

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: JPMORGAN U.S. EQUITY RET ACCT; 1b Three-digit plan number (PN): 978; 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. Includes entries for employer/plan sponsor and 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>JPMORGAN U.S. EQUITY RET ACCT</u>	B Three-digit plan number (PN) ▶	<u>978</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)
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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 ARCHER SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor ARCHER SYSTEMS, LLC	c EIN-PN 82-2145883-001
a	Plan name ARMBRECHT & WIERENGA ORTHODONTICS PLC 401(K) PLAN	
b	Name of plan sponsor ARMBRECHT & WIERENGA ORTHODONTICS PLC	c EIN-PN 38-2163006-001
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 CRSG CORPORATE PLAN	
b	Name of plan sponsor CONSTRUCTION AND REALTY SERVICES GROUP, INC.	c EIN-PN 11-3552134-001
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 INTERPLAN LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTERPLAN, LLC	c EIN-PN 59-3667640-001
a	Plan name NEALIS ENGINEERING 401(K) PLAN	
b	Name of plan sponsor NEALIS ENGINEERING, INC.	c EIN-PN 38-3335420-001
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 UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name ASSISTANCE LEAGUE OF LOS ANGELES 401(K) PLAN	
b	Name of plan sponsor ASSISTANCE LEAGUE OF LOS ANGELES	c EIN-PN 95-1641960-001
a	Plan name CABRILLO HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor CABRILLO HOLDINGS, LLC	c EIN-PN 35-2485780-001

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	D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	D H GRIFFIN OF TEXAS INC	c EIN-PN 76-0455054-001
a	Plan name	DALAD REALTY 401(K) PLAN	
b	Name of plan sponsor	DALAD REALTY COMPANY	c EIN-PN 34-1001816-001
a	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor	GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
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	NELSON ANALYTICAL 401(K) PLAN	
b	Name of plan sponsor	NELSON ANALYTICAL, LLC	c EIN-PN 02-0527084-001
a	Plan name	PK HOUSING 401(K) PLAN	
b	Name of plan sponsor	PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name	SACCO & FILLAS, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SACCO & FILLAS, LLP	c EIN-PN 16-1706802-001
a	Plan name	TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
a	Plan name	UNIVERSITY OF ANTELOPE VALLEY MEDICAL COLLEGE 401(K) PLAN	
b	Name of plan sponsor	UNIVERSITY OF ANTELOPE VALLEY	c EIN-PN 01-0767134-777
a	Plan name	UPPER HUDSON VALLEY DERMATOLOGY, PC 401(K) PLAN	
b	Name of plan sponsor	UPPER HUDSON VALLEY DERMATOLOGY, PC	c EIN-PN 14-1818287-004
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

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 SOLO PRINTING 401(K) SAVINGS PLAN	
b	Name of plan sponsor SOLO PRINTING, LLC	c EIN-PN 59-2571138-001
a	Plan name TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TERESI TRUCKING, LLC	c EIN-PN 94-1712166-001
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
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 A.M.E. INC. 401(K)	
b	Name of plan sponsor A.M.E. INC.	c EIN-PN 22-3603962-001
a	Plan name J. MILANO CO., INC. 401(K) PLAN	
b	Name of plan sponsor J. MILANO CO., INC.	c EIN-PN 94-1653879-001
a	Plan name UROLOGY ASSOCIATES MEDICAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor UROLOGY ASSOCIATES MEDICAL GROUP, LLC	c EIN-PN 95-3970604-001
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 JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	c EIN-PN 38-2380905-001
a	Plan name W.L. STATON PLUMBING, HEATING & COOLING, LLC 401(K) PLAN	
b	Name of plan sponsor W.L. STATON PLUMBING, HEATING & COOLING, LLC	c EIN-PN 45-5074350-002
a	Plan name ASSOCIATED TERRAZZO CO., INC. BASIC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED TERRAZZO CO., INC.	c EIN-PN 94-2458894-001
a	Plan name ATHERTON & ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor ATHERTON & ASSOCIATES LLP	c EIN-PN 94-1239084-001

