

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: AMERICAN FUNDS BALANCED INV OPT; 1b Three-digit plan number (PN): 026; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 39-0989781; 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.

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>AMERICAN FUNDS BALANCED INV OPT</u>	B Three-digit plan number (PN)	<u>026</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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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:		
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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	BLOCK MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor	KPB ENTERPRISES, INC.	c EIN-PN 20-2032251-001
a	Plan name	DIAKON LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	DIAKON LOGISTICS, INC.	c EIN-PN 20-0446970-001
a	Plan name	FAMILY FORD, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FAMILY FORD, INC.	c EIN-PN 04-3459007-001
a	Plan name	GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	GOOD TIMES RESTAURANTS, INC.	c EIN-PN 84-1133368-001
a	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	c EIN-PN 74-1064184-001
a	Plan name	HOWELL BENEFIT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	HOWELL BENEFIT SERVICES, INC.	c EIN-PN 23-2658991-001
a	Plan name	HTAA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	HTAA HOLDINGS, LLC	c EIN-PN 46-3375948-001
a	Plan name	J & S CONSULTING ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	J&S CONSULTING ENGINEERS, INC.	c EIN-PN 20-3982143-001
a	Plan name	MENGWASSER MARTIN LALL & CLARK PC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MENGWASSER, MARTIN, LALL, & CLARK PC	c EIN-PN 43-1564913-001
a	Plan name	MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOODY PRICE, LLC	c EIN-PN 72-1044462-003
a	Plan name	MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MOORETOWN RANCHERIA	c EIN-PN 68-0152435-003
a	Plan name	NORTHWEST EYE PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.	c EIN-PN 38-1861527-002

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 PACKAGING SPECIALTIES 401(K) PLAN	
b	Name of plan sponsor PACKAGING SPECIALTIES, LLC	c EIN-PN 88-2479890-001
a	Plan name RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RIC-MAN INTERNATIONAL, INC.	c EIN-PN 59-2300398-001
a	Plan name STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name TERRASAT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor TERRASAT COMMUNICATIONS, INC.	c EIN-PN 02-0547267-001
a	Plan name THORACIC & CRITICAL CARE MEDICINE, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THORACIC & CRITICAL CARE MEDICINE, LLC	c EIN-PN 43-1893106-001
a	Plan name WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AIR GROUP, LLC	c EIN-PN 22-3620908-001
a	Plan name AIREKO CONSTRUCTION LLC CODA PROFIT SHARING PLAN	
b	Name of plan sponsor AIREKO CONSTRUCTION, LLC	c EIN-PN 66-0286068-001
a	Plan name FASHION CARPETS, INC. 401(K) PLAN	
b	Name of plan sponsor FASHION CARPETS, INC.	c EIN-PN 84-0714131-001
a	Plan name FREESTYLES, LLC 401(K) PLAN	
b	Name of plan sponsor FREESTYLES, LLC	c EIN-PN 51-0357477-001
a	Plan name GRANITE CITY FAMILY & COSMETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor GRANITE CITY FAMILY & COSMETIC DENTISTRY	c EIN-PN 20-4990679-001
a	Plan name HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor HELIX CONSTRUCTION SERVICES, INC.	c EIN-PN 52-1889574-001

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	JACOBS & CLEVINGER, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JACOBS AND CLEVINGER, INC.	c EIN-PN 36-3196244-001
a	Plan name	MARIAN COLLEGE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MARIAN COLLEGE	c EIN-PN 95-4775118-001
a	Plan name	METRO FENCE CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	METRO FENCE COMPANY, INC.	c EIN-PN 74-6514295-001
a	Plan name	METROLIST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METROLIST, INC.	c EIN-PN 84-0943682-001
a	Plan name	PALLO, MARKS & HERNANDEZ, P.A. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PALLO, MARKS & HERNANDEZ, GECHIJIAN & DEMAY, P.A.	c EIN-PN 65-0746369-001
a	Plan name	PALM IMAGING INSTITUTE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PALM IMAGING INSTITUTE, INC. AND EMPIRE ORTHOPEDIC CENTER	c EIN-PN 33-0638761-001
a	Plan name	PANTECH WIRELESS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	PANTECH WIRELESS, INC.	c EIN-PN 04-3629687-001
a	Plan name	PVIM RETIREMENT PLAN	
b	Name of plan sponsor	PIONEER VALLEY INTERNAL MEDICINE, PC	c EIN-PN 20-4133434-001
a	Plan name	RICHARD SHAPIRO, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	RICHARD SHAPIRO DDS, C.P.	c EIN-PN 22-3464171-001
a	Plan name	SKY ROAD LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	SKY ROAD LLC	c EIN-PN 03-0571884-001
a	Plan name	STONINGTON SERVICES, LLC 401(K) PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor	STONINGTON SERVICES, LLC	c EIN-PN 04-3805262-002
a	Plan name	A & L COORS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	A & L COORS, INC.	c EIN-PN 84-0534580-001

