

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) P, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS BALANCED RET ACCT
1b Three-digit plan number (PN): 228
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
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.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) <input type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> DCG (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> MEP (Multiple-Employer Retirement Plan Information)	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) – Number Attached _____ (4) <input type="checkbox"/> C (Service Provider Information) (5) <input checked="" type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)
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Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>AMERICAN FUNDS BALANCED RET ACCT</u>	B Three-digit plan number (PN)	<u>228</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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d Entity code

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d Entity code

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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)

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	APPLIANCE CENTER OF TOLEDO, INC. RETIREMENT PLAN	
b	Name of plan sponsor	APPLIANCE CENTER OF TOLEDO, INC.	c EIN-PN 34-0924335-777
a	Plan name	CHARLES E. THOMAS COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHARLES E. THOMAS COMPANY, INC.	c EIN-PN 95-2280159-001
a	Plan name	EATWELL 401(K) PLAN	
b	Name of plan sponsor	EATWELL ENTERPRISES LP	c EIN-PN 13-3944198-001
a	Plan name	ECHO INDUSTRIAL, INC. 401(K) PLAN	
b	Name of plan sponsor	ECHO INDUSTRIAL, INC.	c EIN-PN 73-1686642-001
a	Plan name	ECHTER'S GREENHOUSES, INC. 401(K) PLAN	
b	Name of plan sponsor	ECHTER'S GREENHOUSES, INC.	c EIN-PN 84-0491743-002
a	Plan name	JUDY CASEY, INC. 401(K) PLAN	
b	Name of plan sponsor	JUDY CASEY, INC.	c EIN-PN 13-3243377-001
a	Plan name	PARTNERSHIP PROJECT INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	PARTNERSHIP PROJECT INC. DBA COMMUNITY BUILDERS	c EIN-PN 68-0431719-001
a	Plan name	PEOPLE ONE SOURCE 401(K) PLAN	
b	Name of plan sponsor	COVENANT INDUSTRIES, INC. DBA PEOPLE ONE SOURCE	c EIN-PN 95-4529800-002
a	Plan name	SHAFERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COONEY, PARRIS & RIEKE CORPORATION	c EIN-PN 91-1862618-001
a	Plan name	THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THUNDERBIRD SUPPLY COMPANY	c EIN-PN 85-0227746-002
a	Plan name	XGS 401(K)	
b	Name of plan sponsor	XG SCIENCES INC.	c EIN-PN 20-4998896-001
a	Plan name	LEGACY SENIOR LIVING, LLC 401(K) PLAN	
b	Name of plan sponsor	LEGACY SENIOR LIVING, LLC	c EIN-PN 20-5770211-001

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	ABC OF IOWA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ABC OF IOWA	c EIN-PN 42-1029016-001
a	Plan name	ABILITIES FIRST, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-002
a	Plan name	ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-004
a	Plan name	MPRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MPRM, LLC	c EIN-PN 95-4676804-001
a	Plan name	MST FINANCIAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	MST FINANCIAL SOLUTIONS, LLC	c EIN-PN 47-2363345-001
a	Plan name	AIR SYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR SYSTEMS LLC	c EIN-PN 61-1497192-001
a	Plan name	AIR TREK, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	AIR TREK, INC.	c EIN-PN 59-9999998-889
a	Plan name	ASSOCIATIONS OF TEXAS MEP	
b	Name of plan sponsor	OMNIFY RETIREMENT LLC	c EIN-PN 74-1018556-002
a	Plan name	ATLANTIC BINGO SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC BINGO SUPPLY, INC.	c EIN-PN 52-1552308-001
a	Plan name	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name	PETROLEUM MARKETING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACT EQUIPMENT SALES, INC. DBA PETROLEUM MARKETING EQUIPMENT	c EIN-PN 95-4442409-001
a	Plan name	RIV-MIX, LLC 401(K) PLAN	
b	Name of plan sponsor	RIV-MIX, LLC	c EIN-PN 39-1980971-001