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	MANHATTAN BEACH TOYOTA 401(K) PLAN	
b	Name of plan sponsor	LEBO AUTOMOTIVE., DBA MANHATTAN BEACH TOYOTA	c EIN-PN 95-4838290-001
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	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	c EIN-PN 47-4609056-001
a	Plan name	CAMAS, LLC 401(K) PLAN	
b	Name of plan sponsor	CAMAS, LLC	c EIN-PN 93-1325105-001
a	Plan name	CENTRIC 401(K) PLAN	
b	Name of plan sponsor	CENTRIC CONSTRUCTION, INC.	c EIN-PN 81-0608550-001
a	Plan name	DNJ ENGINE COMPONENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DNJ ENGINE COMPONENTS, INC.	c EIN-PN 95-4637381-001
a	Plan name	SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SCHRAM AUTO & TRUCK PARTS, INC.	c EIN-PN 38-3453628-001
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	MARSHALL RADIO TELEMTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARSHALL RADIO TELEMTRY INC.	c EIN-PN 84-1377195-001
a	Plan name	MASTERLUBE 401(K) PLAN	
b	Name of plan sponsor	SPUR OIL, INC. DBA MASTERLUBE	c EIN-PN 81-0369842-001
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name	BELLINGER FAMILY, LTD 401(K) PLAN	
b	Name of plan sponsor	BELLINGER DEVELOPMENT, LTD.	c EIN-PN 74-2831468-001

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	BENCHMARK WIRELINE PRODUCTS RETIREMENT PLAN	
b	Name of plan sponsor	BENCHMARK WIRELINE PRODUCTS, INC.	c EIN-PN 74-2036988-001
a	Plan name	BEST BRANDS 401(K) PLAN	
b	Name of plan sponsor	BEST BRANDS INC.	c EIN-PN 62-1177514-001
a	Plan name	BETMGM 401(K) PLAN	
b	Name of plan sponsor	BETMGM, LLC	c EIN-PN 83-1679867-001
a	Plan name	BHRS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BE HR STRONG, LLC	c EIN-PN 88-3455524-001
a	Plan name	NORTHWEST 401(K) BENEFITS GROUP	
b	Name of plan sponsor	SOUND FORD, INC	c EIN-PN 91-0906207-001
a	Plan name	NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NOTKIN HAWAII, INC.	c EIN-PN 99-0237335-001
a	Plan name	CARSON & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CARSON & ACASIO DENTAL PARTNERSHIP	c EIN-PN 87-3791350-001
a	Plan name	OPTIMUM THERAPEUTICS PT & OT PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OPTIMUM THERAPEUTICS PT & OT PLLC	c EIN-PN 45-2839564-001
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	EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EASTCOAST ENTERTAINMENT, INC.	c EIN-PN 54-1024623-001
a	Plan name	RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RABIN & BERDO, P.C.	c EIN-PN 52-1763604-001
a	Plan name	SESSUMS LAW GROUP, PA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SESSUMS LAW GROUP, PA	c EIN-PN 26-2276482-001

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	FORT WORTH EYE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	FORT WORTH EYE ASSOCIATES	c EIN-PN 75-1645994-001
a	Plan name	FOSTER/PREMIER, INC. 401(K) PLAN	
b	Name of plan sponsor	FOSTER/PREMIER, INC.	c EIN-PN 36-4139399-001
a	Plan name	HIES, INC. 401(K) PLAN	
b	Name of plan sponsor	HIES, INC.	c EIN-PN 99-0307452-001
a	Plan name	HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HINKLEY OPTOMETRIC CORPORATION	c EIN-PN 94-2419643-001
a	Plan name	ACTUM I, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACTUM I, LLC	c EIN-PN 87-2890933-001
a	Plan name	VAN DE POEL, LEVY, THOMAS LLP 401(K) PLAN	
b	Name of plan sponsor	VAN DE POEL	c EIN-PN 68-0485819-001
a	Plan name	VENTERRA REALTY INC. 401(K) PLAN	
b	Name of plan sponsor	VENTERRA REALTY INC.	c EIN-PN 52-2351470-001
a	Plan name	ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLEGRO CONSULTANTS, INC.	c EIN-PN 94-2932628-002
a	Plan name	KEARNEY'S 401(K) PLAN AND TRUST	
b	Name of plan sponsor	KEARNEY'S METALS INC.	c EIN-PN 94-1666953-001
a	Plan name	ADVANCED TEXTILES ASSOCIATION	
b	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	c EIN-PN 41-0434683-001
a	Plan name	ALVIN PETROLEUM SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	ALVIN PETROLEUM SYSTEMS, INC.	c EIN-PN 11-2275895-002
a	Plan name	BILL RAY NISSAN 401(K) PLAN	
b	Name of plan sponsor	DICK BAIRD, INC. DBA BILL RAY NISSAN	c EIN-PN 59-1197628-002

