Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
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.**	**2024** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for:
- [ ] a multiemployer plan
- [ ] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
- [ ] a single-employer plan
- [X] a DFE (specify) P

B This return/report is:
- [ ] the first return/report
- [ ] the final return/report
- [ ] an amended return/report
- [ ] a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [ ] Form 5558
- [ ] automatic extension
- [ ] the DFVC program
- [ ] special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ [ ]

Part II Basic Plan Information—enter all requested information

1a Name of plan
AMERICAN FUNDS CAPITAL WORLD GROWTH & INCOME RET OPT

1b Three-digit plan number (PN) ▶ 755

1c Effective date of plan

2a Plan sponsor's name (employer, if for a single-employer plan)
Mailing address (include room, apt., suite no. and street, or P.O. Box)
City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)
TRANSAMERICA LIFE INSURANCE COMPANY

6400 C ST SW
CEDAR RAPIDS, IA 52404

2b Employer Identification Number (EIN)
39-0989781

2c Plan Sponsor's telephone number
319-355-6449

2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	08/22/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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	**6a(1)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	
b Retired or separated participants receiving benefits	**6b**	
c Other retired or separated participants entitled to future benefits	**6c**	
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	
f Total. Add lines **6d** and **6e**.	**6f**	
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	**6g(1)**	
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g(2)**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**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)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** [ ] Insurance
- **(2)** [ ] Code section 412(e)(3) insurance contracts
- **(3)** [ ] Trust
- **(4)** [ ] General assets of the sponsor

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)** [ ] **R** (Retirement Plan Information)
- **(2)** [ ] **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
- **(3)** [ ] **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary
- **(4)** [ ] **DCG** (Individual Plan Information) – Number Attached _____
- **(5)** [ ] **MEP** (Multiple-Employer Retirement Plan Information)

b General Schedules

- **(1)** [X] **H** (Financial Information)
- **(2)** [ ] **I** (Financial Information – Small Plan)
- **(3)** [ ] **A** (Insurance Information) – Number Attached _____
- **(4)** [ ] **C** (Service Provider Information)
- **(5)** [X] **D** (DFE/Participating Plan Information)
- **(6)** [ ] **G** (Financial Transaction Schedules)

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)	DFE/Participating Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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.**	**2024** **This Form is Open to Public Inspection.**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan AMERICAN FUNDS CAPITAL WORLD GROWTH & INCOME RET OPT	**B** Three-digit plan number (PN) ▶ 755
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	**D** Employer Identification Number (EIN) 39-0989781

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)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

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b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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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)

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

b Name of sponsor of entity listed in (a):

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II **Information on Participating Plans (to be completed by DFEs, other than DCGs)**
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	BAD AXE PRODUCTS LLC 401(K) PLAN		
b Name of plan sponsor	BAD AXE PRODUCTS LLC	**c** EIN-PN	45-2653251-001
a Plan name	BAKERY AGENCY 401(K) PLAN		
b Name of plan sponsor	BAKERY AGENCY LLC	**c** EIN-PN	27-4407040-001
a Plan name	THE AME GROUP 401(K) PLAN		
b Name of plan sponsor	THE AME GROUP	**c** EIN-PN	35-1630314-001
a Plan name	PSGM LAW 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	PACE SELDEN GILMAN MARKS, PLLC DBA PSGM LAW	**c** EIN-PN	93-2786572-001
a Plan name	TKOR 401(K) PLAN		
b Name of plan sponsor	RESTON CONSTRUCTION, LLC	**c** EIN-PN	85-3812403-001
a Plan name	REDROC AUSTIN 401(K) PLAN		
b Name of plan sponsor	ERNEST J CORDER DBA REDROC AUSTIN	**c** EIN-PN	04-3709976-001
a Plan name	MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	MACROMATIC INDUSTRIAL CONTROLS, INC.	**c** EIN-PN	20-3910631-001
a Plan name	URTHPACT, LLC 401(K) PLAN		
b Name of plan sponsor	URTHPACT, LLC	**c** EIN-PN	04-3339273-001
a Plan name	GORDON AND DESANTIS ORTHODONTICS LLC PROFIT SHARING PLAN		
b Name of plan sponsor	GORDON AND DESANTIS ORTHODONTICS LLC	**c** EIN-PN	36-4513149-001
a Plan name	GVM LAW, LLP 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	GVM LAW, LLP	**c** EIN-PN	47-3015704-001
a Plan name	WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN		
b Name of plan sponsor	WESTERN EMULSIONS INC.	**c** EIN-PN	86-0336082-001
a Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN		
b Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.	**c** EIN-PN	20-0048495-001

