

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 RIDGEWORTH CEREDX LARGE CAP VALUE EQUITY RET ACCT
1b Three-digit plan number (PN) 477
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) TRANSMERICA FINANCIAL LIFE INSURANCE COMPANY
6400 C ST SW CEDAR RAPIDS, IA 52404
2b Employer Identification Number (EIN) 36-6071399
2c Plan Sponsor's telephone number 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning <u>01/01/2024</u> and ending <u>12/31/2024</u>	
<b>A</b> Name of plan <u>RIDGEWORTH CEREDX LARGE CAP VALUE EQUITY RET ACCT</u>	<b>B</b> Three-digit plan number (PN) <span style="float: right;">▶</span> <u>477</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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.)	
<b>a</b>	Plan name 365 HEALTHCARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor 365 HEALTHCARE STAFFING SERVICES, INC.	<b>c</b> EIN-PN 27-1213953-001
<b>a</b>	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AOW CONSTRUCTION LLC	<b>c</b> EIN-PN 83-2875089-001
<b>a</b>	Plan name ARGONNE LUMBER & SUPPLY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ARGONNE LUMBER & SUPPLY, INC.	<b>c</b> EIN-PN 39-1843557-001
<b>a</b>	Plan name FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor FULL SERVICE CONTRACTING, INC.	<b>c</b> EIN-PN 11-2601825-001
<b>a</b>	Plan name JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor JOE TANNER & ASSOCIATES, INC.	<b>c</b> EIN-PN 58-2339665-001
<b>a</b>	Plan name MOORE & JACKSON, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MOORE & JACKSON, LLC	<b>c</b> EIN-PN 52-2336032-001
<b>a</b>	Plan name PARKWOOD LANDSCAPE MAINTENANCE, INC. PREVAILING WAGE PLAN	
<b>b</b>	Name of plan sponsor PARKWOOD LANDSCAPE MAINTENANCE, INC.	<b>c</b> EIN-PN 95-4199872-001
<b>a</b>	Plan name PBC INDUSTRIAL SUPPLIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PBC INDUSTRIAL SUPPLIES, INC.	<b>c</b> EIN-PN 72-0833717-001
<b>a</b>	Plan name PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PEACHTREE PARK PEDIATRICS, LLP	<b>c</b> EIN-PN 58-0966853-001
<b>a</b>	Plan name SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SELECTRODE INDUSTRIES, INC.	<b>c</b> EIN-PN 11-2677850-002
<b>a</b>	Plan name WWL INDUSTRIES, INC. EMPLOYER PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor WWL INDUSTRIES, INC.	<b>c</b> EIN-PN 75-2236153-001
<b>a</b>	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LEVITT & BOCCIO, LLP	<b>c</b> EIN-PN 47-2210945-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALC STEAKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AUSTIN STEAKHOUSE, INC.	<b>c</b> EIN-PN 74-2673768-001
<b>a</b>	Plan name	ALLERGY ASTHMA & CHEST CLINIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ABRAHAM CHERIYAN, M.D., P.A.	<b>c</b> EIN-PN 75-2936387-001
<b>a</b>	Plan name	ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALLEVITY, INC.	<b>c</b> EIN-PN 94-2264491-001
<b>a</b>	Plan name	NEW YORK CENTER FOR REHABILITATION AND NURSING EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK REHABILITATION CARE MANAGEMENT, LLC DBA NY CENTER FOR REHAB	<b>c</b> EIN-PN 11-3626586-002
<b>a</b>	Plan name	AT DAWN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AT DAWN	<b>c</b> EIN-PN 13-4132349-001
<b>a</b>	Plan name	ROBINSON-BROWN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ROBINSON-BROWN & ASSOCIATES, INC.	<b>c</b> EIN-PN 34-1664427-001
<b>a</b>	Plan name	CLEAR VIEW CONVALESCENT CENTER 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLEAR VIEW SANITARIUM	<b>c</b> EIN-PN 95-2078230-002
<b>a</b>	Plan name	SIELKEN DAVIS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIELKEN DAVIS, LLC	<b>c</b> EIN-PN 20-4365146-001
<b>a</b>	Plan name	EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OPPENHEIMER & CO., INC.	<b>c</b> EIN-PN 11-2945779-001
<b>a</b>	Plan name	VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	VALENTE YEAST COMPANY, INC.	<b>c</b> EIN-PN 11-2437305-001
<b>a</b>	Plan name	VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
<b>b</b>	Name of plan sponsor	VALLEY HUNT CLUB	<b>c</b> EIN-PN 95-1325050-002
<b>a</b>	Plan name	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	<b>c</b> EIN-PN 94-2461685-003