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	ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	ARGENT FEDERAL CREDIT UNION	c EIN-PN 54-0623641-002
a	Plan name	CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	CANTEX CONTINUING CARE NETWORK, LLC	c EIN-PN 26-1252206-222
a	Plan name	CAPITAL SALES CO. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAPITAL SALES CO	c EIN-PN 34-1955230-001
a	Plan name	CHARLES R. HUNT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CHARLES R. HUNT, ATTY	c EIN-PN 58-2110149-001
a	Plan name	CHARLES RIVER BOAT COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CHARLES RIVER BOAT COMPANY, INC.	c EIN-PN 04-3084148-001
a	Plan name	OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
b	Name of plan sponsor	OPEN MRI OF NEW ENGLAND, INC.	c EIN-PN 05-0495348-002
a	Plan name	SARAT FORD SALES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SARAT FORD SALES, INC.	c EIN-PN 04-2385735-001
a	Plan name	SAUK-SUIATTLE 401(K) PLAN	
b	Name of plan sponsor	SAUK SUIATTLE INDIAN TRIBE	c EIN-PN 91-0961478-001
a	Plan name	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor	THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name	TROY HOUSING SERVICES CORPORATION PENSION PLAN	
b	Name of plan sponsor	TROY HOUSING SERVICES CORPORATION	c EIN-PN 63-0972892-001
a	Plan name	A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	A/E GRAPHICS, INC.	c EIN-PN 39-1252452-001
a	Plan name	COSTA 401(K) PLAN	
b	Name of plan sponsor	COSTA FRUIT & PRODUCE COMPANY INC.	c EIN-PN 04-2076359-001

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	DIXOPHAL, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DIXOPHAL, P.C.	c EIN-PN 58-2388186-002
a	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name	FUEL SYSTEMS, LLC EMPLOYEES PROFIT SHARING/401(K) PLAN AND TRUST	
b	Name of plan sponsor	FUEL SYSTEMS, LLC	c EIN-PN 36-4053183-001
a	Plan name	FUNG ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	FUNG ASSOCIATES	c EIN-PN 45-2778165-001
a	Plan name	FXEXPRESS PUBLICATIONS, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	FXEXPRESS PUBLICATIONS, INC.	c EIN-PN 73-1691416-001
a	Plan name	IABA SALARY SAVINGS PLAN	
b	Name of plan sponsor	INSTITUTE FOR APPLIED BEHAVIOR ANALYSIS CORPORATION	c EIN-PN 95-3693249-001
a	Plan name	BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor	BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name	BULA FORGE & MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	BULA FORGE & MACHINE, INC.	c EIN-PN 34-1718318-001
a	Plan name	COUNTY OF BERKS EMPLOYEE THRIFT PLAN	
b	Name of plan sponsor	COUNTY OF BERKS	c EIN-PN 23-6003049-001
a	Plan name	COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COWBOY DODGE, INC.	c EIN-PN 83-0254068-001
a	Plan name	DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DON'S TRUCK SALES, INC.	c EIN-PN 42-0816951-001
a	Plan name	G.C.S. SALES & MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor	G.C.S. SALES & MARKETING, INC.	c EIN-PN 04-3268496-001