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	NASHVILLE TENT & AWNING 401(K) PLAN PROFIT SHARING PLAN		
b Name of plan sponsor	NASHVILLE TENT & AWNING CO., INC.	**c** EIN-PN	85-3079357-001
a Plan name	NATURAL CARE WELLNESS CENTER 401(K) PLAN		
b Name of plan sponsor	NATURAL CARE WELLNESS CENTER	**c** EIN-PN	20-5364037-001
a Plan name	NATURESCAPE 401(K) RETIREMENT PLAN		
b Name of plan sponsor	NATURESCAPE	**c** EIN-PN	03-0448406-001
a Plan name	NEW PERCEPTIONS, INC. D/C RETIREMENT PLAN		
b Name of plan sponsor	NEW PERCEPTIONS, INC.	**c** EIN-PN	61-0705047-001
a Plan name	NEXTIER INFRASTRUCTURE SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	NEXTIER INFRASTRUCTURE SOLUTIONS, INC.	**c** EIN-PN	30-0042820-001
a Plan name	NIEHAUS FAMILY DENTISTRY 401(K) RETIREMENT PLAN		
b Name of plan sponsor	NIEHAUS FAMILY DENTISTRY LLC	**c** EIN-PN	82-3863698-001
a Plan name	ON DISPLAY 401(K) PLAN		
b Name of plan sponsor	ON DISPLAY LTD	**c** EIN-PN	31-1480546-002
a Plan name	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	SPRING GROVE PHYSICAL MEDICINE AND REHABILITATION, LTD	**c** EIN-PN	02-0574359-001
a Plan name	STONEHENGE ENERGY RESOURCES II, LP 401(K) PLAN		
b Name of plan sponsor	STONEHENGE ENERGY RESOURCES II, LP	**c** EIN-PN	90-0841261-001
a Plan name	PECK FLANNERY GREAM WARREN, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	PECK FLANNERY GREAM WARREN, INC.	**c** EIN-PN	61-0674873-001
a Plan name	ASSOCIATED COMPONENTS TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ASSOCIATED COMPONENTS TECHNOLOGY, INC.	**c** EIN-PN	33-0439579-001
a Plan name	ASSOCIATED SOILS ENGINEERING, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	ASSOCIATED SOILS ENGINEERING, INC.	**c** EIN-PN	95-2896496-001

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	TAMPA DOWNTOWN PARTNERSHIP 401(K) PLAN		
b Name of plan sponsor	TAMPA DOWNTOWN PARTNERSHIP, INC.	**c** EIN-PN	59-2688074-002
a Plan name	RENSKO HOLDINGS 401(K) PLAN		
b Name of plan sponsor	RENSKO HOLDINGS, LLC	**c** EIN-PN	01-0549518-001
a Plan name	UNDERCOVER TOURIST 401(K) PLAN		
b Name of plan sponsor	INSIDERGUIDE, LLC	**c** EIN-PN	59-3652314-001
a Plan name	MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN		
b Name of plan sponsor	MAGNETIC TECHNOLOGIES LTD.	**c** EIN-PN	04-2836991-005
a Plan name	RIDGE GLOBAL, LLC PROFIT SHARING & 401(K) PLAN AND TRUST		
b Name of plan sponsor	RIDGE GLOBAL, LLC	**c** EIN-PN	20-4147521-001
a Plan name	GERALD GRAIN INCENTIVE SAVINGS PLAN		
b Name of plan sponsor	GERALD GRAIN CENTER, INC.	**c** EIN-PN	34-1526549-001
a Plan name	MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN &TRUST		
b Name of plan sponsor	MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	**c** EIN-PN	20-4106052-001
a Plan name	MARTIN'S METAL FABRICATION & WELDING, INC.		
b Name of plan sponsor	MARTIN'S METAL FABRICATION & WELDING, INC.	**c** EIN-PN	68-0157908-001
a Plan name	CHERRY & WILLIAMS DDS, INC. 401(K) PLAN		
b Name of plan sponsor	CHERRY & WILLIAMS DDS, INC.	**c** EIN-PN	34-1319955-001
a Plan name	GRANDVILLE DENTAL HEALTH CENTER P.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	GRANDVILLE DENTAL HEALTH CENTER P.C.	**c** EIN-PN	38-2373825-001
a Plan name	MODERNO CONSTRUCTION, INC. 401(K) PLAN		
b Name of plan sponsor	MODERNO CONSTRUCTION, INC.	**c** EIN-PN	83-0412313-001
a Plan name	ACME PALLET, INC. EMPLOYEE 401(K) PLAN		
b Name of plan sponsor	ACME PALLET, INC.	**c** EIN-PN	38-1710471-001

