

<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: 2em; text-align: center;">2024</p> <hr/> <p style="text-align: center;">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 EQUITY INCOME RET ACCT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>012</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 FINANCIAL 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>83-1098532</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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/08/2025</u>	<u>NEIL KOENCK</u>
	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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>JPMORGAN EQUITY INCOME RET ACCT</u>	B Three-digit plan number (PN)	<u>012</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>83-1098532</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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c EIN-PN

d Entity code

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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 ARCH MANAGEMENT PROFIT SHARING PLAN	
b	Name of plan sponsor JOF, LLC	c EIN-PN 47-2674762-001
a	Plan name ARLINGTON MORTUARY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARLINGTON MORTUARY, INC.	c EIN-PN 95-2959977-001
a	Plan name ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001
a	Plan name BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor BURGE MANAGEMENT GROUP, INC.	c EIN-PN 27-2829648-001
a	Plan name CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CROWN CRAFTS, INC.	c EIN-PN 58-0678148-002
a	Plan name ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ENTERRA SOLUTIONS, LLC	c EIN-PN 30-0002607-001
a	Plan name GODLEY, GLAZER, & FUNK PLLC 401(K) PLAN	
b	Name of plan sponsor GODLEY, GLAZER, & FUNK PLLC	c EIN-PN 84-4742362-001
a	Plan name LOCAL 360 401(K) AND SEVERANCE PLAN	
b	Name of plan sponsor LOCAL 360	c EIN-PN 22-2450938-009
a	Plan name NEHAL CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEHAL CONTRACTING, INC.	c EIN-PN 58-2587356-001
a	Plan name PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-777
a	Plan name ROMAK IRON WORKS PROFIT SHARING PLAN	
b	Name of plan sponsor ROMAK IRON WORKS	c EIN-PN 94-1333435-001
a	Plan name ROY SAKUMA PRODUCTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor ROY SAKUMA PRODUCTIONS, INC.	c EIN-PN 99-0173485-001

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 TAG MESIROW RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG MESIROW RETIREMENT PLAN EXCHANGE	c EIN-PN 33-2591376-777
a	Plan name TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874779-001
a	Plan name TAG WEALTH ENHANCEMENT GROUP 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 62-1874774-012
a	Plan name TAKANO NAKAMURA LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TAKANO NAKAMURA LANDSCAPING, INC.	c EIN-PN 99-0204144-001
a	Plan name 401(K) ADVANTAGE EMERGING MARKETS PLAN	
b	Name of plan sponsor 401(K) ADVANTAGE, LLC	c EIN-PN 20-1826961-004
a	Plan name 401(K) ADVANTAGE PARTNERS AGGREGATE I PLAN	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 20-1826895-001
a	Plan name 401(K) ADVANTAGE PARTNERS AGGREGATE PLAN II	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 20-1826891-001
a	Plan name 401(K) ADVANTAGE PLUS PLAN	
b	Name of plan sponsor 401(K) ADVANTAGE, LLC	c EIN-PN 20-1826967-007
a	Plan name 401(K) ADVANTAGE, LLC MICRO PLAN	
b	Name of plan sponsor TAG RESOURCES	c EIN-PN 62-1874771-003
a	Plan name EVOLVE TREATMENT CENTERS 401(K) PLAN	
b	Name of plan sponsor EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	c EIN-PN 46-5716785-003
a	Plan name GPA 401(K) PLAN	
b	Name of plan sponsor GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001

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 LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LYMAN LAW FIRM	c EIN-PN 46-5291861-001
a	Plan name MANASWI'S ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN	
b	Name of plan sponsor MANASWI'S ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC	c EIN-PN 83-1463534-001
a	Plan name NELDON PEACOCK & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor NELDON PEACOCK & SONS, INC.	c EIN-PN 31-0839420-001
a	Plan name PHYSICIANS 401(K) SOLUTIONS	
b	Name of plan sponsor ORTHO BENEFITS CORP INC.	c EIN-PN 47-1797746-002
a	Plan name RTL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor RTL CONSTRUCTION, INC.	c EIN-PN 41-1735902-001
a	Plan name FLUENCE CORPORATION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FLUENCE CORPORATION LLC	c EIN-PN 27-4214544-001
a	Plan name FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC.	c EIN-PN 25-1603610-001
a	Plan name HEALTHTEC SOLUTIONS, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor HEALTHTEC SOLUTIONS INC.	c EIN-PN 04-3371227-001
a	Plan name THE PARTNERS COMPANIES 401(K) PLAN	
b	Name of plan sponsor THE PARTNER COMPANIES LLC	c EIN-PN 85-2379191-001
a	Plan name ACCURATE INGREDIENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor ACCURATE INGREDIENTS, INC.	c EIN-PN 11-2571863-001
a	Plan name J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J. J. MAUGET COMPANY, INC.	c EIN-PN 95-1968672-002
a	Plan name ALCHEMY GLOBAL NETWORKS 401(K) PLAN	
b	Name of plan sponsor ALCHEMY GLOBAL NETWORKS, LLC	c EIN-PN 81-0874754-001