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	GAS FIELD SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	GAS FIELD SERVICES	c EIN-PN 75-3169499-001
a	Plan name	IITC 401(K) PLAN	
b	Name of plan sponsor	ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.	c EIN-PN 20-1314597-001
a	Plan name	LINENS BY ALICE PROFIT SHARING PLAN	
b	Name of plan sponsor	LINENS BY ALICE, INC.	c EIN-PN 04-3068509-001
a	Plan name	OREGON FISH GUYS 401(K) PLAN	
b	Name of plan sponsor	OREGON FISH GUYS, INC.	c EIN-PN 20-3065360-001
a	Plan name	SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAVANT SYSTEMS, INC.	c EIN-PN 85-1002349-777
a	Plan name	SC JOHNSON DE PR, INC. SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor	SC JOHNSON DE PR, INC.	c EIN-PN 66-0290543-002
a	Plan name	SCARBROUGH MEDLIN & ASSOCIATES RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor	SCARBROUGH MEDLIN & ASSOCIATES	c EIN-PN 75-1787225-001
a	Plan name	SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPAULDING BRICK CO., INC.	c EIN-PN 04-1203530-001
a	Plan name	SPRAY POLYURETHANE FOAM ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	SPRAY POLYURETHANE FOAM ALLIANCE	c EIN-PN 20-0374296-001
a	Plan name	THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE CEDAR RAPIDS DENTAL CENTER	c EIN-PN 42-1012892-002
a	Plan name	TRUTECH, L.L.C. 401(K) PLAN	
b	Name of plan sponsor	TRUTECH, L.L.C.	c EIN-PN 82-0509464-001
a	Plan name	TRUTRON CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUTRON CORPORATION	c EIN-PN 38-1858530-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name ALLENS PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLENS PLUMBING, INC.	c EIN-PN 99-0241127-001
a	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	c EIN-PN 83-2585853-001
a	Plan name BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEACON TRI-STATE SOLUTIONS, INC.	c EIN-PN 32-0277555-001
a	Plan name BOYESEN, INC 401(K) PLAN	
b	Name of plan sponsor BOYESEN, INC.	c EIN-PN 23-2749409-001
a	Plan name DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAHME HEATING AND AIRCONDITIONING, INC.	c EIN-PN 77-0250781-001
a	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name DOWNEY & COMPANY, LLP 401(K) PLAN	
b	Name of plan sponsor DOWNEY & COMPANY, LLP	c EIN-PN 04-3106302-001
a	Plan name ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMP PLUS, INC. DBA ELCO LIGHTING	c EIN-PN 95-4309236-001
a	Plan name LITTLE TOTS OF ASBURY PARK 401(K) PLAN	
b	Name of plan sponsor LITTLE TOTS OF ASBURY PARK A NJ NONPROFIT CORPORATION	c EIN-PN 46-3688685-001
a	Plan name NANCY ADAMS PERSONNEL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NANCY ADAMS PERSONNEL OF COLUMBIA	c EIN-PN 52-1477652-001
a	Plan name PARTRADE TRADING CO., LLC 401(K) PLAN	
b	Name of plan sponsor PARTRADE TRADING CO., LLC	c EIN-PN 84-1662256-001
a	Plan name RIOUX EYE CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIOUX EYE CENTER, INC.	c EIN-PN 87-4253844-001

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	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name	SLADE GLASS CO. 401(K) PLAN	
b	Name of plan sponsor	IMMACULATE GLASS, LLC	c EIN-PN 87-3806033-001
a	Plan name	SUMMIT HAND THERAPY, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SUMMIT HAND THERAPY, LLC	c EIN-PN 20-5860288-001
a	Plan name	THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor	MODERN HR, INC.	c EIN-PN 81-0741257-002
a	Plan name	VALLEY INSTRUMENT CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY INSTRUMENT CO., INC.	c EIN-PN 23-1913777-001
a	Plan name	WECKWORTH-LANGDON 401(K) PLAN	
b	Name of plan sponsor	WECKWORTH MANUFACTURING, INC.	c EIN-PN 48-1137303-001
a	Plan name	ZIMMER FAMILY LAW, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ZIMMER FAMILY LAW, LLC	c EIN-PN 93-1242574-001
a	Plan name	CBW AUTOMATION, INC. 401(K) PROFIT SHARING PLAN AND RETIREMENT TRUST	
b	Name of plan sponsor	MULLER TECHNOLOGY COLORADO	c EIN-PN 48-0775210-001
a	Plan name	CDS MECHANICAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CDS MECHANICAL SERVICES, INC.	c EIN-PN 20-1407450-001
a	Plan name	LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	LAFATA MANAGEMENT, INC.	c EIN-PN 20-1965835-001
a	Plan name	PELL MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	PELL MANUFACTURING, INC.	c EIN-PN 04-3032603-001
a	Plan name	TAG INTERNATIONAL, L.L.P. PROFIT SHARING PLAN	
b	Name of plan sponsor	TAG INTERNATIONAL, L.L.P.	c EIN-PN 74-2862644-001