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	AEM PARTNERS 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	AEM PARTNERS, LLC	**c** EIN-PN	20-0857620-001
a Plan name	CPMM SERVICES GROUP, INC. 401(K) PLAN		
b Name of plan sponsor	CPMM SERVICES GROUP, INC.	**c** EIN-PN	31-1579010-001
a Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN		
b Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	**c** EIN-PN	38-3601887-001
a Plan name	STADLER PLUMBING & HEATING, INC. 401(K) PLAN		
b Name of plan sponsor	STADLER PLUMBING & HEATING, INC.	**c** EIN-PN	38-3295246-001
a Plan name	IRONCLAD STRATEGIES 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	IRONCLAD STRATEGIES, LLC	**c** EIN-PN	82-5506108-001
a Plan name	STREB CONSTRUCTION 401(K) PLAN		
b Name of plan sponsor	STREB CONSTRUCTION CO., INC.	**c** EIN-PN	42-0892646-001
a Plan name	ATLANTIC GOLF AND TURF 401(K) PLAN		
b Name of plan sponsor	ATLANTIC GOLF AND TURF LLC	**c** EIN-PN	27-1400038-001
a Plan name	ATLAS LABOR ILLINOIS LLC RETIREMENT PLAN		
b Name of plan sponsor	ATLAS LABOR ILLINOIS LLC	**c** EIN-PN	83-3804981-001
a Plan name	JKA WELL DRILLING 401(K) PLAN		
b Name of plan sponsor	JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP	**c** EIN-PN	91-1893642-001
a Plan name	BASNEY DEALER GROUP 401(K) RETIREMENT PLAN		
b Name of plan sponsor	BASNEY IMPORTS, INC.	**c** EIN-PN	35-1283526-001
a Plan name	KEITH'S APPLIANCES 401(K) PLAN		
b Name of plan sponsor	KEITH'S APPLIANCES	**c** EIN-PN	06-0973305-001
a Plan name	PROJEX PACIFIC INC. 401(K) PLAN		
b Name of plan sponsor	PROJEX PACIFIC INC	**c** EIN-PN	51-0470194-001

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	LAGUNA SOURCE SAFE HARBOR 401(K) PLAN		
b Name of plan sponsor	LAGUNA SOURCE LLC	**c** EIN-PN	41-2223213-002
a Plan name	LAMMEY & GIORGIO 401(K) PLAN		
b Name of plan sponsor	LAMMEY & GIORGIO, P.A.	**c** EIN-PN	22-2433653-001
a Plan name	QESSENTIAL MEDICAL MARKET RESEARCH, LLC 401(K) PLAN		
b Name of plan sponsor	QESSENTIAL MEDICAL MARKET RESEARCH, LLC	**c** EIN-PN	87-3863389-001
a Plan name	BOSTON PHARMACEUTICALS INC. 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	BOSTON PHARMACEUTICALS INC.	**c** EIN-PN	81-0837665-001
a Plan name	FEIST CABINETS & WOODWORKS, INC. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	FEIST CABINETS & WOODWORKS, INC.	**c** EIN-PN	68-0130480-001
a Plan name	FENWEST, INC. 401(K) PLAN		
b Name of plan sponsor	FENWEST, INC.	**c** EIN-PN	02-0523632-001
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	TOP OF TEXAS 401(K) PLAN		
b Name of plan sponsor	TOP OF TEXAS, INC.	**c** EIN-PN	75-2646871-001
a Plan name	MALCOLM BRYANT CORPORATION 401(K) PLAN		
b Name of plan sponsor	MALCOLM BRYANT CORPORATION	**c** EIN-PN	61-1318526-001
a Plan name	NORTHEAST SUSTAINABLE ENERGY ASSOCIATION 401(K)		
b Name of plan sponsor	NORTHEAST SUSTAINABLE ENERGY ASSOCIATION	**c** EIN-PN	23-7437161-001
a Plan name	PARADYME MANAGEMENT, INC. RETIREMENT PLAN		
b Name of plan sponsor	PARADYME MANAGEMENT, INC.	**c** EIN-PN	13-4271306-004
a Plan name	PARAMOUNT REHABILITATION SERVICES 401(K) PLAN		
b Name of plan sponsor	PARAMOUNT REHABILITATION SERVICES	**c** EIN-PN	38-3378702-001

