

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, 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, 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, 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: TA VANGUARD LIFESTRATEGY MODERATE GROWTH RET ACCT; 1b Three-digit plan number (PN): 504; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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; Signature of employer/plan sponsor, Date, Enter name of individual signing as employer or plan sponsor; Filed with authorized/valid electronic signature, 09/15/2025, NEIL KOENCK; Signature of DFE, Date, Enter name of individual signing as DFE

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

Form 5500 (2024) v. 240311

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>TA VANGUARD LIFESTRATEGY MODERATE GROWTH RET ACCT</u>	B Three-digit plan number (PN)	<u>504</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>36-6071399</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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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 1 SOURCE BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor 1 SOURCE BUSINESS SOLUTIONS, LLC	c EIN-PN 27-3793520-333
a	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001
a	Plan name LOGGINS PLUMBING 401(K) PLAN	
b	Name of plan sponsor LOGGINS PLUMBING	c EIN-PN 75-2802742-001
a	Plan name PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-001
a	Plan name ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
b	Name of plan sponsor ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	c EIN-PN 99-0222900-001
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 TAX FAVORED BENEFITS, INC. RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAX FAVORED BENEFITS, INC.	c EIN-PN 48-0912395-001
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 BUX-MONT TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor BUX-MONT TRANSPORTATION	c EIN-PN 23-1576223-001

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	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name	ISOLVED 401-K PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-310
a	Plan name	MAKAI HR RETIREMENT PLAN	
b	Name of plan sponsor	KCPHI SERVICES, LLC DBA MAKAI HR	c EIN-PN 82-3809240-333
a	Plan name	FLEET DRIVER SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	FLEET DRIVER SERVICE, INC.	c EIN-PN 45-3685803-333
a	Plan name	SLR SERVICE 401K PLAN	
b	Name of plan sponsor	SIGMA HEALTH REHAB LLC	c EIN-PN 30-0565417-001
a	Plan name	GUHROO 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EXECUTIVE RESOURCE GROUP LLC DBA GUHROO	c EIN-PN 46-4868112-001
a	Plan name	TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor	TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
a	Plan name	THE 401(K) PLAN ADVOCATE POWERED BY TAG TRANSAMERICA RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 62-1874766-001
a	Plan name	HAWAII PACIFIC X-RAY CORPORATION 401(K) PLAN	
b	Name of plan sponsor	HAWAII PACIFIC X-RAY CORPORATION	c EIN-PN 99-0250562-001
a	Plan name	ABO 401(K)	
b	Name of plan sponsor	AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001
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	ALADDIN CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALADDIN CONSTRUCTION COMPANY, INC.	c EIN-PN 64-0691303-001

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	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	CHAMPION DISCS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CHAMPION DISCS, INC.	c EIN-PN 95-3894688-001
a	Plan name	QUAD PLUS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	QUAD PLUS LLC	c EIN-PN 20-2033561-001
a	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name	AVW EQUIPMENT COMPANY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AVW EQUIPMENT COMPANY INC.	c EIN-PN 36-2780525-001
a	Plan name	PREPARING 4 TOMORROW 401(K) PLAN	
b	Name of plan sponsor	MARRICK MEDICAL FINANCE, LLC	c EIN-PN 20-8059557-001
a	Plan name	PRESIDIO EMPLOYEE CO LLC 401(K) PLAN	
b	Name of plan sponsor	PRESIDIO EMPLOYEE CO LLC	c EIN-PN 82-5116779-001
a	Plan name	FORRESTALL PLAN	
b	Name of plan sponsor	JEFF FORRESTALL CPA PC	c EIN-PN 58-2514091-333
a	Plan name	FOX MANAGEMENT REHABILITATION SERVICES LLC, 401(K) PLAN	
b	Name of plan sponsor	FOX MANAGEMENT REHABILITATION SERVICES, LLC	c EIN-PN 22-3729445-001
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-001
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-003
a	Plan name	HICKS LIN(K) GROUP PLAN SOLUTION	
b	Name of plan sponsor	HICKS PENSION SERVICES	c EIN-PN 77-0155091-001

