor COMMUNITY OF HARBOR BAY ISLE OWNERS ASSOCIATION, INC.	c EIN-PN 94-2496154-001
a	Plan name ROUND VALLEY ROCK 401(K) PROFIT SHARE	
b	Name of plan sponsor ROUND VALLEY ROCK, INC.	c EIN-PN 87-0633777-001
a	Plan name VMC CONTRACTING, INC. 401(K) PLAN A	
b	Name of plan sponsor VMC CONTRACTING, INC.	c EIN-PN 75-3049345-001
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 WH 401(K) PLAN	
b	Name of plan sponsor WOODHOUSE CABINETRY LLC	c EIN-PN 47-2422903-001

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	HEI 401(K) PLAN	
b	Name of plan sponsor	HOSPITALITY EVENTS, INC.	c EIN-PN 65-0693330-001
a	Plan name	HEMLOCK CREEK WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	HEMLOCK CREEK WEALTH MANAGEMENT, LLC	c EIN-PN 87-3285148-001
a	Plan name	NATURE'S DESIGN 401(K) PLAN	
b	Name of plan sponsor	NATURE'S DESIGN OF STEAMBOAT SPRINGS, INC.	c EIN-PN 90-0054562-001
a	Plan name	HIMES 401(K) PLAN	
b	Name of plan sponsor	DAILY RECYCLING EQUIPMENT & SERVICE INC DBA HIMES SERVICE COMPANY	c EIN-PN 74-2842230-001
a	Plan name	AMAZING KIDS 401(K) PLAN	
b	Name of plan sponsor	AMAZING KIDS MANAGEMENT GROUP, INC.	c EIN-PN 46-3962209-001
a	Plan name	INGLEWOOD HOME HEALTH CARE AGENCY INC. RETIREMENT PLAN	
b	Name of plan sponsor	INGLEWOOD HOME HEALTH CARE AGENCY INC.	c EIN-PN 95-4836912-001
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
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	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	ASENTECH LLC 401(K) PLAN	
b	Name of plan sponsor	ASENTECH LLC	c EIN-PN 20-5448883-001
a	Plan name	ASSURE HOSPICE CARE. INC. RETIREMENT PLAN	
b	Name of plan sponsor	ASSURE HOSPICE CARE, INC	c EIN-PN 47-5390084-001

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 TAYLOR GRUBAUGH CHEVROLET LLC 401(K)	
b	Name of plan sponsor TAYLOR GRUBAUGH CHEVROLET LLC	c EIN-PN 93-4900507-001
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 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 MAKE-A-WISH FOUNDATION OF ALABAMA, INC. 401(K) PLAN	
b	Name of plan sponsor MAKE-A-WISH FOUNDATION OF ALABAMA, INC.	c EIN-PN 63-0943675-001
a	Plan name CARE ANGEL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CARE ANGEL, INC.	c EIN-PN 46-5083636-001
a	Plan name WALKER'S 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WALKER OFFICE SUPPLIES	c EIN-PN 94-2658013-001
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 SCENIC CITY PLUMBING LLC 401(K) PLAN	
b	Name of plan sponsor SCENIC CITY PLUMBING LLC	c EIN-PN 62-1730888-001
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 NEPTUNE SHIPPING LIMITED 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEPTUNE SHIPPING LIMITED	c EIN-PN 26-0630492-001

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	NETMAKER COMMUNICATIONS LLC 401(K) PLAN	
b	Name of plan sponsor	NETMAKER COMMUNICATIONS, LLC	c EIN-PN 46-3834054-001
a	Plan name	ZENISCO, INC. 401(K) PLAN	
b	Name of plan sponsor	ZENISCO, INC.	c EIN-PN 47-3232410-001
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	OPM EARNINGS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor	OPM EARNINGS DBA LIMESTONE WEALTH ADVISORS	c EIN-PN 61-1374312-001
a	Plan name	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED VASCULAR VEIN CENTER OF MICHIGAN	c EIN-PN 82-2382763-001
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	DIAMOND VISION OPTOMETRY 401(K) PLAN	
b	Name of plan sponsor	DIAMOND VISION OPTOMETRY, INC.	c EIN-PN 27-3507785-001
a	Plan name	ATPWC 401(K) PLAN	
b	Name of plan sponsor	ALL THINGS POSSIBLE	c EIN-PN 47-4673471-001
a	Plan name	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC 401(K) PLAN	
b	Name of plan sponsor	TAYLOR GRUBAUGH CHEVROLET, BUICK, GMC, LLC	c EIN-PN 84-3391707-001
a	Plan name	TD SUPPLY SPECIALISTS LLC RETIREMENT PLAN	
b	Name of plan sponsor	TD SUPPLY SPECIALISTS LLC	c EIN-PN 46-0747817-001
a	Plan name	BILTWELL 401(K) PLAN	
b	Name of plan sponsor	BILTWELL CUSTOM MOTORCYCLE CORP. DBA BILTWELL INC.	c EIN-PN 71-1009612-001
a	Plan name	PURE ENERGY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PURE ENERGY GROUP, INC.	c EIN-PN 86-2201015-001

