

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: JANUS HENDERSON BALANCED RET OPT; 1b Three-digit plan number (PN): 231; 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>JANUS HENDERSON BALANCED RET OPT</u>	B Three-digit plan number (PN) ▶	<u>231</u>
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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>
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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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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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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name UNIVERSAL NORTH INC. - SH 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL NORTH INC.	c EIN-PN 34-1666673-001
a	Plan name GOOD FOUNDATIONS ACADEMY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor GOOD FOUNDATIONS ACADEMY	c EIN-PN 36-4664197-001
a	Plan name GOPATH 401(K) PLAN	
b	Name of plan sponsor GOPATH GLOBAL LLC	c EIN-PN 27-1105704-001
a	Plan name GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	c EIN-PN 95-4126355-001
a	Plan name LAUREL FOWLER INSURANCE BROKER, INC. 401(K) PLAN	
b	Name of plan sponsor LAUREL FOWLER INSURANCE BROKER INC.	c EIN-PN 77-0393444-001
a	Plan name MONTALVO ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor MONTALVO ASSOCIATION	c EIN-PN 94-1249283-001
a	Plan name PACIFIC FISHING & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PACIFIC FISHING & SUPPLY, INC.	c EIN-PN 99-0302309-777
a	Plan name SAINT JOE DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor ST. JOSEPH TOBACCO CO., LLC DBA SAINT JOE DISTRIBUTING	c EIN-PN 44-0565944-001
a	Plan name TEXARKANA FUNERAL HOME, INC. RETIREMENT PLAN	
b	Name of plan sponsor TEXARKANA FUNERAL HOME, INC.	c EIN-PN 75-0601897-001
a	Plan name WAGNER OVERHEAD DOOR CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WAGNER OVERHEAD DOOR CO., INC.	c EIN-PN 34-1232496-001
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 AZTECS TELECOM, INC. 401(K) PLAN	
b	Name of plan sponsor AZTECS TELECOM, INC.	c EIN-PN 33-0915556-001

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 EDUCATIUS GROUP 401(K) PLAN	
b	Name of plan sponsor EDUCATIUS, INC. DBA EDUCATIUS INTERNATIONAL	c EIN-PN 26-4005699-001
a	Plan name FARIBORZ RODEF, DDS, INC. 401(K) PLAN	
b	Name of plan sponsor FARIBORZ RODEF, DDS, INC. DBA CHILDREN'S DENTAL FUN ZONE	c EIN-PN 32-0012113-001
a	Plan name FROST ROOFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FROST ROOFING, INC.	c EIN-PN 34-4493960-001
a	Plan name HECO PROFIT SHARING AND RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HECO, INC.	c EIN-PN 38-1817538-001
a	Plan name KENTUCKY EDUCATION ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor KENTUCKY EDUCATION ASSOCIATION	c EIN-PN 61-0245450-001
a	Plan name LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEE, SPERLING, HISAMUNE ACCOUNTANCY CORPORATION	c EIN-PN 95-3308709-001
a	Plan name MARION MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor MARION TOOL & DIE, INC. DBA MARION MANUFACTURING	c EIN-PN 35-2010769-001
a	Plan name NRG MEDIA, LLC 401(K) PLAN	
b	Name of plan sponsor NRG MEDIA, LLC	c EIN-PN 56-2501807-001
a	Plan name NUHORIZON PROPERTIES, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor NUHORIZON PROPERTIES, LLC	c EIN-PN 38-3521185-001
a	Plan name RICHARD ELSINGER, DMD 401(K) PLAN	
b	Name of plan sponsor RICHARD ELSINGER, DMD	c EIN-PN 22-3433645-001
a	Plan name STRATEGIC CONTRACTING SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor STRATEGIC CONTRACTING SERVICES INC.	c EIN-PN 20-8612710-001
a	Plan name THA ARCHITECTS ENGINEERS 401(K) PLAN	
b	Name of plan sponsor TOMBLINSON, HARBURN ASSOCIATES ARCHITECTS & PLANNERS, INC.	c EIN-PN 38-1561901-002