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	PETERS AGENCY CARE MANAGEMENT 401(K) PLAN		
b Name of plan sponsor	PETERS AGENCY CARE MANAGEMENT, LLC	**c** EIN-PN	83-0446469-001
a Plan name	RIVIERA IMAGING 401(K) PLAN		
b Name of plan sponsor	RIVIERA IMAGING, INC.	**c** EIN-PN	85-2960270-001
a Plan name	SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN		
b Name of plan sponsor	SIGMON FAMILY INVESTMENTS, INC.	**c** EIN-PN	20-3200494-001
a Plan name	TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	**c** EIN-PN	81-4118651-001
a Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	**c** EIN-PN	56-1970120-001
a Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	**c** EIN-PN	38-3424306-001
a Plan name	A BETTER CONTRACTOR, LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	A BETTER CONTRACTOR, LLC	**c** EIN-PN	46-4885039-002
a Plan name	AGGRESSIVE CONCEPTS LLC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	AGGRESSIVE CONCEPTS	**c** EIN-PN	30-0801925-001
a Plan name	APLIN MASONRY 401(K) PLAN		
b Name of plan sponsor	APLIN MASONRY OF TELLURIDE, INC.	**c** EIN-PN	84-1586727-001
a Plan name	APPALACHIAN BOILER AND FAB,LLC 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	APPALACHIAN BOILER AND FAB, LLC	**c** EIN-PN	46-0911627-001
a Plan name	BLUE OVAL INDUSTRIES INC. 401(K) P/S PLAN		
b Name of plan sponsor	BLUE OVAL INDUSTRIES INC.	**c** EIN-PN	74-3108480-777
a Plan name	CAIN THOMAS ASSOCIATES RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	CAIN THOMAS ASSOCIATES, INC.	**c** EIN-PN	41-1453222-001

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	CALCO FENCE, INC. 401(K) PLAN		
b Name of plan sponsor	CALCO FENCE, INC.	**c** EIN-PN	94-2926990-001
a Plan name	CASUALTY ACTUARIAL CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CASUALTY ACTUARIAL CONSULTANTS, INC.	**c** EIN-PN	62-1591851-001
a Plan name	DEMOSS ELECTRIC, INC. 401(K) PLAN		
b Name of plan sponsor	DEMOSS ELECTRIC, INC.	**c** EIN-PN	02-0677709-001
a Plan name	DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN		
b Name of plan sponsor	DENNIS SEAMAN CO., L.P.A.	**c** EIN-PN	34-1207750-001
a Plan name	DIRT POOR 401(K) RETIREMENT PLAN		
b Name of plan sponsor	HELMS & SONS EXCAVATING, INC.	**c** EIN-PN	31-1547042-001
a Plan name	DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN		
b Name of plan sponsor	DYNAMIC DOWNHOLE SERVICES, LLC	**c** EIN-PN	26-2612443-001
a Plan name	FAIRCOUNT INTERNATIONAL 401(K) PLAN		
b Name of plan sponsor	FAIRCOUNT, LLC	**c** EIN-PN	59-3566721-001
a Plan name	FFTT, LLC 401 (K) PLAN		
b Name of plan sponsor	FFTT, LLC	**c** EIN-PN	81-0860100-001
a Plan name	FIELD SERVICES 401(K) PLAN		
b Name of plan sponsor	AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	**c** EIN-PN	68-0625733-001
a Plan name	GREAT LAKES WAREHOUSING, LLC 401(K) PLAN		
b Name of plan sponsor	GREAT LAKES WAREHOUSING, LLC	**c** EIN-PN	38-3352246-002
a Plan name	HANS TRUCK & TRAILER REPAIR, INC. DBA HANS FREIGHTLINER 401(K) PLAN		
b Name of plan sponsor	HANS' TRUCK & TRAILER REPAIR, INC. DBA HANS' FREIGHTLINER OF CLEVELA	**c** EIN-PN	34-1165089-001
a Plan name	HONOR CONTRACTING LLC 401(K) PLAN		
b Name of plan sponsor	HONOR CONTRACTING LLC	**c** EIN-PN	81-4244688-001

