

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 SMARTRETIREMENT 2060 RET OPT
1b Three-digit plan number (PN) 948
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) TRANSAMERICA LIFE INSURANCE COMPANY
6400 C ST SW CEDAR RAPIDS, IA 52404
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 SMARTRETIREMENT 2060 RET OPT</u>	B Three-digit plan number (PN) ▶ <u>948</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

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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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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):

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	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 ALAGIRI IMMIGRATION LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ALAGIRI IMMIGRATION LAW FIRM, INC.	c EIN-PN 47-3003463-001
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	FAIRWAYS LAWN CARE & SNOW REMOVAL, LLC 401(K) PLAN	
b	Name of plan sponsor	FAIRWAYS LAWN CARE & SNOW REMOVAL, LLC	c EIN-PN 82-1783233-001
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	REDROC AUSTIN 401(K) PLAN	
b	Name of plan sponsor	ERNEST J CORDER DBA REDROC AUSTIN	c EIN-PN 04-3709976-001
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

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 CAPITAL STACK ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor CAPITAL STACK ADVISORS, LLC	c EIN-PN 82-4369350-001
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 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 MEDIA WELL DONE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEDIA WELL DONE, INC.	c EIN-PN 46-0856490-001
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 B	
b	Name of plan sponsor VMC CONTRACTING, INC.	c EIN-PN 75-3049345-002
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 NATURE SCAPES LANDSCAPING INC. 401(K) PLAN	
b	Name of plan sponsor NATURE SCAPES LANDSCAPING INC.	c EIN-PN 81-0959177-001
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 YANEZ SERVICE COMPANY 401(K) PLAN	
b	Name of plan sponsor YANEZ SERVICE COMPANY	c EIN-PN 27-0195199-001

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	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	CORNERSTONE FINANCIAL GROUP 401(K) PLAN	
b	Name of plan sponsor	LEONARD FINANCIAL LLC	c EIN-PN 83-1863378-001
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	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	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	DRIVEN TO GIVE BACK MEDIA 401(K) PLAN	
b	Name of plan sponsor	DRIVEN TO GIVE BACK MEDIA, LLC	c EIN-PN 84-3674774-001
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	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

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 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 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 WH 401(K) PLAN	
b	Name of plan sponsor WOODHOUSE CABINETRY LLC	c EIN-PN 47-2422903-001
a	Plan name HABITAT FOR HUMANITY SA 401(K)	
b	Name of plan sponsor HABITAT FOR HUMANITY OF SEMINOLE COUNTY AND GREATER APOPKA, FLORIDA,	c EIN-PN 59-3034059-001
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
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 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 AMERIBEST HOSPICE, INC. RETIREMENT PLAN	
b	Name of plan sponsor AMERIBEST HOSPICE, INC.	c EIN-PN 84-1743779-001
a	Plan name DECARLO CORPORATION 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor DECARLO CORPORATION DBA DECARLO DEMOLITION COMPANY	c EIN-PN 42-1511387-001

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	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	STAAR CORP. 401(K) PLAN	
b	Name of plan sponsor	STAAR CORP. DBA FUTURE-TECH COMMUNICATIONS	c EIN-PN 81-4529384-001
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	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	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
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

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	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	METAMARTINI 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METAMARTINI, LLC	c EIN-PN 88-1976026-001
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	PET PLANTATION 401(K)	
b	Name of plan sponsor	PET PLANTATION	c EIN-PN 83-4719212-001
a	Plan name	PROVIDENCE PREPARATORY CHARTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor	PROVIDENCE PREPARATORY CHARTER SCHOOL	c EIN-PN 85-2193353-001
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	RESURGENCE IT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RESURGENCE IT, INC.	c EIN-PN 81-3507059-001
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	STELLAR IMAGE STUDIOS RETIREMENT PLAN	
b	Name of plan sponsor	STELLAR IMAGE STUDIOS, LLC	c EIN-PN 83-1901240-001