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 BLUE POLYMERS, LLC 401(K) PLAN	
b	Name of plan sponsor BLUE POLYMERS, LLC	c EIN-PN 92-0586961-001
a	Plan name CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	c EIN-PN 68-0025437-001
a	Plan name CLARKE VENEERS AND PLYWOOD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARKE VENEERS & PLYWOOD	c EIN-PN 64-0365220-001
a	Plan name DIGESTIVE CARE MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIGESTIVE CARE MEDICAL CENTER, INC.	c EIN-PN 75-3037371-003
a	Plan name EDGAR R. BLECKER, M.D., P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLECKER M.D. LLC	c EIN-PN 88-1935646-001
a	Plan name EDWARD LESKE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EDWARD LESKE COMPANY	c EIN-PN 22-1506426-001
a	Plan name FRESNO PIPE & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FRESNO PIPE & SUPPLY, INC.	c EIN-PN 77-0039687-001
a	Plan name HOSPICE OF SAN JOAQUIN 401(K) PLAN	
b	Name of plan sponsor HOSPICE OF SAN JOAQUIN	c EIN-PN 94-2777980-005
a	Plan name JONES & SONS PLUMBING AND AIR, INC. 401(K) PLAN	
b	Name of plan sponsor JONES & SONS PLUMBING AND AIR, INC.	c EIN-PN 85-0668622-001
a	Plan name KIVU CONSULTING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor KIVU CONSULTING, INC.	c EIN-PN 27-1257543-001
a	Plan name MAXMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAXMAN, INC.	c EIN-PN 95-4615335-001
a	Plan name METROPOLITAN RECYCLING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor METROPOLITAN RECYCLING, LLC ATTN TORRIE	c EIN-PN 80-0578177-001

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	MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	MEYBOHM REALTORS, LLC	c EIN-PN 58-2508705-002
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	P&L AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	P&L AUTOMOTIVE	c EIN-PN 41-1437177-001
a	Plan name	PROJECT C.U.R.E., INC. 401(K) PLAN	
b	Name of plan sponsor	PROJECT C.U.R.E., INC.	c EIN-PN 31-0804358-001
a	Plan name	RCI 401(K) PLAN	
b	Name of plan sponsor	ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-777
a	Plan name	REGARD MUSIC GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	REGARD MUSIC GROUP, LLC	c EIN-PN 85-2122043-001
a	Plan name	STEVEN R. PETERSON DDS SC 401(K) PSP	
b	Name of plan sponsor	STEVEN R. PETERSON, DDS	c EIN-PN 27-2651784-001
a	Plan name	BLUFOX MOBILE 401(K) PLAN PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUFOX MOBILE	c EIN-PN 82-1471419-001
a	Plan name	COCOA COASTAL 401(K)	
b	Name of plan sponsor	D.D.A. CORPORATION DBA COASTAL HYUNDAI	c EIN-PN 59-2829907-001
a	Plan name	COLLINS FISH & SEAFOOD, INC. 401(K) PLAN	
b	Name of plan sponsor	COLLINS FISH & SEAFOOD, INC.	c EIN-PN 59-1211830-001
a	Plan name	COLLINSON LAW, A PROFESSIONAL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLLINSON LAW, A PROFESSIONAL CORPORATION	c EIN-PN 26-2250142-001
a	Plan name	ELITE PLUMBING, INC. 401(K) & P/S	
b	Name of plan sponsor	ELITE PLUMBING, INC.	c EIN-PN 33-0595835-001