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	TILLERY CHEVROLET/GMC INC. 401(K) PLAN	
b	Name of plan sponsor	TILLERY CHEVROLET/GMC	c EIN-PN 85-0281064-001
a	Plan name	VACCINE RESEARCH INSTITUTE OF SAN DIEGO 401(K) PLAN	
b	Name of plan sponsor	VACCINE RESEARCH INSTITUTE OF SAN DIEGO	c EIN-PN 33-0903864-001
a	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor	ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
a	Plan name	BADGER ALLOYS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BADGER ALLOYS, INC.	c EIN-PN 39-1055261-001
a	Plan name	CHANNEL FUSION 401(K) PLAN	
b	Name of plan sponsor	CHANNEL FUSION	c EIN-PN 45-4018060-777
a	Plan name	COMMUNITY STATE BANKSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	COMMUNITY STATE BANK	c EIN-PN 26-0620241-001
a	Plan name	D & D PLUMBING, LLC 401(K) PLAN	
b	Name of plan sponsor	D & D PLUMBING, LLC	c EIN-PN 88-0164801-001
a	Plan name	OPHTHALMOLOGY CENTER OF ILLINOIS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OPHTHALMOLOGY CENTER OF ILLINOIS	c EIN-PN 46-3808527-001
a	Plan name	THE CALIFORNIA CLUB 401(K) PLAN	
b	Name of plan sponsor	THE CALIFORNIA CLUB	c EIN-PN 95-0593940-003
a	Plan name	TRINITY DIRECT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY DIRECT, LLC	c EIN-PN 22-3499334-001
a	Plan name	WARNER CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	WARNER CONSTRUCTION, INC.	c EIN-PN 82-0524180-001
a	Plan name	A&G PIPING 401(K) PLAN	
b	Name of plan sponsor	A&G PIPING, INC.	c EIN-PN 75-1972619-001

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	DIVFINSERV 401(K)	
b	Name of plan sponsor	DIVERSIFIED FINANCIAL SERVICES, INC.	c EIN-PN 20-1848122-001
a	Plan name	DIXON AUTOMATIC TOOL, INC. EMPLOYEES' PROFIT SHARING & 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DIXON AUTOMATIC TOOL, INC.	c EIN-PN 36-2231217-001
a	Plan name	ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	c EIN-PN 27-0047953-001
a	Plan name	GUINCO SERVICE 401(K) PLAN	
b	Name of plan sponsor	GUINCO ENTERPRISES CORPORATION	c EIN-PN 46-5256563-001
a	Plan name	GULF SOUTH EYE ASSOCIATES (APMC) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GULF SOUTH EYE ASSOCIATES (APMC)	c EIN-PN 72-1076001-777
a	Plan name	JOHN A. MITAMURA, M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN A. MITAMURA, M.D.	c EIN-PN 13-3535026-001
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	BASIC METALS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	BASIC METALS, INC.	c EIN-PN 39-1515822-222
a	Plan name	BULVERDE GLASS 401(K) PLAN	
b	Name of plan sponsor	BULVERDE GLASS, INC	c EIN-PN 74-2941775-001
a	Plan name	BURCH COURT DENTAL RETIREMENT PLAN	
b	Name of plan sponsor	BURCH COURT DENTAL	c EIN-PN 61-1338337-001
a	Plan name	CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILES & SONS-LAMAN, INC.	c EIN-PN 34-4492949-003
a	Plan name	ETNA STAFFING SOLUTIONS (ESS) LLC 401(K) PLAN	
b	Name of plan sponsor	ETNA STAFFING SOLUTIONS (ESS) LLC	c EIN-PN 26-2379410-001

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 GARRY L. JOHNSON & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor GARRY L. JOHNSON & ASSOCIATES, INC.	c EIN-PN 86-0616252-001
a	Plan name MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MUSKEGON COUNTY MUSEUM	c EIN-PN 38-1367319-001
a	Plan name MUSSER FORESTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MUSSER FORESTS, INC.	c EIN-PN 25-0683190-001
a	Plan name POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN	
b	Name of plan sponsor POLK COUNTY SCHOOL READINESS COALITION, INC.	c EIN-PN 59-3648316-001
a	Plan name POLYSHOT CORPORATION 401(K) PLAN	
b	Name of plan sponsor POLYSHOT CORPORATION	c EIN-PN 16-1384222-001
a	Plan name RAY SMITH INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor RAY SMITH INSURANCE AGENCY, INC.	c EIN-PN 41-1389486-001
a	Plan name TRUXAW & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor JOSEPH C. TRUXAW AND ASSOCIATES, INC.	c EIN-PN 95-2992708-001
a	Plan name WDI COMPANIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WDI COMPANIES, INC.	c EIN-PN 93-0696596-001
a	Plan name ALL STATES LIGHTING, INC. 401(K) PLAN	
b	Name of plan sponsor ALL STATES LIGHTING, INC.	c EIN-PN 59-3045526-001
a	Plan name BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BASSETT SALES CORPORATION	c EIN-PN 95-3666930-001
a	Plan name BORINQUEN CONTAINER 1165(E) CODA RETIREMENT PLAN	
b	Name of plan sponsor BORINQUEN CONTAINER CORP.	c EIN-PN 66-0275132-001
a	Plan name CARDEL HOMES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CARDEL U.S. MANAGEMENT, LLC	c EIN-PN 84-1846681-001