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	RIVCRETE READY MIX LLC UNION 401(K) PLAN	
b	Name of plan sponsor	RIVCRETE READY MIX LLC	c EIN-PN 81-3593378-002
a	Plan name	ROGERS & TENBROOK, INC. 401(K) PLAN	
b	Name of plan sponsor	ROGERS & TENBROOK, INC.	c EIN-PN 16-1246036-001
a	Plan name	BRIDGEMAN ART LIBRARY INTERNATIONAL LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIDGEMAN IMAGES	c EIN-PN 13-3947335-001
a	Plan name	BRIGHTON ESCROW, INC. 401(K) PLAN	
b	Name of plan sponsor	BRIGHTON ESCROW, INC.	c EIN-PN 95-2886413-001
a	Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE	c EIN-PN 13-4021585-001
a	Plan name	BUILDERS HARDWARE & SUPPLY CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUILDERS HARDWARE & SUPPLY CO., INC.	c EIN-PN 91-0715362-001
a	Plan name	CIMPAR, S.C. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	CIMPAR S.C.	c EIN-PN 20-3621866-002
a	Plan name	CITY PODIATRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CITY PODIATRY	c EIN-PN 30-0471836-001
a	Plan name	CLARK CONSTRUCTION CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CLARK CONSTRUCTION CORPORATION	c EIN-PN 13-3420684-001
a	Plan name	CLEAR VIEW CONVALESCENT CENTER 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	CLEAR VIEW SANITARIUM	c EIN-PN 95-2078230-002
a	Plan name	SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name	CORE TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CORE TECHNOLOGY SOLUTIONS, INC.	c EIN-PN 57-0918602-001

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 COTTERMAN & COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COTTERMAN & COMPANY, INC.	c EIN-PN 34-1391975-001
a	Plan name SQUARE ENIX, INC. 401(K) PLAN	
b	Name of plan sponsor SQUARE ENIX, INC.	c EIN-PN 91-1442488-001
a	Plan name ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor ST. JOSEPH HOLDINGS, LLC	c EIN-PN 80-0109664-001
a	Plan name EFFINGHAM BUILDERS SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor EFFINGHAM BUILDERS SUPPLY, INC.	c EIN-PN 37-1287109-002
a	Plan name TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP	c EIN-PN 95-4363145-001
a	Plan name TROMBLEY & HANES P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TROMBLEY & HANES, P.A.	c EIN-PN 59-3216127-001
a	Plan name TRUE NORTH HUMAN CAPITAL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRUE NORTH HUMAN CAPITAL, LLC	c EIN-PN 47-4797475-777
a	Plan name TURBO EXCHANGE 401(K) SAVINGS PLAN	
b	Name of plan sponsor TURBO EXCHANGE	c EIN-PN 75-1842998-001
a	Plan name VENERUSO & ACCINELLI PROFIT SHARING PLAN	
b	Name of plan sponsor VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	c EIN-PN 81-3879700-001
a	Plan name FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name FASTENERS ETC., INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FASTENERS ETC., INC.	c EIN-PN 37-1362137-001
a	Plan name FCSC/WALTON COUNTY 401(K) PLAN	
b	Name of plan sponsor FCSC/WALTON COUNTY	c EIN-PN 59-2643266-001

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 GOLDSMITH GALLERY JEWELERS, INC. 401(K) PLAN	
b	Name of plan sponsor GOLDSMITH GALLERY JEWELERS, INC.	c EIN-PN 81-0504056-001
a	Plan name HUNT ENTERPRISES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUNT ENTERPRISES, INC.	c EIN-PN 11-2236013-001
a	Plan name ILMDA 401(K) EMPLOYER PLAN	
b	Name of plan sponsor ILLINOIS LUMBER AND MATERIAL DEALERS ASSOCIATION	c EIN-PN 37-0344130-002
a	Plan name KAUFFMANN & SIMS DENTISTRY 401K PLAN	
b	Name of plan sponsor KAUFFMANN AND SIMS DENTISTRY PLLC	c EIN-PN 85-0670658-001
a	Plan name KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KELLIHER/SAMETS, LTD.	c EIN-PN 03-0270393-001
a	Plan name GREAT AMERICAN TITLE COMPANY 401(K) PLAN	
b	Name of plan sponsor GREAT AMERICAN TITLE OF HOUSTON, LLC DBA GREAT AMERICAN TITLE COMPAN	c EIN-PN 20-5228476-001
a	Plan name GREATER INDIANAPOLIS CHAMBER OF COMMERCE THRIFT AND SAVINGS PLAN	
b	Name of plan sponsor GREATER INDIANAPOLIS CHAMBER OF COMMERCE	c EIN-PN 35-0412920-002
a	Plan name INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor NASHEVE, INC.	c EIN-PN 20-8664693-001
a	Plan name ISLAND PUMP AND TANK, LLC 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor ISLAND PUMP AND TANK, LLC	c EIN-PN 11-2564960-777
a	Plan name KIRT04 PEO RETIREMENT PLAN	
b	Name of plan sponsor KIRT04, INC.	c EIN-PN 45-1965930-001
a	Plan name NATHAN W. MOGREN, D.M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor NATHAN W. MOGREN, D.M.D., P.C.	c EIN-PN 27-1009572-001
a	Plan name AMADEN GAY AGENCIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMADEN GAY AGENCIES, INC.	c EIN-PN 11-2206010-003