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 HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC) PROFIT SHARING PLAN	
b	Name of plan sponsor HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC)	c EIN-PN 72-0846620-001
a	Plan name KTIMEHR PROFIT SHARING AND RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor KIMSTAFFHR, INC. DBA KTIMEHR	c EIN-PN 33-0748641-001
a	Plan name KUSTOM 401(K) PLAN	
b	Name of plan sponsor KUSTOMSCAPES & POOLS, LLC	c EIN-PN 84-2103194-001
a	Plan name MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MOCERI MANAGEMENT CO	c EIN-PN 38-6175411-001
a	Plan name MOJO RISING 401(K) PLAN	
b	Name of plan sponsor MOJO RISING DE, LLC	c EIN-PN 36-4903386-001
a	Plan name REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REISCHLING PRESS, INC.	c EIN-PN 91-1013222-001
a	Plan name TOP HAT UNIFORM 401(K) PLAN	
b	Name of plan sponsor TOP HAT UNIFORM, INC.	c EIN-PN 11-1979505-001
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 ANDERSON TRANSPORTATION COMPANY, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor ANDERSON TRANSPORTATION COMPANY, INC.	c EIN-PN 36-3606920-001
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
a	Plan name ICON SIGN COMPANY 401(K)	
b	Name of plan sponsor ICON ACQUISTIONS, LLC DBA ICON SIGN COMPANY	c EIN-PN 82-1771476-001
a	Plan name RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 62-1874774-013

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 SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUN ENGINEERING SERVICES, INC.	c EIN-PN 33-0312587-001
a	Plan name SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUPERIOR STEEL PRODUCTS, INC.	c EIN-PN 82-0484250-001
a	Plan name TOTAL SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor TTL SOLUTIONS, INC. DBA TOTAL SOLUTIONS	c EIN-PN 47-1345914-001
a	Plan name WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor LLOYD A WISE MOTOR INC	c EIN-PN 26-2658328-001
a	Plan name WJH ENGINEERING, LLC 401(K) PLAN	
b	Name of plan sponsor WJH ENGINEERING, LLC	c EIN-PN 20-2223463-001
a	Plan name YOUNG SPROUTS CLC RETIREMENT PLAN	
b	Name of plan sponsor YOUNG SPROUTS CLC, LLC	c EIN-PN 47-3388980-001
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 PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERSON & COVEY, INC.	c EIN-PN 95-2020861-001
a	Plan name PET STOP OF WNY, LLC 401(K) PLAN	
b	Name of plan sponsor PET STOP WNY, LLC	c EIN-PN 56-2341846-001
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
a	Plan name TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
b	Name of plan sponsor TRUE NORTH CUSTOM PUBLISHING, LLC.	c EIN-PN 62-1764489-001
a	Plan name ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANIMAL & BIRD HOSPITAL, INC.	c EIN-PN 33-0078013-001

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 CONTRACT ENVIRONMENTS, INC. 401(K) PROFIT SHARING PLAN

b Name of plan sponsor CONTRACT ENVIRONMENTS, INC. **c** EIN-PN 51-0301181-001

a Plan name GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN

b Name of plan sponsor GEAUGA MECHANICAL COMPANY, INC. **c** EIN-PN 34-1296480-001

a Plan name INNOVATIVE RENEWABLE ENERGY 401(K) PLAN

b Name of plan sponsor INNOVATIVE RENEWABLE ENERGY, INC. **c** EIN-PN 88-1351180-001

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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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

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 U.S. EQUITY RET ACCT	B Three-digit plan number (PN) ▶ 978
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.

	(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)	25544966
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	31827122
(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	25544966	31827122
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	25544966	31827122

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)	6610886	
(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		6610886

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		6610886
l Transfers of assets:			
(1) To this plan.....	2l(1)		9183673
(2) From this plan	2l(2)		9512403

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 _____.