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 JRB ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JRB ASSOCIATES, INC.	c EIN-PN 05-0504611-001
a	Plan name W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	c EIN-PN 58-2352698-001
a	Plan name AST/ACME, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AST/ACME, INC.	c EIN-PN 61-1278559-001
a	Plan name BARTELS, POWALSKI & WEISSMAN, M.D., P.C. DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor BARTELS, POWALSKI & WEISSMAN, M.D., P.C.	c EIN-PN 16-1021580-002
a	Plan name BEL AIR BAY CLUB 401(K) PLAN	
b	Name of plan sponsor BEL AIR BAY CLUB, LTD	c EIN-PN 95-0537590-004
a	Plan name MCINTOSH COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor MCINTOSH COMMUNICATIONS, INC.	c EIN-PN 88-0255787-001
a	Plan name ONEPATH 401(K) GPS	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-007
a	Plan name CHARTER SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHARTER SCHOOL 401(K) RETIREMENT PLAN	c EIN-PN 31-1819379-777
a	Plan name POWER QUALITY INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor POWER QUALITY INTERNATIONAL, LLC	c EIN-PN 46-3119531-001
a	Plan name DR. ALEXANDER J. KIM, INC. RETIREMENT PLAN & TRUST	
b	Name of plan sponsor DR. ALEXANDER J. KIM DDS	c EIN-PN 43-2071840-001
a	Plan name SC ENVIRONMENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor SC ENVIRONMENTAL SERVICES	c EIN-PN 26-2811552-001
a	Plan name SCULLY SPORTSWEAR 401(K) PLAN	
b	Name of plan sponsor SCULLY SPORTSWEAR, INC.	c EIN-PN 95-2240766-001

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 FACILITY SOLUTIONS PLUS 401(K) PLAN	
b	Name of plan sponsor FACILITY SOLUTIONS PLUS, INC.	c EIN-PN 46-4765121-001
a	Plan name FAMILY LIFE ACADEMY CHARTER SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FAMILY LIFE ACADEMY CHARTER SCHOOL	c EIN-PN 13-4170389-001
a	Plan name MEDICALERT 401(K) PLAN	
b	Name of plan sponsor MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a	Plan name BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor BEST CONTRACTING SERVICES, INC.	c EIN-PN 95-3781209-001
a	Plan name BETMGM 401(K) PLAN	
b	Name of plan sponsor BETMGM, LLC	c EIN-PN 83-1679867-001
a	Plan name OX ORTHODONTIX, LLC 401(K) PLAN	
b	Name of plan sponsor OX ORTHODONTIX, LLC	c EIN-PN 52-2150566-001
a	Plan name CHILD & MARTON LLP 401(K) PLAN	
b	Name of plan sponsor CHILD & MARTON LLP	c EIN-PN 80-0051807-001
a	Plan name CJR CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor CJR CONTRACTORS, INC.	c EIN-PN 75-1431479-001
a	Plan name PROBABLYMONSTERS INC 401(K) PLAN	
b	Name of plan sponsor PROBABLYMONSTERS, INC.	c EIN-PN 81-1839022-222
a	Plan name DESIGN CONTINUUM, INC. 401(K) PLAN	
b	Name of plan sponsor DESIGN CONTINUUM INC.	c EIN-PN 58-1100379-001
a	Plan name EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EAR MEDICAL GROUP, P.A.	c EIN-PN 74-2283401-001
a	Plan name SHIMA SEIKI U.S.A., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHIMA SEIKI U.S.A., INC.	c EIN-PN 22-2708902-001