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	CHSU 401(K) PLAN
b	Name of plan sponsor	CALIFORNIA HEALTH SCIENCES UNIVERSITY
c	EIN-PN	45-4846058-001
a	Plan name	D.E.S., INC. 401(K) PLAN
b	Name of plan sponsor	DIVERSIFIED ENVIRONMENTAL SERVICES, INC.
c	EIN-PN	59-3055432-001
a	Plan name	DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DAIRY-MIX, INC.
c	EIN-PN	59-0659640-001
a	Plan name	EL PASO HEART CENTER PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	EL PASO HEART CENTER, P.A.
c	EIN-PN	45-0508485-002
a	Plan name	GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C. 401(K) PLAN AND TRUST
b	Name of plan sponsor	GATEWAY ANESTHESIA ASSOCIATES, P.L.L.C.
c	EIN-PN	30-0389300-001
a	Plan name	GRANVILLE HOMES, INC. RETIREMENT PLAN
b	Name of plan sponsor	GRANVILLE HOMES, INC.
c	EIN-PN	77-0236102-002
a	Plan name	JANET H. LEE CASH BALANCE PLAN
b	Name of plan sponsor	JANET H. LEE
c	EIN-PN	87-0754052-002
a	Plan name	LISA M. SIMONE, ATTORNEY AT LAW, A PROFESSIONAL CORPORATION 401(K) PLAN
b	Name of plan sponsor	LISA M. SIMONE ATTORNEY AT LAW, A PROFESSIONAL CORPORATION
c	EIN-PN	87-4041442-001
a	Plan name	NWGE 401(K) PLAN
b	Name of plan sponsor	NORTHWEST GENERAL ENGINEERING
c	EIN-PN	68-0454297-001
a	Plan name	O'BRIEN BROS. BUSINESS FORMS, INC. 401(K) PLAN
b	Name of plan sponsor	O'BRIEN BROS. BUSINESS FORMS, INC.
c	EIN-PN	36-2796459-001
a	Plan name	PASADENA SENIOR CENTER 401(K) PLAN
b	Name of plan sponsor	PASADENA SENIOR CENTER
c	EIN-PN	95-2085393-001
a	Plan name	SUBURBAN MATERIALS COMPANY RETIREMENT PLAN
b	Name of plan sponsor	SUBURBAN MATERIALS COMPANY
c	EIN-PN	23-1683256-001

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 TODD W. YOUNG & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor TODD W. YOUNG & ASSOCIATES, INC DBA ZIMMER BIOMET SOUTHWEST OHIO	c EIN-PN 47-5068498-002
a	Plan name TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a	Plan name FLORIDA LEISURE COMMUNITIES 401(K) PLAN	
b	Name of plan sponsor FLORIDA LEISURE COMMUNITIES CORPORATION	c EIN-PN 59-3040840-001
a	Plan name CECOS 401(K) PLAN	
b	Name of plan sponsor CYRIACKS ENVIRONMENTAL CONSULTING SERVICES, INC.	c EIN-PN 90-0106680-001
a	Plan name CEH AUTOMOTIVE CORP. EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor CEH AUTOMOTIVE CORP.	c EIN-PN 86-0200402-001
a	Plan name LABORATORY CERTIFICATION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LABORATORY CERTIFICATION SERVICES, INC.	c EIN-PN 31-1187082-001
a	Plan name PELEMAN INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PELEMAN INDUSTRIES, INC.	c EIN-PN 58-2412784-003
a	Plan name ACCESS TO INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor ACCESS TO INDEPENDENCE	c EIN-PN 34-1389369-001
a	Plan name GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC.	c EIN-PN 20-0481533-002
a	Plan name LOS ANGELES ENGINEERING, INC. ESOP PREVAILING WAGE COMPONENT	
b	Name of plan sponsor LOS ANGELES ENGINEERING, INC.	c EIN-PN 95-4143653-001
a	Plan name PRATT & ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor PRATT & ASSOCIATES, LLC	c EIN-PN 62-1725882-001
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