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 PRECISION DOSE, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor PRECISION DOSE, INC.	c EIN-PN 68-0551203-001
a	Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a	Plan name TOWN OF KENNETH CITY A MUNICIPAL CORP PENSION PLAN	
b	Name of plan sponsor TOWN OF KENNETH CITY	c EIN-PN 59-6033546-001
a	Plan name COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMSTOCK JOHNSON ARCHITECTS, INC.	c EIN-PN 68-0039251-003
a	Plan name MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARYLAND PORTABLE CONCRETE, INC.	c EIN-PN 52-1207242-002
a	Plan name MASADA HOMES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MASADA HOMES	c EIN-PN 95-2479348-001
a	Plan name QUANTUM DYNAMICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QUANTUM DYNAMICS, INC.	c EIN-PN 52-2340609-001
a	Plan name HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAL HAYS CONSTRUCTION, INC.	c EIN-PN 54-2084366-001
a	Plan name RED HOOK AGENCIES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RED HOOK AGENCIES, INC.	c EIN-PN 66-0345418-002
a	Plan name ARTISAN REALTY GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARTISAN REALTY GROUP, INC.	c EIN-PN 81-4631308-001
a	Plan name DATAWORKS 401(K) PLAN	
b	Name of plan sponsor DW EDUCATIONAL RESEARCH, INC. DBA DATAWORKS EDUCATIONAL RESEARCH	c EIN-PN 77-0584790-001
a	Plan name HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001

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	MICHIGAN STATE UTILITY WORKERS COUNCIL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHIGAN STATE UTILITY WORKERS COUNCIL	c EIN-PN 38-0830708-001
a	Plan name	VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	VANDERVART CONCRETE PRODUCTS, LLC	c EIN-PN 46-5469386-001
a	Plan name	AUBURN CONSTRUCTORS, INC. 401(K)/PW PLAN	
b	Name of plan sponsor	AUBURN CONSTRUCTORS, INC.	c EIN-PN 68-0230575-002
a	Plan name	HOGE LUMBER COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOGE LUMBER COMPANY	c EIN-PN 34-1819246-002
a	Plan name	MISSION DE LA CASA 401(K) PLAN	
b	Name of plan sponsor	MISSION DE LA CASA	c EIN-PN 77-0525988-001
a	Plan name	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINVISION, INC.	c EIN-PN 77-0315550-001
a	Plan name	INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	c EIN-PN 59-1745402-001
a	Plan name	WEST SIDE MARKET SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ROMEO'S INC. DBA WEST SIDE MARKET	c EIN-PN 06-1026857-001
a	Plan name	SERVICE TRANSPORT GROUP, INC. 401(K) PSP	
b	Name of plan sponsor	SERVICE TRANSPORT GROUP, INC.	c EIN-PN 23-2981850-001
a	Plan name	SGA DESIGN GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SGA DESIGN GROUP, P.C.	c EIN-PN 73-1466773-001
a	Plan name	SGF MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SGF MANAGEMENT, INC.	c EIN-PN 34-1850857-001
a	Plan name	DURABOOK 401(K) PLAN	
b	Name of plan sponsor	DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001

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 DYNAMIC PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor DYNAMIC PLASTICS, INC.	c EIN-PN 38-3094135-001
a	Plan name E-SAFE TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor E-SAFE TECHNOLOGIES, LLC	c EIN-PN 27-3784047-001
a	Plan name NEW ENGLAND METALFORM, INC. 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-002
a	Plan name WILEY SANDERS TRUCK LINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WILEY SANDERS TRUCK LINES, INC.	c EIN-PN 63-0630434-001
a	Plan name BRANCORE TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor BRANCORE TECHNOLOGIES	c EIN-PN 54-1980699-001
a	Plan name SMITHCO MEATS, INC. 401(K) PLAN	
b	Name of plan sponsor SMITHCO MEATS, INC.	c EIN-PN 91-0923041-001
a	Plan name BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN	
b	Name of plan sponsor SUSAN L. BURNETTE, P.C.	c EIN-PN 02-0625716-001
a	Plan name ETTLESON 401(K) PLAN	
b	Name of plan sponsor ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	c EIN-PN 36-3420816-002
a	Plan name ST. MARY'S PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor ST. MARY'S PHARMACY, INC.	c EIN-PN 25-1211032-001
a	Plan name PATHMARK HR, INC. 401(K) PSP	
b	Name of plan sponsor PATHMARK HR, INC.	c EIN-PN 81-4987330-001
a	Plan name SUN COUNTRY BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor SUN COUNTRY BUILDERS, INC.	c EIN-PN 33-0559528-002
a	Plan name CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001