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 ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ALLPRO CORPORATION	c EIN-PN 59-3347302-001
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 KINGSTON AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor KINGSTON AUTOMOTIVE, LLC	c EIN-PN 20-2954547-001
a	Plan name MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MAUER CHEVROLET	c EIN-PN 26-4600875-777
a	Plan name MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDWAY TRAILERS, INC.	c EIN-PN 43-1204852-002
a	Plan name OKAHARA AND ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OKAHARA AND ASSOCIATES, INC.	c EIN-PN 99-0186805-001
a	Plan name THRESHER ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor THRESHER ENERGY, INC.	c EIN-PN 84-4801657-001
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 VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
a	Plan name AMERICAS HEALTHCARE EMPLOYEE RETIREMENT PEP	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-005
a	Plan name HR PARTNERS 401(K) PLAN	
b	Name of plan sponsor HR PARTNERS, INC.	c EIN-PN 58-2394083-333
a	Plan name PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	c EIN-PN 95-0616125-002

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	RETIRE READY 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RETIRE READY	c EIN-PN 20-1826963-333
a	Plan name	TONSA AUTOMOTIVE, INC.	
b	Name of plan sponsor	TONSA AUTOMOTIVE, INC.	c EIN-PN 11-2577843-001
a	Plan name	CONSTRUCTION INDUSTRY 401(K) PLAN	
b	Name of plan sponsor	BUILDERS EXCHANGE OF SOUTHERN TIER, INC.	c EIN-PN 16-0820649-333
a	Plan name	EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ONONDAGA LEASING SERVICES	c EIN-PN 16-1254312-001
a	Plan name	LAUGHING OUT LOUD, LLC 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	LAUGHING OUT LOUD, LLC	c EIN-PN 46-1324384-221
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	TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG FIDUCIARY PLUS AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874762-001
a	Plan name	ZEAM MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ZEAM MEDICAL GROUP, INC.	c EIN-PN 86-3657363-001
a	Plan name	AR BROTHERS CONSTRUCTION SERVICES 401(K) PLAN	
b	Name of plan sponsor	AR BROTHERS CONSTRUCTION SERVICES, INC.	c EIN-PN 75-2833603-001
a	Plan name	EMPLOYER FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYER FLEXIBLE HR, LLC	c EIN-PN 27-4406361-333
a	Plan name	LIBERTY RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-777

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
a	Plan name EATWELL 401(K) PLAN	
b	Name of plan sponsor EATWELL ENTERPRISES LP	c EIN-PN 13-3944198-001
a	Plan name JOHNSON JOHNSON CRABTREE ARCHITECTS P.C. 401(K) PLAN	
b	Name of plan sponsor JOHNSON JOHNSON CRABTREE ARCHITECTS P.C.	c EIN-PN 62-1459434-001
a	Plan name SENDROFF & BARUCH, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SENDROFF & BARUCH, LLP	c EIN-PN 20-5934154-001
a	Plan name SEWON AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor SEWON AMERICA, INC.	c EIN-PN 26-1971648-001
a	Plan name WORKFIT MEDICAL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor WORKFIT MEDICAL LLC	c EIN-PN 13-4208386-001
a	Plan name WWL INDUSTRIES, INC. EMPLOYER PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WWL INDUSTRIES, INC.	c EIN-PN 75-2236153-001
a	Plan name 4AP HOLDINGS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 4AP HOLDINGS INC.	c EIN-PN 93-2433840-222
a	Plan name NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEW ENGLAND WOODCRAFT, INC.	c EIN-PN 03-0265306-001
a	Plan name NEW YORK CENTER FOR REHABILITATION AND NURSING EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor NEW YORK REHABILITATION CARE MANAGEMENT, LLC DBA NY CENTER FOR REHAB	c EIN-PN 11-3626586-002
a	Plan name ASSOCIATED GENERAL CONTRACTORS OF AMERICA, SAN DIEGO CHAPTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASSOCIATED GENERAL CONTRACTORS OF AMERICA, SAN DIEGO CHAPTER, INC.	c EIN-PN 95-1951119-001
a	Plan name ATLANTIC BINGO SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTIC BINGO SUPPLY, INC.	c EIN-PN 52-1552308-001