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	THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FIRST TRUST HOLDINGS, INC.	c EIN-PN 37-1307139-222
a	Plan name	COASTAL BANCSHARES, INC. 401(K) PLAN	
b	Name of plan sponsor	COASTAL BANCSHARES, INC.	c EIN-PN 76-0421550-001
a	Plan name	PRIORITY MOTOR GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	PRIORITY MOTOR GROUP, INC.	c EIN-PN 47-2044656-001
a	Plan name	ALLESCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN SHURTLEFF COMPANY, INC.	c EIN-PN 73-0783500-001
a	Plan name	CONCEPT 2001, INC. 401(K) PLAN	
b	Name of plan sponsor	CONCEPT 2001, INC. DBA CONCEPT HR	c EIN-PN 58-2453817-001
a	Plan name	MASTER GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	MASTER PRODUCTS COPORATION	c EIN-PN 66-0407424-002
a	Plan name	CRAFT HOUSE PIZZA, LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	CRAFT HOUSE PIZZA, LLC	c EIN-PN 27-3274820-001
a	Plan name	HAN SCOBLE, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAN SCOBLE, DDS	c EIN-PN 95-4776558-001
a	Plan name	REDBARN PET PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	REDBARN PET PRODUCTS, LLC	c EIN-PN 80-0554839-001
a	Plan name	REIF LAW GROUP, P.C. 401(K) PLAN	
b	Name of plan sponsor	REIF LAW GROUP, P.C.	c EIN-PN 26-4085758-001
a	Plan name	ASCENT VISION TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	ASCENT VISION TECHNOLOGIES, LLC	c EIN-PN 47-4687866-001
a	Plan name	HIGH DESERT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	HIGH DESERT COMMUNICATIONS, INC.	c EIN-PN 86-0879788-001

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	AUGUSTA ONCOLOGY ASSOCIATES, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	AUGUSTA ONCOLOGY ASSOCIATES, P.C.	c EIN-PN 58-1481590-002
a	Plan name	SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	SHADOW FINANCIAL SYSTEMS, INC.	c EIN-PN 22-3564167-001
a	Plan name	INTERNATIONAL TANK SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL TANK SERVICE, INC.	c EIN-PN 34-1277387-001
a	Plan name	INTERPRINT INCORPORATED SAVINGS PLAN	
b	Name of plan sponsor	INTERPRINT, INC.	c EIN-PN 59-0871253-001
a	Plan name	INTRINSYX TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	INTRINSYX TECHNOLOGIES	c EIN-PN 77-0539893-001
a	Plan name	WILLIAM L. FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAM L FARR DDS INC. DBA ROCKY RIVER DENTAL ASSOCIATES	c EIN-PN 34-1760741-001
a	Plan name	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BELLEVUE	c EIN-PN 91-0776451-002
a	Plan name	JARMER ELECTRIC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JARMER ELECTRIC, INC.	c EIN-PN 93-0694887-001
a	Plan name	OUTSOURCING HUB, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	OUTSOURCING HUB, LLC	c EIN-PN 27-0819786-001
a	Plan name	BURROWS WATER PURIFICATION, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BURROWS WATER PURIFICATION, INC.	c EIN-PN 95-3023432-001
a	Plan name	EXCHANGE BANK OF MISSOURI RETIREMENT PLAN	
b	Name of plan sponsor	EXCHANGE BANK OF MISSOURI	c EIN-PN 43-0263000-001
a	Plan name	SPRINGFIELD TRACTOR & TRAILER SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	SPRINGFIELD TRACTOR & TRAILER SALES, INC.	c EIN-PN 37-1013499-003