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.)	
<b>a</b>	Plan name FCSC/WALTON COUNTY 401(K) PLAN	
<b>b</b>	Name of plan sponsor FCSC/WALTON COUNTY	<b>c</b> EIN-PN 59-2643266-001
<b>a</b>	Plan name GOLDEN VALLEY INDUSTRIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor GOLDEN VALLEY INDUSTRIES	<b>c</b> EIN-PN 68-0568637-001
<b>a</b>	Plan name GOURMET SPECIALTY IMPORTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor GOURMET SPECIALTY IMPORTS, LLC	<b>c</b> EIN-PN 23-3083089-001
<b>a</b>	Plan name KIMBERLITE 401(K) PLAN	
<b>b</b>	Name of plan sponsor KIMBERLITE CORPORATION	<b>c</b> EIN-PN 77-0444505-001
<b>a</b>	Plan name KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
<b>b</b>	Name of plan sponsor KINGBRIGHT COMPANY, LLC.	<b>c</b> EIN-PN 46-0987944-001
<b>a</b>	Plan name ACADIA HR MEP	
<b>b</b>	Name of plan sponsor HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	<b>c</b> EIN-PN 14-1725479-001
<b>a</b>	Plan name NOEL'S INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NOEL'S, INC.	<b>c</b> EIN-PN 85-0206170-001
<b>a</b>	Plan name S & S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor S & S INDUSTRIAL SUPPLY, INC.	<b>c</b> EIN-PN 38-1914712-001
<b>a</b>	Plan name SAINT COLMAN'S HOME, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SAINT COLMAN'S HOME, INC.	<b>c</b> EIN-PN 14-1338501-001
<b>a</b>	Plan name CLEAR VIEW SANITARIUM 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CLEAR VIEW SANITARIUM	<b>c</b> EIN-PN 95-2078230-001
<b>a</b>	Plan name COMMERCIAL ENERGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMMERCIAL ENERGY OF MONTANA, INC.	<b>c</b> EIN-PN 84-1413218-002
<b>a</b>	Plan name SOFM 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTH OAKS FAMILY MEDICINE, P.A.	<b>c</b> EIN-PN 74-2978615-001