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	INTERVENTIONAL PAIN CONSULTANTS, LLC 401(K) PLAN		
b Name of plan sponsor	INTERVENTIONAL PAIN CONSULTANTS LLC	**c** EIN-PN	83-0901793-001
a Plan name	J&M SERVICES 401(K) PLAN		
b Name of plan sponsor	J&M SERVICES	**c** EIN-PN	82-4526041-001
a Plan name	J. GREG ALLEN BUILDER INC. PROFIT SHARING 401 (K) PLAN & TRUST		
b Name of plan sponsor	J. GREG ALLEN BUILDER, INC.	**c** EIN-PN	35-1686449-001
a Plan name	JOHN KRAEMER & SONS, INC. SAVINGS & PROFIT SHARING PLAN		
b Name of plan sponsor	JOHN KRAEMER & SONS, INC.	**c** EIN-PN	41-1347429-001
a Plan name	KENNETH RICKS DDS INC. 401(K) PLAN		
b Name of plan sponsor	KENNETH RICKS DDS INC.	**c** EIN-PN	47-4884440-001
a Plan name	A-1 SECURITY BARS, INC. 401(K) PLAN		
b Name of plan sponsor	A-1 SECURITY BARS, INC.	**c** EIN-PN	52-2284626-001
a Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN		
b Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	**c** EIN-PN	74-1179149-002
a Plan name	CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN		
b Name of plan sponsor	CROSSING BORDERS LANGUAGE CENTER, LLC.	**c** EIN-PN	45-5111582-001
a Plan name	CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN		
b Name of plan sponsor	MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	**c** EIN-PN	48-0666889-001
a Plan name	CROWN HILL DENTISTRY RETIREMENT READINESS 401(K) PLAN		
b Name of plan sponsor	BRITTANY D. GOODING, D.D.S., P.C.	**c** EIN-PN	45-4069228-001
a Plan name	CSAVC, P.C. DEFERRED COMPENSATION PLAN		
b Name of plan sponsor	CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	**c** EIN-PN	23-2339055-001
a Plan name	GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN		
b Name of plan sponsor	GLOBAL RESOURCE ENGINEERING, LTD.	**c** EIN-PN	61-1843495-001