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	FBA RETIREMENT PLAN	
b	Name of plan sponsor	AUSTIN 3(16) FIDUCIARY LIMITED	c EIN-PN 46-2981114-001
a	Plan name	STACK VETERINARY HOSPITAL PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STACK VETERINARY HOSPITAL, PLLC	c EIN-PN 30-0773499-777
a	Plan name	THE FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FIRST MEDICAL CENTER, INC.	c EIN-PN 33-0791088-001
a	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	HICKAM COMMUNITIES, LLC	c EIN-PN 45-0530100-001
a	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-777
a	Plan name	JMK CREATIVE, LLC DBA BBKA 401(K) PLAN	
b	Name of plan sponsor	JMK CREATIVE, LLC DBA BASE BEAUTY CREATIVE AGENCY	c EIN-PN 27-0632375-001
a	Plan name	JMOR MACHINERY MOVERS 401(K) PLAN	
b	Name of plan sponsor	JMOR MACHINERY MOVERS, INC	c EIN-PN 81-1341428-001
a	Plan name	VALLEY ALLERGY CLINIC, PC EMPLOYEES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	VALLEY ALLERGY CLINIC, PC.	c EIN-PN 38-2209197-001
a	Plan name	VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	VETERINARY PHARMACEUTICALS, INC.	c EIN-PN 94-2185252-001
a	Plan name	KIMIL CO., INC. 401(K) PLAN	
b	Name of plan sponsor	KIMIL CO., INC.	c EIN-PN 16-1376982-001
a	Plan name	WALIER CHEVY 401(K) PLAN	
b	Name of plan sponsor	TWO THIRDS MOTORS, INC.	c EIN-PN 02-0450291-001
a	Plan name	WALTON ISAACSON 401(K) PLAN	
b	Name of plan sponsor	WALTON ISAACSON LLC	c EIN-PN 20-3735704-001

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	WASCHITZ PAVLOFF CPA 401(K) PLAN	
b	Name of plan sponsor	WASCHITZ PAVLOFF CPA LLP	c EIN-PN 82-2240084-001
a	Plan name	WASEYABEK DEVELOPMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	WASEYABEK DEVELOPMENT COMPANY, LLC	c EIN-PN 45-2425291-001
a	Plan name	BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	BADGER TRUCK & AUTOMOTIVE GROUP	c EIN-PN 39-1044839-002
a	Plan name	BALD PEAK COLONY CLUB 401(K) PLAN	
b	Name of plan sponsor	BALD PEAK COLONY CLUB	c EIN-PN 02-0210407-002
a	Plan name	CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
b	Name of plan sponsor	CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	c EIN-PN 15-0235250-777
a	Plan name	CLARK INSURANCE AGENCY, INC 401(K) PLAN	
b	Name of plan sponsor	CLARK INSURANCE AGENCY, INC	c EIN-PN 43-1802402-001
a	Plan name	COASTLINE FACILITIES & MAINTENANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRS DBA COASTLINE FACILITIES & MAINTENANCE	c EIN-PN 82-4678956-001
a	Plan name	FRANK, FRANK, GOLDSTEIN & NAGER, P.C.401(K)PLAN	
b	Name of plan sponsor	FRANK, FRANK, GOLDSTEIN & NAGER, PC	c EIN-PN 13-2829967-001
a	Plan name	HARMS CARPET CENTER, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	HARMS CARPET CENTER, INC.	c EIN-PN 34-1327861-001
a	Plan name	HARVEY 401(K) PLAN	
b	Name of plan sponsor	HARVEY & MADDING, INC. DBA DUBLIN HONDA	c EIN-PN 94-2435867-003
a	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	c EIN-PN 99-0143112-001
a	Plan name	HAWAII HEALTH & HARM REDUCTION CENTER 401K PLAN	
b	Name of plan sponsor	HAWAII HEALTH & HARM REDUCTION CENTER	c EIN-PN 99-0284222-001