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 GLEN P. MOREHEAD, MD, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLEN P. MOREHEAD, MD, PC	c EIN-PN 58-2295975-002
a	Plan name PRO WINE, INC. DBA JULIO'S LIQUORS 401(K) PLAN	
b	Name of plan sponsor PRO WINE, INC. DBA JULIO'S LIQUORS	c EIN-PN 64-3526205-001
a	Plan name ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor ALTAONE FEDERAL CREDIT UNION	c EIN-PN 95-1658623-222
a	Plan name MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MATIKON AMERICA INC.	c EIN-PN 38-3498737-002
a	Plan name MATOSANTOS COMMERCIAL CORP. CODA PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor MATOSANTOS COMMERCIAL CORPORATION	c EIN-PN 66-0206888-001
a	Plan name GREENWAY GROUP ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor GREENWAY GROUP ASSOCIATES LLC	c EIN-PN 54-1899754-001
a	Plan name MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MEDI-WEIGHT LOSS CLINICS, LLC	c EIN-PN 20-3753744-001
a	Plan name HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor HARLEY AUTOMOTIVE GROUP, INC.	c EIN-PN 41-1711881-001
a	Plan name REMY LEATHER FASHIONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor REMY LEATHER FASHIONS, INC.	c EIN-PN 95-2786389-001
a	Plan name ASSOCIATION RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor ASSOCIATION RESEARCH, INC.	c EIN-PN 52-1327256-001
a	Plan name HILLMAN SECURITY 401(K) PLAN	
b	Name of plan sponsor HILLMAN SECURITY & FIRE TECHNOLOGIES	c EIN-PN 23-1996146-001
a	Plan name ROCKY'S HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor ROCKY'S HARDWARE, INC.	c EIN-PN 04-2373758-001

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	RODMAN & RODMAN 401(K) PLAN	
b	Name of plan sponsor	RODMAN & RODMAN, LLC	c EIN-PN 84-1098791-001
a	Plan name	DENNIS K. STOLLER, D.D.S., LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DENNIS K. STOLLER, D.D.S., LTD.	c EIN-PN 37-1067546-003
a	Plan name	NECA 401(K) PLAN	
b	Name of plan sponsor	NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC.	c EIN-PN 22-3479934-001
a	Plan name	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name	EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name	BRIDGEWAY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIDGEWAY, INC.	c EIN-PN 37-0984175-001
a	Plan name	EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	EMPIRE HYUNDAI, INC.	c EIN-PN 04-3498129-001
a	Plan name	JEANS' EXTRUSIONS 401(K) PLAN	
b	Name of plan sponsor	JEANS' EXTRUSIONS, INC.	c EIN-PN 35-1540242-001
a	Plan name	JENKINS AUTOMOTIVE, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS AUTOMOTIVE, INC.	c EIN-PN 52-1205731-001
a	Plan name	JENKINS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS ENTERPRISES	c EIN-PN 88-0191006-001
a	Plan name	OHC DEVELOPMENT, LLC RETIREMENT PLAN	
b	Name of plan sponsor	OHC DEVELOPMENT, LLC	c EIN-PN 04-3498313-001
a	Plan name	EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor	EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004

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 JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor JULIAN ELECTRIC, INC.	c EIN-PN 36-2592808-001
a	Plan name K & K STAMPING COMPANY 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor K & K STAMPING COMPANY	c EIN-PN 38-2117903-001
a	Plan name P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor P. & S. CONSTRUCTION CO., INC.	c EIN-PN 57-0721109-001
a	Plan name STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA, INC. RETIREMENT PLAN	
b	Name of plan sponsor STATE EMPLOYEES ASSOCIATION OF NORTH CAROLINA	c EIN-PN 58-1575076-001
a	Plan name CARVER FINANCIAL CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CARVER FINANCIAL CORPORATION	c EIN-PN 20-0397876-001
a	Plan name PAUL E. ANTALIK, MD, PC 401(K) PLAN	
b	Name of plan sponsor PAUL E. ANTALIK, MD, P.C.	c EIN-PN 25-1347137-001
a	Plan name FORT DEARBORN PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor FORT DEARBORN PARTNERS	c EIN-PN 36-3745996-001
a	Plan name BEMEL, ROSS & AVEDON, LLP, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEMEL, ROSS & AVEDON, LLP	c EIN-PN 82-3833377-001
a	Plan name BENCOR SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BENCOR, INC.	c EIN-PN 59-3578144-001
a	Plan name BLACK BEAR OIL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLACK BEAR OIL CORPORATION	c EIN-PN 06-1669720-001
a	Plan name CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor CBI REHABILITATION SERVICES, INC.	c EIN-PN 26-0894212-001
a	Plan name CERRONE OLDS-GMC TRUCK 401(K) PLAN	
b	Name of plan sponsor AL CERRONE'S HARRIS AUTO SALES INC.	c EIN-PN 04-2608042-001