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	BOXCAST, INC. 401(K) PLAN	
b	Name of plan sponsor	BOXCAST, INC.	c EIN-PN 47-2276606-001
a	Plan name	FERRETTI SEARCH 401(K) PLAN	
b	Name of plan sponsor	PURSUIT SEARCH GROUP, LLC	c EIN-PN 83-1896110-001
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	LD PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	LD PLASTICS, INC.	c EIN-PN 04-2702532-001
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	OVERHEAD DOOR COMPANY OF APPLETON 401(K) PLAN	
b	Name of plan sponsor	W&J HOLDINGS, LLC	c EIN-PN 82-3571108-001
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	QUALITY CONVEYORS 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALITY CONVEYORS LLC DBA WJ HAAS	c EIN-PN 76-0836388-001
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	SKY'S THE LIMIT CAR CARE 401(K) PLAN	
b	Name of plan sponsor	SKY'S THE LIMIT CAR CARE	c EIN-PN 45-3438558-001
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	UNITED PERFUMES 401(K) PLAN	
b	Name of plan sponsor	UNITED PERFUMES CORP	c EIN-PN 46-5742198-001

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 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 WILLIAM J. WALSH & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor WILLIAM J. WALSH & SONS, INC. DBA WALSH CONCRETE FORMS	c EIN-PN 04-3566846-002
a	Plan name WILLIAMS CONCRETE CONTRACTING LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAMS CONCRETE CONTRACTING LLC	c EIN-PN 26-0888255-001
a	Plan name ADDRESS HEALTHCARE ADMINISTRATION, LLC	
b	Name of plan sponsor ADDRESS HEALTHCARE ADMINISTRATION, LLC	c EIN-PN 99-1289536-001
a	Plan name AMERICAN TILE & STONE FABRICATION, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICAN TILE & STONE FABRICATION, INC.	c EIN-PN 45-4059984-001
a	Plan name APPIAN WAY ASSET MANAGEMENT LP DEFINED BENEFIT PLAN	
b	Name of plan sponsor APPIAN WAY ASSET MANAGEMENT LP	c EIN-PN 84-2833996-001
a	Plan name AUTO-CHLOR SYSTEM OF LAS VEGAS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor OMNI SERVICE AUTO-CHLOR SYSTEM OF LAS VEGAS, INC.	c EIN-PN 88-0263210-001
a	Plan name BAY AREA PROPANE RETIREMENT PLAN	
b	Name of plan sponsor BAY AREA PROPANE	c EIN-PN 84-3871195-001
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 CARROLL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor CARROLL INSURANCE AGENCY, LTD	c EIN-PN 76-0297522-001
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 DENNY'S BODY SHOP 401(K) PLAN	
b	Name of plan sponsor DENNY'S BODY SHOP	c EIN-PN 82-3818063-001

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	DIRSEC, INC 401(K) PLAN	
b	Name of plan sponsor	DIRSEC, INC.	c EIN-PN 84-1595959-001
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	EXCEED PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	EXCEED PHYSICAL THERAPY, LLC	c EIN-PN 82-5523767-001
a	Plan name	FIDE 401(K) PLAN	
b	Name of plan sponsor	EMINENT CONSULTING, LLC DBA FIDE LLC	c EIN-PN 82-0818461-001
a	Plan name	HIGH PLAINS ENGINEERING & CONSULTING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HIGH PLAINS ENGINEERING & CONSULTING, LLC	c EIN-PN 87-2706193-002
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	JOEBUILT HOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOE BUILT HOMES, LLC	c EIN-PN 81-1108630-001
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	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	KEYSTONE PLASTIC & RECONSTRUCTIVE SURGERY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KEYSTONE PLASTIC & RECONSTRUCTIVE SURGERY	c EIN-PN 76-0514609-001
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	PARCUSO 401(K) PLAN & TRUST	
b	Name of plan sponsor	PARCUSO, INC.	c EIN-PN 82-1434926-001