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 JOHN HOWARD COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JOHN HOWARD COMPANY, INC.	c EIN-PN 95-3273463-001
a	Plan name JOHN MULLEN & COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A	
b	Name of plan sponsor JOHN MULLEN & COMPANY, INC.	c EIN-PN 99-0109877-001
a	Plan name KINGDOM TITLE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor KINGDOM TITLE SOLUTIONS, INC.	c EIN-PN 20-8646472-001
a	Plan name KINGSTON AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor KINGSTON AUTOMOTIVE, LLC	c EIN-PN 20-2954547-001
a	Plan name KOSHIBA & PRICE, AAL, ALC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KOSHIBA & PRICE, AAL, ALC	c EIN-PN 99-0173346-001
a	Plan name KROLL INTERNATIONAL, LLC 401(K) PLAN	
b	Name of plan sponsor KROLL INTERNATIONAL, LLC	c EIN-PN 20-1135584-001
a	Plan name MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name MESA UNITED WAY PROFIT SHARING PLAN	
b	Name of plan sponsor MESA UNITED WAY, INC.	c EIN-PN 86-0198599-002
a	Plan name NPE ENTERPRISE, LLC 401(K) PLAN	
b	Name of plan sponsor NPE ENTERPRISE, LLC	c EIN-PN 20-8229316-001
a	Plan name NPE ENTERPRISE, LLC 401(K) PLAN	
b	Name of plan sponsor NPE ENTERPRISE, LLC	c EIN-PN 20-8229316-222
a	Plan name PACIFIC TRANSPORTATION LINES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC TRANSPORTATION LINES, INC.	c EIN-PN 99-0269857-001
a	Plan name PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001

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 STADHEIM ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STADHEIM ENTERPRISES, INC.	c EIN-PN 90-0098355-001
a	Plan name THOMPSON BROS PLUMBING 401K PLAN	
b	Name of plan sponsor THOMPSON BROS PLUMBING	c EIN-PN 37-1458920-001
a	Plan name THRIVE BY 5 401(K) PLAN	
b	Name of plan sponsor TB5 MANAGEMENT, LLC	c EIN-PN 92-0493249-001
a	Plan name VINEBURG LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VINEBURG LLC	c EIN-PN 68-0466361-001
a	Plan name VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
a	Plan name VORTEX LIQUID COLOR 401(K) SAVINGS PLAN	
b	Name of plan sponsor VORTEX LIQUID COLOR, INC.	c EIN-PN 81-2044249-001
a	Plan name WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor WEST GEORGIA EYE CARE CENTER	c EIN-PN 58-1075293-001
a	Plan name WESTBAY FLOOR SOURCE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor WESTBAY DECORATING, INC. DBA WESTBAY FLOOR SOURCE	c EIN-PN 34-1313171-001
a	Plan name AMERICAN MARINE SERVICES GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN WORKBOATS, INC.	c EIN-PN 99-0164323-001
a	Plan name AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor BOLAND MARINE & INDUSTRIAL, LLC	c EIN-PN 85-0485227-001
a	Plan name ELEVATED TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ELEVATED TECHNOLOGIES INC.	c EIN-PN 38-3146138-001

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	FURMAN & HAUSWIRTH 401 (K) PLAN
b	Name of plan sponsor	FURMAN & HAUSWIRTH CPA'S
c	EIN-PN	11-3134883-001
a	Plan name	GARZA PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	GARZA INDUSTRIES, INC.
c	EIN-PN	33-0505475-001
a	Plan name	HOUSTON CRITICAL CARE 401(K) PLAN
b	Name of plan sponsor	WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE
c	EIN-PN	76-0567380-001
a	Plan name	KTX - AMERICA, INC. 401(K) PLAN
b	Name of plan sponsor	KTX - AMERICA, INC.
c	EIN-PN	30-0031143-001
a	Plan name	TONSA AUTOMOTIVE, INC.
b	Name of plan sponsor	TONSA AUTOMOTIVE, INC.
c	EIN-PN	11-2577843-001
a	Plan name	TOTAL RETIREMENT SOLUTIONS POOLED EMPLOYER PLAN
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS
c	EIN-PN	85-3213245-315
a	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN
b	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.
c	EIN-PN	94-1433043-001
a	Plan name	WILSHIRE HOUSE ASSOCIATION EMPLOYEE 401(K) PLAN
b	Name of plan sponsor	WILSHIRE HOUSE ASSOCIATION
c	EIN-PN	95-3593022-001
a	Plan name	CONSTRUCTORS, INCORPORATED 401(K) PLAN
b	Name of plan sponsor	CONSTRUCTORS, INCORPORATED
c	EIN-PN	85-0135619-001
a	Plan name	EMPLOYEE RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	ONONDAGA LEASING SERVICES
c	EIN-PN	16-1254312-001
a	Plan name	GAS PLUS CORPORATION 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GAS PLUS CORPORATION
c	EIN-PN	36-3181722-001
a	Plan name	GATEWAY 401(K) RETIREMENT PLAN EXCHANGE III
b	Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES
c	EIN-PN	62-1874769-303