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	HARMSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	HARMSEN CONSTRUCTION, INC.	**c** EIN-PN	38-2720081-001
a Plan name	KIDZ BIZ PEDIATRICS 401(K) RETIREMENT PLAN		
b Name of plan sponsor	KIDZ BIZ PEDIATRICS	**c** EIN-PN	43-1940340-001
a Plan name	LG AUDIOLOGICAL ENTERPRISES LLC 401(K) PLAN		
b Name of plan sponsor	LG AUDIOLOGICAL ENTERPRISES LLC	**c** EIN-PN	26-3982693-001
a Plan name	PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST		
b Name of plan sponsor	PARK SIDE FINANCIAL CREDIT UNION	**c** EIN-PN	23-7155544-001
a Plan name	RJ WRIGHT & SONS 401(K) & PROFIT SHARING PLAN		
b Name of plan sponsor	RJ WRIGHT & SONS, LTD	**c** EIN-PN	34-1693478-001
a Plan name	ROBERT KEATING LAW, INC. 401(K) PLAN		
b Name of plan sponsor	ROBERT KEATING LAW, INC.	**c** EIN-PN	26-4657763-001
a Plan name	SMITH & JOHNSON ATTORNEYS, P.C. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	SMITH & JOHNSON ATTORNEYS, P.C	**c** EIN-PN	38-2067637-001
a Plan name	WINDOW ENERGY FILM, INC. / SOLAR TINT 401(K) RETIREMENT PLAN		
b Name of plan sponsor	WINDOW ENERGY FILM, INC. / SOLAR TINT	**c** EIN-PN	03-0381876-001
a Plan name	WINDOW TO RECOVERY 401(K) PLAN		
b Name of plan sponsor	WINDOW TO RECOVERY	**c** EIN-PN	82-3124954-001
a Plan name	WINTERGREEN CONSTRUCTION SERVICES, INC. 401(K) EMPLOYEE SAVINGS PLAN		
b Name of plan sponsor	WINTERGREEN CONSTRUCTION SERVICES, INC.	**c** EIN-PN	59-3034069-001
a Plan name	WINTERS, LLP. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WINTERS, LLP	**c** EIN-PN	37-1366508-001
a Plan name	ID SYSTEMS, INC. 401(K) PLAN		
b Name of plan sponsor	ID SYSTEMS, INC.	**c** EIN-PN	38-2419366-002

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	IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN		
b Name of plan sponsor	IDAHO ASPHALT SUPPLY, INC.	**c** EIN-PN	82-0325664-001
a Plan name	JAN-PRO, INC. 401(K) PLAN		
b Name of plan sponsor	TRI-VISION CORPORATION II	**c** EIN-PN	47-5110107-001
a Plan name	KINGWOOD CENTER GARDENS 401(K) RETIREMENT PLAN		
b Name of plan sponsor	KINGWOOD CENTER GARDENS	**c** EIN-PN	34-0750349-001
a Plan name	MCCOY & SPARKS 401(K) PLAN		
b Name of plan sponsor	MCCOY & SPARKS, PLLC	**c** EIN-PN	20-1412812-001
a Plan name	MRK FINANCIAL SOLUTIONS 401(K) PLAN		
b Name of plan sponsor	SNIEGOCKI WEAVER FINANCIAL SERVICES	**c** EIN-PN	27-4522792-001
a Plan name	RAMSEY & ASSOCIATES 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	RAMSEY & ASSOCIATES INC.	**c** EIN-PN	61-1197581-001
a Plan name	SYDAPTIC, INC. 401(K) PLAN		
b Name of plan sponsor	SYDAPTIC, INC.	**c** EIN-PN	74-2898394-001
a Plan name	THE ORIANA SHEA GROUP 401(K) PLAN		
b Name of plan sponsor	THE ORIANA SHEA GROUP	**c** EIN-PN	26-2733920-001
a Plan name	WONDERLAND TIRE, INC. PROFIT SHARING 401(K) PLAN		
b Name of plan sponsor	WONDERLAND TIRE COMPANY, INC.	**c** EIN-PN	38-2264378-001
a Plan name	BRIQUETTES 401(K) PLAN		
b Name of plan sponsor	BRIQUETTES	**c** EIN-PN	46-1353447-001
a Plan name	CENTER POINT FAMILY DENTISTRY 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	CENTER POINT FAMILY DENTISTRY, PLLC	**c** EIN-PN	27-4512893-002
a Plan name	CTCO BENEFIT SERVICES 401(K) PLAN		
b Name of plan sponsor	CTCO BENEFIT SERVICES, LLC	**c** EIN-PN	30-0515404-002