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 ROCKY MOUNTAIN HEALTH CENTERS PROFIT SHARING PLAN	
b	Name of plan sponsor ROCKY MOUNTAIN HEALTH CENTERS PEDIATRICS, PC	c EIN-PN 68-0545497-001
a	Plan name SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name SHULMAN & MILLER PEDIATRIC DENTISTRY & ORTHODONTICS, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHULMAN & MILLER PEDIATRIC DENTISTRY & ORTHODONTICS, PC	c EIN-PN 11-3555475-001
a	Plan name STAR PAVING 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor STAR PAVING	c EIN-PN 85-0324065-002
a	Plan name VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name VENERUSO & ACCINELLI PROFIT SHARING PLAN	
b	Name of plan sponsor VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	c EIN-PN 81-3879700-001
a	Plan name GOURMET SPECIALTY IMPORTS, LLC 401(K) PLAN	
b	Name of plan sponsor GOURMET SPECIALTY IMPORTS, LLC	c EIN-PN 23-3083089-001
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 KIDS IN MOTION PHYSICAL THERAPY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KIDS IN MOTION PEDIATRIC THERAPY	c EIN-PN 20-2836967-001
a	Plan name GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001
a	Plan name INTERNATIONAL MARKETING STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTERNATIONAL MARKETING STRATEGIES	c EIN-PN 52-1523774-001
a	Plan name ABO 401(K)	
b	Name of plan sponsor AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001

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	MY HR PROS 401(K) PLAN	
b	Name of plan sponsor	MY HR PROS	c EIN-PN 71-0772119-333
a	Plan name	NAPCO OIL HEAT CORP. 401(K) PLAN	
b	Name of plan sponsor	NAPCO OIL HEAT CORP.	c EIN-PN 11-2629891-001
a	Plan name	NOEL'S INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NOEL'S, INC.	c EIN-PN 85-0206170-001
a	Plan name	NORDMANN ROOFING CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NORDMANN ROOFING CO., INC.	c EIN-PN 34-4417131-001
a	Plan name	RPM ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor	RPM ENGINEERS, INC.	c EIN-PN 33-0725779-001
a	Plan name	RUBIN ABRAMSON, LLP 401(K) PLAN	
b	Name of plan sponsor	RUBIN ABRAMSON, LLP	c EIN-PN 20-2676525-001
a	Plan name	BUILDERS HARDWARE & SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUILDERS HARDWARE & SUPPLY CO., INC.	c EIN-PN 91-0715362-001
a	Plan name	BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001
a	Plan name	C & M GIANT TIRE, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	C & M GIANT TIRE, LLC	c EIN-PN 61-1372158-001
a	Plan name	COUNTY CORVETTE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	COUNTY CORVETTE SALES, INC.	c EIN-PN 23-2925644-001
a	Plan name	CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRUICKSHANK, INC.	c EIN-PN 58-1409679-001
a	Plan name	SUBURBAN CARDIOLOGY, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SUBURBAN CARDIOLOGY, PC	c EIN-PN 16-1545899-001

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 EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor EPIC HEALTHCARE MANAGEMENT, LLC	c EIN-PN 27-4757579-001
a	Plan name U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001
a	Plan name W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor W.A. HAMMOND DRIERITE COMPANY, L.T.D.	c EIN-PN 31-1140535-002
a	Plan name AGC SELECT 401(K)	
b	Name of plan sponsor AGC SELECT 401(K)	c EIN-PN 74-0490820-002
a	Plan name AGS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor AGS SERVICES, LLC	c EIN-PN 83-2603713-001
a	Plan name EXAKTIME INNOVATIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EXAKTIME INNOVATIONS, INC.	c EIN-PN 01-0552589-001
a	Plan name LAS VEGAS COLOR GRAPHICS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor LAS VEGAS COLOR GRAPHICS, INC.	c EIN-PN 65-0919583-001
a	Plan name LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor LOVEJOY CONTROLS CORPORATION	c EIN-PN 39-1297009-001
a	Plan name M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
b	Name of plan sponsor M&W DISTRIBUTION SERVICES, INC.	c EIN-PN 58-1164068-001
a	Plan name NATIONAL RETIREMENT EXCHANGE PLAN	
b	Name of plan sponsor NATIONAL BENEFIT SERVICES, LLC	c EIN-PN 20-3886993-001
a	Plan name OHMEGA SOLENOID & ZENITH SCREW RETIREMENT PLAN	
b	Name of plan sponsor OHMEGA SOLENOID	c EIN-PN 95-2498276-001
a	Plan name PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PNB REMITTANCE CENTERS INC.	c EIN-PN 94-3136317-001