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	SNIDER INC 401(K) PLAN	
b	Name of plan sponsor	SNIDER INC	c EIN-PN 56-1649710-001
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	THE LEE MOAK GROUP 401(K) PLAN	
b	Name of plan sponsor	THE LEE MOAK GROUP, LLC	c EIN-PN 47-2381018-001
a	Plan name	THE LISTENING ROOM LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	THE LISTENING ROOM HOLDINGS LLC	c EIN-PN 85-4382192-001
a	Plan name	WISCONSIN SWIM ACADEMY, LLC 401(K) PLAN	
b	Name of plan sponsor	WISCONSIN SWIM ACADEMY, LLC	c EIN-PN 32-2461930-001
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	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	NRG MARKETING LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	NRG MARKETING LLC	c EIN-PN 20-0027370-003
a	Plan name	ROBERTS DITCHING 401(K) PLAN	
b	Name of plan sponsor	ARROWHEAD LINE LLC	c EIN-PN 45-5041435-001
a	Plan name	ROCKING R MEDICAL 401(K) PLAN	
b	Name of plan sponsor	RATTAN & ASSOCIATES	c EIN-PN 46-2619332-001
a	Plan name	SENIOR EXPRESS/RIO TRANSPORT 401(K) PLAN	
b	Name of plan sponsor	VRK ENTERPRISES, LLC	c EIN-PN 81-3354376-001

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	SYNDEX CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SYNDEX CORPORATION	c EIN-PN 74-1750316-001
a	Plan name	T J & M SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	T J & M SERVICES, INC.	c EIN-PN 26-3380349-001
a	Plan name	BEEP 401(K) PLAN	
b	Name of plan sponsor	BEEP, INC.	c EIN-PN 61-1908700-334
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	CENTS II 401(K) PLAN	
b	Name of plan sponsor	CENTSIBLE HEATING AND AIR CONDITIONING, LLC II	c EIN-PN 47-2003612-001
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	EMPIRE DIVERSIFIED ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	EMPIRE DIVERSIFIED ENERGY, INC.	c EIN-PN 30-0949242-001
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	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	WORTH LAW GROUP PS 401(K) PLAN	
b	Name of plan sponsor	WORTH LAW GROUP, PS	c EIN-PN 80-0031729-001
a	Plan name	HEALTHY ORGANIC KIDS INC 401(K)	
b	Name of plan sponsor	HEALTHY ORGANIC KIDS INC	c EIN-PN 46-5666729-777

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 JB FUEL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor JB FUEL SOLUTIONS, LLC	c EIN-PN 82-3071152-001
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 BUCKEYE SURGERY CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BUCKEYE SOUTH, LLC DBA BUCKEYE SURGERY CENTER	c EIN-PN 83-2419523-001
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 OBJECTS FINE SET DECORATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor OBJECTS FINE SET DECORATIONS, INC.	c EIN-PN 95-4558821-001
a	Plan name PIEPER AND ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PIEPER AND ASSOCIATES, INC.	c EIN-PN 95-3140624-001
a	Plan name SAAR CORPORATION 401(K) PLAN	
b	Name of plan sponsor SAAR CORPORATION	c EIN-PN 06-1418674-001
a	Plan name SABOT INVESTMENTS 401(K) PLAN	
b	Name of plan sponsor SABOT INVESTMENTS, LLC	c EIN-PN 26-0436204-001
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 BACKPACK HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor LINNEL DBA BACKPACK HEALTHCARE, INC.	c EIN-PN 83-1515371-001
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

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 2045 RET OPT	B Three-digit plan number (PN) ▶ 893
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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9096033 75281
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	9096033	75281
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	9096033	75281

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)	1613546	
(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		1613546

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		1613546
l Transfers of assets:			
(1) To this plan.....	2l(1)		4481301
(2) From this plan	2l(2)		15115599

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 _____.