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.)	
<b>a</b>	Plan name COUNTY CORVETTE 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor COUNTY CORVETTE SALES, INC.	<b>c</b> EIN-PN 23-2925644-001
<b>a</b>	Plan name CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CRUICKSHANK, INC.	<b>c</b> EIN-PN 58-1409679-001
<b>a</b>	Plan name W. J. MAYER & CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor W. J. MAYER & CO.	<b>c</b> EIN-PN 06-1331064-002
<b>a</b>	Plan name B.E.R. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor B.E.R. REFRIGERATION, HEATING & COOLING, INC.	<b>c</b> EIN-PN 38-2862985-001
<b>a</b>	Plan name CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor CAMINO FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1676228-002
<b>a</b>	Plan name COMPREHENSIVE HEALTHCARE MANAGEMENT SYSTEMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor COMPREHENSIVE HEALTHCARE MANAGEMENT	<b>c</b> EIN-PN 22-3532069-001
<b>a</b>	Plan name DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor DAY SECKLER LLP	<b>c</b> EIN-PN 26-2310586-001
<b>a</b>	Plan name JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	<b>c</b> EIN-PN 26-2257289-001
<b>a</b>	Plan name LA MADE CREATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor LA MADE CREATIVE, INC.	<b>c</b> EIN-PN 47-1699482-001
<b>a</b>	Plan name LTI 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LABEL TECHNOLOGIES, INC.	<b>c</b> EIN-PN 39-1627601-001
<b>a</b>	Plan name SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SALINAS MANAGEMENT, LLC	<b>c</b> EIN-PN 45-4187623-001
<b>a</b>	Plan name SC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SUNLED COMPANY, LLC.	<b>c</b> EIN-PN 46-0992147-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SOURCEPOINTEHR, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SOURCEPOINTEHR, LLC	<b>c</b> EIN-PN 26-3800519-001
<b>a</b>	Plan name	SY KATZ PRODUCE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SY KATZ PRODUCE, INC.	<b>c</b> EIN-PN 59-2069613-002
<b>a</b>	Plan name	TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TARBELL MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 27-3567818-002
<b>a</b>	Plan name	WEST COAST CONSULTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEST COAST CONSULTING, LLC	<b>c</b> EIN-PN 33-0838176-001
<b>a</b>	Plan name	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ANAN FAIDI MD, INC.	<b>c</b> EIN-PN 68-0285302-001
<b>a</b>	Plan name	ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANCHORS, SMITH AND GRIMSLEY, P.A.	<b>c</b> EIN-PN 59-1219936-001
<b>a</b>	Plan name	ANGELINA COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE ANGELINA GROUP, LP	<b>c</b> EIN-PN 20-4299819-001
<b>a</b>	Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	<b>c</b> EIN-PN 94-2744760-002
<b>a</b>	Plan name	CERRI & SON, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CERRI & SON, INC.	<b>c</b> EIN-PN 45-3450785-001
<b>a</b>	Plan name	CES GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CES GROUP DBA CES, ERG AND NOVACOM	<b>c</b> EIN-PN 52-2356815-001
<b>a</b>	Plan name	CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHAMPION SOLUTIONS GROUP, INC.	<b>c</b> EIN-PN 59-2347579-001
<b>a</b>	Plan name	DOI & ASSOCIATES CPAS, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DOI & ASSOCIATES CPAS, LLC	<b>c</b> EIN-PN 46-5649356-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JAY KNIGHT DDS, PLC	<b>c</b> EIN-PN 05-0539009-001
<b>a</b>	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	<b>c</b> EIN-PN 36-4052634-777
<b>a</b>	Plan name	MARAN, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MARAN, INC.	<b>c</b> EIN-PN 94-2444640-777
<b>a</b>	Plan name	MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MASTODON DESIGN, LLC	<b>c</b> EIN-PN 46-3846727-001
<b>a</b>	Plan name	OX ORTHODONTIX, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OX ORTHODONTIX, LLC	<b>c</b> EIN-PN 52-2150566-001
<b>a</b>	Plan name	SEIU HEALTHCARE MICHIGAN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SEIU HEALTHCARE MICHIGAN	<b>c</b> EIN-PN 01-0897469-001
<b>a</b>	Plan name	THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE GEHR GROUP, INC.	<b>c</b> EIN-PN 80-0822974-001
<b>a</b>	Plan name	WINCO DEVELOPMENT 401(K)PLAN	
<b>b</b>	Name of plan sponsor	WINCO DEVELOPMENT, LLC	<b>c</b> EIN-PN 27-4131501-001
<b>a</b>	Plan name	BENCHMARK ENGINEERING, INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BENCHMARK ENGINEERING, INC.	<b>c</b> EIN-PN 41-1752356-001
<b>a</b>	Plan name	BERK EYE CARE CENTER 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BERK EYE CARE CENTER	<b>c</b> EIN-PN 31-1261693-001
<b>a</b>	Plan name	BERLI'S BODY & FINE AUTO FINISHES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BERLI'S BODY & FINE AUTO FINISHES	<b>c</b> EIN-PN 93-1259386-001
<b>a</b>	Plan name	HAPPY ROCK MERCHANT SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAPPY ROCK MERCHANT SOLUTIONS, LLC	<b>c</b> EIN-PN 26-4074545-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	HAWAII ANALYTICAL LABORATORY LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	HAWAII ANALYTICAL LABORATORY LLC
<b>c</b>	EIN-PN	47-5082201-001
<b>a</b>	Plan name	HELPSIDE INC. 401(K) RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	HELPSIDE INC.
<b>c</b>	EIN-PN	87-0476353-333
<b>a</b>	Plan name	TEXO MEMBERS 401(K) PLAN
<b>b</b>	Name of plan sponsor	TEXO ABC/AGC, INC.
<b>c</b>	EIN-PN	32-0274111-002
<b>a</b>	Plan name	PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	PURPLE ONION
<b>c</b>	EIN-PN	39-1649217-001
<b>a</b>	Plan name	R.C.I. PLBG INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	R.C.I. PLBG INC.
<b>c</b>	EIN-PN	45-2239899-001
<b>a</b>	Plan name	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	POWER DOOR PRODUCTS, INC.
<b>c</b>	EIN-PN	13-2746069-001
<b>a</b>	Plan name	DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	DOXON, LLC
<b>c</b>	EIN-PN	20-8038249-001
<b>a</b>	Plan name	HOFFMAN CABINETS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	HOFFMAN CABINETS, INC.
<b>c</b>	EIN-PN	75-1454441-001
<b>a</b>	Plan name	MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC
<b>c</b>	EIN-PN	45-2591774-001
<b>a</b>	Plan name	BOARDMAN, LLC 401(K) PLAN
<b>b</b>	Name of plan sponsor	BOARDMAN, LLC
<b>c</b>	EIN-PN	73-1470937-003
<b>a</b>	Plan name	BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	BRAHMAN CAPITAL
<b>c</b>	EIN-PN	13-3542470-001
<b>a</b>	Plan name	EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	EASTERN ARMORED SERVICES, INC.
<b>c</b>	EIN-PN	22-3193394-001

**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.)

<b>a</b> Plan name	MMD EQUIPMENT 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MMD EQUIPMENT	<b>c</b> EIN-PN 95-4352231-001

<b>a</b> Plan name	THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	THE QUINLAN LAW FIRM, LLC	<b>c</b> EIN-PN 13-4347801-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>RIDGEWORTH CEREDX LARGE CAP VALUE EQUITY RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>477</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	1
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	5980030
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	5110198
<b>(15)</b> Other .....	<b>1c(15)</b>	

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	5980031	5110198
<b>Liabilities</b>			
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		
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	5980031	5110198

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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)	921214	
(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 .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		921214

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		921214
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		499676
(2) From this plan .....	<b>2l(2)</b>		2290723

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.