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	MONROVIA CHAMBER MEMBER 401(K) PLAN	
b	Name of plan sponsor	MONROVIA CHAMBER OF COMMERCE	c EIN-PN 95-1019540-001
a	Plan name	MORNINGSIDE ELITE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	MORNINGSIDE ELITE MANAGEMENT, LLC	c EIN-PN 85-3197674-001
a	Plan name	RFC RETIREMENT PLAN	
b	Name of plan sponsor	ROMANOFF FLOOR COVERING, INC.	c EIN-PN 58-1349072-001
a	Plan name	SURDYK'S 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SURDYK'S LIQUOR, INC.	c EIN-PN 41-0878398-001
a	Plan name	SURGICAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SURGICAL ASSOCIATES, INC.	c EIN-PN 99-0287995-002
a	Plan name	SUSTAINABLEHR RETIREMENT PLAN	
b	Name of plan sponsor	SUSTAINABLEHR PEO, LLC	c EIN-PN 84-2747571-001
a	Plan name	SYSTEM RESOURCES TELECOM 401(K) PLAN	
b	Name of plan sponsor	SYSTEM RESOURCES TELECOM, LLC	c EIN-PN 72-1432916-001
a	Plan name	TRANSITION MANAGEMENT CORP 401(K) PLAN	
b	Name of plan sponsor	TRANSITION MANAGEMENT CORP	c EIN-PN 52-2032600-001
a	Plan name	MSABC MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor	MISSISSIPPI ASSOCIATED BUILDERS & CONTRACTORS, INC.	c EIN-PN 64-0415733-333
a	Plan name	MVPIZZA, LLC 401(K) PLAN	
b	Name of plan sponsor	MVPIZZA, LLC	c EIN-PN 83-1018941-001
a	Plan name	PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	c EIN-PN 72-0885035-001
a	Plan name	RIVER HOUSE ARTISTS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVER HOUSE ARTISTS, LLC	c EIN-PN 81-0815058-001

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	RJL RESOURCES, INC. INCENTIVE SAVINGS PLAN
b	Name of plan sponsor	RJL RESOURCES, INC.
c	EIN-PN	13-4199316-001
a	Plan name	SYSTEMS 401(K) RETIREMENT PLAN
b	Name of plan sponsor	C SYSTEMS, LLC
c	EIN-PN	20-1820942-001
a	Plan name	TAB SERVICES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TAB SERVICES
c	EIN-PN	58-2655930-001
a	Plan name	TAG AGGREGATE 1 MESIROW
b	Name of plan sponsor	TAG RESOURCES
c	EIN-PN	62-1874771-004
a	Plan name	TAG AGGREGATE 401K PLAN
b	Name of plan sponsor	TAG RESOURCES, LLC
c	EIN-PN	62-1874766-005
a	Plan name	ANTHEM TAX SERVICES LLC 401(K) PLAN
b	Name of plan sponsor	ANTHEM TAX SERVICES LLC
c	EIN-PN	81-5160059-001
a	Plan name	APERION CARE 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	APERION CARE, INC.
c	EIN-PN	46-5646073-002
a	Plan name	APPIAN WAY ASSET MANAGEMENT LP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	APPIAN WAY ASSET MANAGEMENT LP
c	EIN-PN	84-2833996-002
a	Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC
c	EIN-PN	43-1506960-001
a	Plan name	COXSACKIE TRANSPORT INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	COXSACKIE TRANSPORT INC.
c	EIN-PN	14-1745890-001
a	Plan name	GATOR HOME TECH 401K PLAN
b	Name of plan sponsor	GATOR TECH INTEGRATION, INC.
c	EIN-PN	54-2077009-002
a	Plan name	GENERAL WHOLESALE COMPANY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GENERAL WHOLESALE COMPANY, INC.
c	EIN-PN	58-0525744-001

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	INSPIRE PR GROUP 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	INSPIRE PR GROUP	c EIN-PN 47-1101618-001

a Plan name	LIEBERMAN LEBOVIT, PLLC INCENTIVE SAVINGS PLAN	
b Name of plan sponsor	LIEBERMAN LEBOVIT, PLLC	c EIN-PN 84-2449886-001

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JPMORGAN EQUITY INCOME RET ACCT	B Three-digit plan number (PN) ▶ 012
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 83-1098532

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)	41628800
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	39552198
(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	41628800	39552198
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	41628800	39552198

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)	5298565	
(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		5298565

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		5298565
l Transfers of assets:			
(1) To this plan.....	2l(1)		8014784
(2) From this plan	2l(2)		15389951

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 _____.