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	PATEL, GREENE & ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	PATEL, GREENE & ASSOCIATES, LLC	c EIN-PN 45-2209743-001
a	Plan name	KINGS COMMUNITY ACTION ORGANIZATION, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	KINGS COMMUNITY ACTION ORGANIZATION, INC.	c EIN-PN 94-1604455-001
a	Plan name	KMS 401(K) PLAN	
b	Name of plan sponsor	KINETICS MECHANICAL SERVICES, INC.	c EIN-PN 77-0476369-001
a	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-222
a	Plan name	CLASSIC CARRIERS/CLASSIC WAREHOUSING 401(K) PLAN	
b	Name of plan sponsor	CLASSIC CARRIERS, INC.	c EIN-PN 31-1152938-001
a	Plan name	PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	PREMIERE BUILDING MAINTENANCE CORPORATION	c EIN-PN 62-1643357-001
a	Plan name	GLAZE 'N' SEAL PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLAZE 'N' SEAL PRODUCTS, INC.	c EIN-PN 45-3147432-001
a	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE TM GROUP, INC.	c EIN-PN 38-3156552-777
a	Plan name	MEDICORE, LLC 401(K) PLAN	
b	Name of plan sponsor	MEDICORE, LLC	c EIN-PN 30-0852928-001
a	Plan name	RENHILL STAFFING SERVICE 401(K) PLAN	
b	Name of plan sponsor	RENHILL STAFFING SERVICE	c EIN-PN 74-2982537-001
a	Plan name	HIGHLAND COMMUNITY MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	HIGHLAND COMMUNITY MANAGEMENT, LLC	c EIN-PN 59-3383539-001
a	Plan name	MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002

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 ROCHESTER HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor ROCHESTER HARLEY DAVIDSON, INC.	c EIN-PN 41-0990467-001
a	Plan name ROCHESTER TELEPHONE COMPANY INC EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor ROCHESTER TELEPHONE COMPANY INC	c EIN-PN 35-0619275-777
a	Plan name AVENTURO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AVENTURO, INC.	c EIN-PN 27-2417155-001
a	Plan name AVERA & SMITH LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor AVERA & SMITH LLP	c EIN-PN 54-2118084-001
a	Plan name MOBILE SYSTEMS WIRELESS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOBILE SYSTEMS WIRELESS INC.	c EIN-PN 91-1879582-001
a	Plan name INNOVATIVE TURNAROUND CONTROLS 401(K) PLAN	
b	Name of plan sponsor INNOVATIVE TURNAROUND CONTROLS	c EIN-PN 20-2435857-001
a	Plan name INTEGRI, LLC 401(K) & PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor INTEGRI, LLC	c EIN-PN 20-2613358-001
a	Plan name E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor E.S. EVANS & COMPANY	c EIN-PN 34-1717857-001
a	Plan name NISSIN PRECISION NA 401(K) PLAN	
b	Name of plan sponsor NISSIN PRECISION NORTH AMERICA, INC.	c EIN-PN 31-1279356-001
a	Plan name SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name WINDFALL ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WINDFALL ASSOCIATES, INC.	c EIN-PN 04-3474966-001
a	Plan name BRICK CITY PRIMARY CARE PLLC 401(K) PLAN	
b	Name of plan sponsor BRICK CITY PRIMARY CARE	c EIN-PN 26-4778038-001

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	BRISTOL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE BRISTOL GROUP, INC.	c EIN-PN 31-1491447-001
a	Plan name	OHIO READY MIX, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OHIO READY MIX, INC.	c EIN-PN 34-1086697-001
a	Plan name	SOUND & SECURE, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUND & SECURE, INC.	c EIN-PN 88-0354066-001
a	Plan name	C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor	C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name	F.A. PEINADO, LLC 401(K) PLAN	
b	Name of plan sponsor	F.A. PEINADO, LLC	c EIN-PN 77-0647820-001
a	Plan name	P.J. ALBERT, INC. 401(K) PLAN	
b	Name of plan sponsor	P.J. ALBERT, INC.	c EIN-PN 04-2787609-001
a	Plan name	P.L.P.S. 401(K) PLAN	
b	Name of plan sponsor	P.L.P.S. INC.	c EIN-PN 76-0471058-001
a	Plan name	FINANCIAL NETWORK FID WEST, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FINANCIAL NETWORK FID WEST, LLC	c EIN-PN 26-2039224-001
a	Plan name	PAUL HEATH AUDIO, LTD. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PAUL HEATH AUDIO, LTD.	c EIN-PN 36-2838514-003
a	Plan name	PAWSTRUCK LLC 401(K) PLAN	
b	Name of plan sponsor	PAWSTRUCK LLC	c EIN-PN 46-4571916-001
a	Plan name	FORGE TECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FORGE TECH, INC.	c EIN-PN 22-3721848-001
a	Plan name	CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002