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	UNITED PERFUMES 401(K) PLAN
b	Name of plan sponsor	UNITED PERFUMES CORP
c	EIN-PN	46-5742198-001
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	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	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	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	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	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
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

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	EZGO GROUP 401(K) PLAN	
b	Name of plan sponsor	EZGO GROUP, INC.	c EIN-PN 36-4850864-001
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	GIRLS & BOYS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BREA-PLACENTIA-YORBA LINDA PENSION PLAN	c EIN-PN 95-2428410-001
a	Plan name	HS BAINS INSURANCE SERVICES 401(K) PLAN	
b	Name of plan sponsor	HS BAINS INSURANCE SERVICES	c EIN-PN 81-0962836-001
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	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	DOMESTIC DIESEL AND AUTO SERVICE 401(K) PLAN	
b	Name of plan sponsor	DOMESTIC DIESEL AND AUTO SERVICE	c EIN-PN 27-4834463-001
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	SMITH ROOFING AND REPAIR INC. 401(K) PLAN	
b	Name of plan sponsor	SMITH ROOFING AND REPAIR INC.	c EIN-PN 20-5155152-001
a	Plan name	SMP 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR MACHINED PRODUCTS, INC.	c EIN-PN 47-4533352-001
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

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 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 PRESTIGE ELECTRIC CO. OF FLORIDA, LLC 401(K) PLAN	
b	Name of plan sponsor PRESTIGE ELECTRIC CO. OF FLORIDA, LLC	c EIN-PN 82-3714094-001
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 ROCKLIN GAS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ROCKLIN GAS, LLC	c EIN-PN 82-2033920-001
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 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	VERIFY INVESTOR, INC. 401(K) PLAN	
b	Name of plan sponsor	VERIFY INVESTOR, INC. A DE INC.	c EIN-PN 46-3398188-001
a	Plan name	ALBERTSON DESIGN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALBERTSON DESIGN	c EIN-PN 94-3313942-001
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	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	NVISNX 401(K) PLAN	
b	Name of plan sponsor	NVISNX LLC	c EIN-PN 83-1395572-001
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	ROELEN'S VACATIONS 401(K)	
b	Name of plan sponsor	GO FLORIDA, INC, DBA ROELEN'S VACATIONS	c EIN-PN 26-1761622-001
a	Plan name	SERVPRO OF SANTA CLARITA VALLEY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SERVPRO OF SANTA CLARITA VALLEY	c EIN-PN 20-1987025-001
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

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	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	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	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	HEALTHY ORGANIC KIDS INC 401(K)	
b	Name of plan sponsor	HEALTHY ORGANIC KIDS INC	c EIN-PN 46-5666729-777
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	LONG PHI DANG M.D. 401(K) PLAN	
b	Name of plan sponsor	LONG PHI DANG M.D. INC.	c EIN-PN 20-0383981-001
a	Plan name	MCS SCHOOLS 401(K) PLAN	
b	Name of plan sponsor	MCS SCHOOLS, LLC	c EIN-PN 87-3156013-001
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

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	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	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	BACKPACK HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	LINNEL DBA BACKPACK HEALTHCARE, INC.	c EIN-PN 83-1515371-001
a	Plan name	FOX TRANSFER INC 401(K) PLAN	
b	Name of plan sponsor	FOX TRANSFER INC & KOUJA LABS, LLC	c EIN-PN 47-2651849-001
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	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	OLIVIA INC. 401(K) PLAN	
b	Name of plan sponsor	OLIVIA INC.	c EIN-PN 82-1927188-001
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	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	SAINT LUKA HOSPICE INC RETIREMENT PLAN	
b	Name of plan sponsor	SAINT LUKA HOSPICE INC.	c EIN-PN 83-2367885-001
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

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 2060 RET OPT	B Three-digit plan number (PN) ▶ 948
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)	3096504
(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	3096504	
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	3096504	

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)	649074	
(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		649074

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		649074
l Transfers of assets:			
(1) To this plan.....	2l(1)		2648940
(2) From this plan	2l(2)		6394518

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 _____.