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	COOLING & HERBERS PROFIT SHARING & 401(K) PLAN
b	Name of plan sponsor	COOLING & HERBERS, P.C.
c	EIN-PN	43-1093669-001
a	Plan name	COOPERATIVA DE AHORRO Y CREDITO DE AGUADA 1081.01 (D) SALARY DEFERRAL RETIREMENT PLAN
b	Name of plan sponsor	COOPERATIVA DE A/C DE AGUADA
c	EIN-PN	66-0217490-001
a	Plan name	CROSSWAY ENTERPRISES, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CROSSWAY ENTERPRISES, LLC
c	EIN-PN	20-2024197-001
a	Plan name	DEEP BLUE CONSULTING, INC. 401(K) PLAN
b	Name of plan sponsor	DEEP BLUE CONSULTING, INC.
c	EIN-PN	93-1298450-001
a	Plan name	FOSTER THOMAS RETIREMENT PLAN
b	Name of plan sponsor	FOSTER THOMAS, INC.
c	EIN-PN	52-1826441-001
a	Plan name	HITV 401(K) PLAN
b	Name of plan sponsor	HITV OPERATING CO., INC.
c	EIN-PN	20-8485379-001
a	Plan name	INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	INTERFAITH NEIGHBORS, INC.
c	EIN-PN	22-2896129-001
a	Plan name	LATITUDE 33 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	LATITUDE 33 PLANNING & ENGINEERING
c	EIN-PN	33-0582561-001
a	Plan name	LYONS GROUP 401(K) PLAN
b	Name of plan sponsor	LYONS GROUP
c	EIN-PN	04-2707878-001
a	Plan name	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.
c	EIN-PN	48-1180359-001
a	Plan name	MILLENNIUM HEALTH PARTNERS, LLC 401(K) PLAN
b	Name of plan sponsor	MILLENNIUM HEALTH PARTNERS, LLC.
c	EIN-PN	20-1773226-001
a	Plan name	NEW DIRECTIONS FOR YOUTH, INC. 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	NEW DIRECTIONS FOR YOUTH, INC.
c	EIN-PN	95-2973008-001

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	PBHK, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PBHK, INC.	c EIN-PN 99-0306811-001
a	Plan name	RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	RAFAEL BENITEZ CARRILLO, INC.	c EIN-PN 66-0213972-002
a	Plan name	RESTWELL MATTRESS COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RESTWELL MATTRESS COMPANY	c EIN-PN 41-1672945-002
a	Plan name	S.C. ROSSI & COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	S. C. ROSSI & COMPANY, INC.	c EIN-PN 54-1151999-001
a	Plan name	S4, INC. 401(K) PLAN	
b	Name of plan sponsor	S4 INC.	c EIN-PN 04-3309384-001
a	Plan name	TELCO COMMUNICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TCI INTERNATIONAL, INC.	c EIN-PN 05-0380899-001
a	Plan name	ADAX MACHINE CO., INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	ADAX MACHINE CO., INC.	c EIN-PN 04-3138263-001
a	Plan name	THOMAS BOWSER, MD 401(K) P.S. PLAN	
b	Name of plan sponsor	THOMAS BOWSER, M.D.	c EIN-PN 87-0775226-001
a	Plan name	TREE OF LIFE NURSERY PROFIT SHARING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TREE OF LIFE NURSERY	c EIN-PN 33-0940948-002
a	Plan name	AMERICAN ANALYTICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN ANALYTICAL SERVICES, INC.	c EIN-PN 20-0935911-001
a	Plan name	UNICORN HRO LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	UNICORN HRO LLC	c EIN-PN 27-1441892-001
a	Plan name	APANTEC, LLC 401(K) PLAN	
b	Name of plan sponsor	APANTEC, LLC	c EIN-PN 20-2119506-001

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.	OMB No. 1210-0110 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 AMERICAN FUNDS BALANCED INV OPT	B Three-digit plan number (PN) ▶ 026
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

		(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)	26273191	26626700
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	26273191	26626700
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	26273191	26626699

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)	448276	
(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)	1751613	
(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)		1282034
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3481923

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		3481923
l Transfers of assets:			
(1) To this plan	2l(1)		3389753
(2) From this plan	2l(2)		6518168

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 _____.