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 SPORTIME RETIREMENT PLAN	
b	Name of plan sponsor SPORTIME CLUBS, LLC	c EIN-PN 11-3224021-222
a	Plan name TABNER, RYAN & KENIRY LLP 401(K) PLAN	
b	Name of plan sponsor TABNER, RYAN & KENIRY LLP	c EIN-PN 14-1402805-001
a	Plan name UTICA CUTLERY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UTICA CUTLERY COMPANY	c EIN-PN 15-0476460-003
a	Plan name WEST COAST CONSULTING 401(K) PLAN	
b	Name of plan sponsor WEST COAST CONSULTING, LLC	c EIN-PN 33-0838176-001
a	Plan name CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a	Plan name DINO PUBLISHING 401(K) PLAN	
b	Name of plan sponsor DINO PUBLISHING	c EIN-PN 36-4353767-001
a	Plan name PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PAKLAB	c EIN-PN 95-4109799-001
a	Plan name WINCO DEVELOPMENT 401(K)PLAN	
b	Name of plan sponsor WINCO DEVELOPMENT, LLC	c EIN-PN 27-4131501-001
a	Plan name BENCHMARK ENGINEERING, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor BENCHMARK ENGINEERING, INC.	c EIN-PN 41-1752356-001
a	Plan name BEVERLY HILLS SPORTS COUNCIL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEVERLY HILLS SPORTS COUNCIL, INC	c EIN-PN 95-4282114-001
a	Plan name DELTA METALS, INC. 401(K) PLAN	
b	Name of plan sponsor DELTA METALS, INC.	c EIN-PN 58-0812732-001
a	Plan name DELTA-RAY INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DELTA-RAY INDUSTRIES, INC.	c EIN-PN 06-1547159-001

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 DEVELOPMENT COUNSELLORS INTERNATIONAL 401(K) SAVINGS PLAN	
b	Name of plan sponsor DEVELOPMENT COUNSELLORS INTERNATIONAL	c EIN-PN 13-1945303-005
a	Plan name HARDMAN CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor HARDMAN CONSTRUCTION, INC.	c EIN-PN 38-2236416-001
a	Plan name HEADLINE MEDIA MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor HEADLINE MEDIA MANAGEMENT, LLC	c EIN-PN 05-0592046-001
a	Plan name M.L. BAXLEY PAINTING AND DECORATING, INC. 401(K) PLAN	
b	Name of plan sponsor M.L. BAXLEY PAINTING AND DECORATING, INC.	c EIN-PN 41-1279522-001
a	Plan name MACROVEY 401(K) PLAN	
b	Name of plan sponsor MACROVEY, LLC	c EIN-PN 45-5205376-001
a	Plan name TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
a	Plan name THE ARGENT WEALTH PEP	
b	Name of plan sponsor ASSOCIATED GENERAL CONTRACTORS OF MISSISSIPPI	c EIN-PN 64-0324725-001
a	Plan name PS 260, INC. RETIREMENT PLAN	
b	Name of plan sponsor PS 260, INC.	c EIN-PN 13-3413729-777
a	Plan name QUALITY PAYROLL & BENEFITS 401(K) PLAN	
b	Name of plan sponsor QUALITY PAYROLL & BENEFITS	c EIN-PN 35-2175330-001
a	Plan name THE MCLEOD COMPANIES 401(K) PLAN	
b	Name of plan sponsor MCLEOD EXPRESS, LLC	c EIN-PN 35-2156793-222
a	Plan name THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL	c EIN-PN 37-0154973-002
a	Plan name EARL A. HASEGAWA, D.D.S., M.S., INC. 401(K) PLAN	
b	Name of plan sponsor EARL A. HASEGAWA, D.D.S., M.S., INC.	c EIN-PN 99-0321177-001

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 TA VANGUARD LIFESTRATEGY MODERATE GROWTH RET ACCT	B Three-digit plan number (PN) ▶ 504
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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)	96870890
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	143660525
(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	96870890	143660525
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	96870890	143660525

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)	12944350	
(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		12944350

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		12944350
l Transfers of assets:			
(1) To this plan.....	2l(1)		69513041
(2) From this plan	2l(2)		35667756

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 _____.