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	CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY ASSOCIATION 401(K) PLAN		
b Name of plan sponsor	CUYAHOGA VALLEY PRESERVATION & SCENIC RAILWAY	**c** EIN-PN	23-7198801-001
a Plan name	EMCO GLADE SPRINGS HOSPITALITY, LLC 401(K) PLAN		
b Name of plan sponsor	EMCO GLADE SPRINGS HOSPITALITY, LLC	**c** EIN-PN	20-0976658-001
a Plan name	FIRST CUT 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	FIRST CUT SAWING AND BREAKING, INC.	**c** EIN-PN	86-0881313-333
a Plan name	GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	GMS MINE REPAIR & MAINTENANCE, INC.	**c** EIN-PN	52-1908118-001
a Plan name	MURTCO, INC. PROFIT SHARING TRUST		
b Name of plan sponsor	MURTCO, INC.	**c** EIN-PN	61-1127838-001
a Plan name	ROCKY MOUNTAIN RESOURCES 401(K) PLAN		
b Name of plan sponsor	RMR INDUSTRIALS, INC. DBA ROCKY MOUNTAIN RESOURCES, INC.	**c** EIN-PN	46-0750094-001
a Plan name	SGI 401(K) PLAN		
b Name of plan sponsor	SGI	**c** EIN-PN	93-4216744-001
a Plan name	THE PETROLEUM ALLIANCE OF OKLAHOMA PROFIT SHARING PLAN		
b Name of plan sponsor	THE PETROLEUM ALLIANCE OF OKLAHOMA	**c** EIN-PN	73-0667344-002
a Plan name	TREASURE FIRE EQUIPMENT 401(K) PLAN		
b Name of plan sponsor	TREASURE FIRE EQUIPMENT, INC.	**c** EIN-PN	87-0656861-001
a Plan name	VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST		
b Name of plan sponsor	VISUAL WORKPLACE	**c** EIN-PN	26-4045453-001
a Plan name	ALL COWBOY EROSION 401(K) PLAN		
b Name of plan sponsor	ALL COWBOY EROSION CONTROL, LLC	**c** EIN-PN	26-4735281-001
a Plan name	ASCEND DENTAL SERVICES, LLC 401(K) PLAN		
b Name of plan sponsor	ASCEND DENTAL SERVICES, LLC	**c** EIN-PN	83-2589578-001

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	BERICH MASONRY, INC. 401(K) PROFIT SHARING PLAN & TRUST		
b Name of plan sponsor	BERICH MASONRY, INC.	**c** EIN-PN	20-2612940-001
a Plan name	CERTIFIED WELDING, LLC 401(K) PLAN		
b Name of plan sponsor	CERTIFIED WELDING, LLC	**c** EIN-PN	82-2109373-001
a Plan name	CHANDLER'S PARTS & SERVICE 401(K) PLAN		
b Name of plan sponsor	CHANDLER'S PARTS & SERVICE	**c** EIN-PN	72-0840036-001
a Plan name	CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN		
b Name of plan sponsor	CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	**c** EIN-PN	82-1776313-001
a Plan name	IED GROUP PROFIT SHARING PLAN		
b Name of plan sponsor	IED GROUP, INC.	**c** EIN-PN	56-2303651-001
a Plan name	IKE HEAPHY, D.D.S., P.C. 401(K) PLAN		
b Name of plan sponsor	IKE HEAPHY, D.D.S., P.C.	**c** EIN-PN	90-0074728-001
a Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN		
b Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	**c** EIN-PN	36-4052634-001
a Plan name	MEASUREMENT LIMITED, INC. 401(K) PLAN		
b Name of plan sponsor	MEASUREMENT LIMITED, INC.	**c** EIN-PN	20-4119092-001
a Plan name	AVANTS OPERATIONS, LLC 401(K) PLAN		
b Name of plan sponsor	AVANTS OPERATIONS, LLC	**c** EIN-PN	81-4997570-001
a Plan name	DAIOHS U.S.A., INC. 401(K) SAVINGS AND PROFIT SHARING PLAN		
b Name of plan sponsor	DAIOHS U.S.A., INC.	**c** EIN-PN	95-4746377-001
a Plan name	E-T-M ENTERPRISES I, INC. 401(K) PLAN & TRUST		
b Name of plan sponsor	E-T-M ENTERPRISES I, INC.	**c** EIN-PN	38-3457372-001
a Plan name	E-TOWN EXTERMINATING PROFIT SHARING PLAN		
b Name of plan sponsor	E-TOWN EXTERMINATING CO., INC.	**c** EIN-PN	61-0904647-002