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 CENTRAL FLORIDA CANCER INSTITUTE 401(K) PLAN	
b	Name of plan sponsor CENTRAL FLORIDA CANCER INSTITUTE	c EIN-PN 59-3569143-001
a	Plan name CENTRAL FLORIDA CANCER INSTITUTE CASH BALANCE PLAN	
b	Name of plan sponsor CENTRAL FLORIDA CANCER INSTITUTE	c EIN-PN 59-3569143-002
a	Plan name CENTROSOLAR AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor CENTROSOLAR AMERICA, INC.	c EIN-PN 20-8781598-001
a	Plan name COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COLLIERS ARKANSAS, INC. DBA COLLIERS INTERNATIONAL	c EIN-PN 71-0577085-004
a	Plan name EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	
b	Name of plan sponsor EAST TENNESSEE NEPHROLOGY, P.C.	c EIN-PN 62-1835816-001
a	Plan name EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor EASTSIDE PREMIER NEPHROLOGY AND HYPERTENSION, P.C.	c EIN-PN 58-2642240-001
a	Plan name FOUNDATION FOR INTERNATIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FOUNDATION FOR INTERNATIONAL SERVICES, INC.	c EIN-PN 91-1300363-001
a	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name HARTWIG PLUMBING & HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor HARTWIG PLUMBING & HEATING, INC.	c EIN-PN 36-3618206-001
a	Plan name HOSKINS EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor HOSKINS EQUIPMENT, LLC	c EIN-PN 95-3547273-001
a	Plan name INTERNAL MEDICINE PRIMARY CARE, INC. 401(K) PLAN	
b	Name of plan sponsor INTERNAL MEDICINE PRIMARY CARE, INC.	c EIN-PN 34-1712938-001
a	Plan name MANAGEMENT MATERIALS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor MANAGEMENT MATERIALS INC.	c EIN-PN 38-2412976-001

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 MILLER LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLER LUMBER COMPANY	c EIN-PN 34-1312270-001
a	Plan name MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	c EIN-PN 81-0587881-001
a	Plan name NORTH POINT HEALTH & WELLNESS CENTER CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH POINT HEALTH & WELLNESS CENTER	c EIN-PN 45-4030204-001
a	Plan name PBHM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERSPECTIVE BEHAVIORAL HEALTH MANAGEMENT, LLC	c EIN-PN 33-1048513-001
a	Plan name PRESTIGE RESIDENTIAL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor PRESTIGE RESIDENTIAL CONSTRUCTION	c EIN-PN 91-1366230-001
a	Plan name S & W ELECTRIC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor S & W ELECTRIC COMPANY, INC.	c EIN-PN 63-0833028-001
a	Plan name S4, INC. 401(K) PLAN	
b	Name of plan sponsor S4 INC.	c EIN-PN 04-3309384-001
a	Plan name SYNERGY DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SEAN ULM DMD, INC. DBA SYNERGY DENTAL	c EIN-PN 90-0035653-001
a	Plan name T K GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor T K GROUP, INC.	c EIN-PN 36-3489575-001
a	Plan name TEKTEAM 401(K) PLAN	
b	Name of plan sponsor TECHTEAM, LLC DBA TEKTEAM	c EIN-PN 94-3335438-001
a	Plan name THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name TRB + ASSOCIATES, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor TRB + ASSOCIATES, INC.	c EIN-PN 20-5865052-001

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	AMANI ENGINEERING, INC. 401(K) PLAN	
b Name of plan sponsor	AMANI ENGINEERING, INC.	c EIN-PN 76-0614439-001

a Plan name	APARTMENT HOUSE BUILDERS, INC. 401K PLAN	
b Name of plan sponsor	APARTMENT HOUSE BUILDERS, INC.	c EIN-PN 71-0649991-001

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan JANUS HENDERSON BALANCED RET OPT	B Three-digit plan number (PN) ▶ 231
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.

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)	31402105
(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	34143818	31402105
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	34143818	31402105

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)	5013137	
(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		5013137

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)	220081	
(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)		220081
j Total expenses. Add all expense amounts in column (b) and enter total	2j		220081

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4793056
l Transfers of assets:			
(1) To this plan	2l(1)		2904827
(2) From this plan	2l(2)		10439596

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 _____.