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	FLOW-LINE CONSTRUCTION, INC. 401(K) PLAN		
b Name of plan sponsor	FLOW-LINE CONSTRUCTION	**c** EIN-PN	46-0730116-001
a Plan name	GREENWAY WEALTH MANAGEMENT, LLC 401(K) PLAN		
b Name of plan sponsor	GREENWAY WEALTH MANAGEMENT, LLC	**c** EIN-PN	81-5323726-001
a Plan name	MID THUMB CONTRACTING, LLC 401(K) PLAN		
b Name of plan sponsor	MID THUMB CONTRACTING	**c** EIN-PN	32-0337517-001
a Plan name	OHIO COUNCIL OF RETAIL MERCHANTS 401(K) PLAN		
b Name of plan sponsor	OHIO COUNCIL OF RETAIL MERCHANTS	**c** EIN-PN	31-4269320-002
a Plan name	TELETRONICS SERVICES, INC. 401(K) RETIREMENT PLAN		
b Name of plan sponsor	TELETRONIC SERVICES, INC.	**c** EIN-PN	34-1317163-001
a Plan name	ALLSTAR PLUMBERS 401(K) PLAN		
b Name of plan sponsor	ALLSTAR PLUMBERS, INC.	**c** EIN-PN	26-0425473-001
a Plan name	B & G HVAC, INC. 401(K) PLAN		
b Name of plan sponsor	B & G HVAC, INC.	**c** EIN-PN	20-4345115-001
a Plan name	B&F CONTRACTING 401(K) RETIREMENT PLAN		
b Name of plan sponsor	B&F CONTRACTING, INC.	**c** EIN-PN	86-0677300-002
a Plan name	B&J'S PIZZA 401(K) PLAN		
b Name of plan sponsor	JAKC INC. DBA B&J'S PIZZA	**c** EIN-PN	74-2468849-001
a Plan name	BULTYNCK & CO. 401(K) PLAN		
b Name of plan sponsor	BULTYNCK & CO., P.L.L.C.	**c** EIN-PN	20-3920878-777
a Plan name	EASLEY HEAD & NECK SURGERY, P.A. 401(K) PS PLAN		
b Name of plan sponsor	EASLEY HEAD & NECK SURGERY, P.A.	**c** EIN-PN	57-0752346-002
a Plan name	FOUNDATION TECHNOLOGIES, LLC 401(K) PLAN		
b Name of plan sponsor	FOUNDATION TECHNOLOGIES, LLC	**c** EIN-PN	41-1967504-001

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	LPT CPA'S + ADVISORS PLLC 401(K) PLAN		
b Name of plan sponsor	LPT CPA'S + ADVISORS PLLC	**c** EIN-PN	75-2618166-001
a Plan name	SALIL TREHAN MD PA 401(K) PLAN		
b Name of plan sponsor	SALIL TREHAN MD PA	**c** EIN-PN	75-2894667-001
a Plan name	THE 401(K) PLAN		
b Name of plan sponsor	E.B.T., INC.	**c** EIN-PN	62-1714892-001
a Plan name	WELSH FABRICATION & DESIGN, INC. 401(K) PROFIT SHARING PLAN		
b Name of plan sponsor	WELSH FABRICATION & DESIGN, INC.	**c** EIN-PN	26-3962562-001
a Plan name			
b Name of plan sponsor		**c** EIN-PN	
a Plan name			
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a Plan name			
b Name of plan sponsor		**c** EIN-PN	

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2024** **This Form is Open to Public Inspection**

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan
AMERICAN FUNDS CAPITAL WORLD GROWTH & INCOME RET OPT

B Three-digit plan number (PN) ▶ 755

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

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)	21010967	18618337
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	21010967	18618337
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 through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	21010967	18618337

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)	413866	
(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)		413866
(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)	1327336	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1327336

		(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)		1078828
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		2820030
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)	30207	
(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)		30207
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		30207
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2789823
l Transfers of assets:			
(1) To this plan	2l(1)		1747222
(2) From this plan	2l(2)		6929675

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.)	**4a**			
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.)	**4b**			
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.)	**4c**			
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.)	**4d**			
e Was this plan covered by a fidelity bond?	**4e**			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**			
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?	**4g**			
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?	**4h**			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**			
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.)	**4j**			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**			
l Has the plan failed to provide any benefit when due under the plan?	**4l**			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
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.	**4n**			

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 _____.