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 AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor AMBIOPHARM, INC.	c EIN-PN 22-3940281-222
a	Plan name AMENDED AND RESTATED ORAL SURGERY GROUP, P.A. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor ORAL SURGERY GROUP, P.A.	c EIN-PN 22-1996401-001
a	Plan name NORTHTOWNS CARDIOLOGY, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHTOWNS CARDIOLOGY, PLLC	c EIN-PN 45-1765093-001
a	Plan name ATLANTIC CONCRETE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTIC CONCRETE COMPANY, INC.	c EIN-PN 51-0171445-001
a	Plan name AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name PIEDMONT PEDIATRICS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor PIEDMONT PEDIATRICS, LLC	c EIN-PN 58-1108592-001
a	Plan name PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	c EIN-PN 22-2116608-002
a	Plan name ROSINA FOOD PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ROSINA FOOD PRODUCTS, INC.	c EIN-PN 16-0876738-002
a	Plan name BUTTONWILLOW WAREHOUSE COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUTTONWILLOW WAREHOUSE COMPANY, INC.	c EIN-PN 95-1582925-001
a	Plan name C & M GIANT TIRE, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor C & M GIANT TIRE, LLC	c EIN-PN 61-1372158-001
a	Plan name C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C2RL, INC. ENGINEERS	c EIN-PN 62-1838912-001

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	CLEAR VIEW SANITARIUM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CLEAR VIEW SANITARIUM	c EIN-PN 95-2078230-001
a	Plan name	COLDEN ENTERPRISES INC. 401(K) PLAN	
b	Name of plan sponsor	COLDEN ENTERPRISES INC.	c EIN-PN 16-1094409-001
a	Plan name	COLUMBUS CITIZENS HOUSE INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COLUMBUS CITIZENS HOUSE INC.	c EIN-PN 13-2852037-001
a	Plan name	SK USA, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SK AMERICAS, INC.	c EIN-PN 13-4187356-777
a	Plan name	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	c EIN-PN 45-4813650-001
a	Plan name	SOFTGENETICS, LLC 401(K) PLAN	
b	Name of plan sponsor	SOFTGENETICS, LLC	c EIN-PN 25-1899879-001
a	Plan name	SOURCEPOINTEHR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SOURCEPOINTEHR, LLC	c EIN-PN 26-3800519-001
a	Plan name	SUBURBAN CARDIOLOGY, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SUBURBAN CARDIOLOGY, PC	c EIN-PN 16-1545899-001
a	Plan name	SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor	SUBURBAN PSYCHIATRIC ASSOCIATES LLP	c EIN-PN 16-1492077-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	
b	Name of plan sponsor	SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	c EIN-PN 13-4063379-777
a	Plan name	EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	EPIC HEALTHCARE MANAGEMENT, LLC	c EIN-PN 27-4757579-001
a	Plan name	U.S. SMALL BUSINESS EXCHANGE 401(K) PLAN	
b	Name of plan sponsor	OMNIFY RETIREMENT LLC	c EIN-PN 82-2083836-333

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 U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001
a	Plan name W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W. BRUCE CLARK, M.D., P.C.	c EIN-PN 14-1659231-002
a	Plan name W. J. MAYER & CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor W. J. MAYER & CO.	c EIN-PN 06-1331064-002
a	Plan name W.A. HAMMOND DRIERITE COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor W.A. HAMMOND DRIERITE COMPANY, L.T.D.	c EIN-PN 31-1140535-002
a	Plan name FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK	c EIN-PN 13-5604180-002
a	Plan name AGC SELECT 401(K)	
b	Name of plan sponsor AGC SELECT 401(K)	c EIN-PN 74-0490820-002
a	Plan name B&S ELECTRIC SUPPLY CO., INC. DC PROFIT SHARING PLAN	
b	Name of plan sponsor B&S ELECTRIC SUPPLY CO., INC.	c EIN-PN 58-1278855-001
a	Plan name BALDWINVILLE VILLAGE HARDWARE INC. 401(K) PLAN	
b	Name of plan sponsor BALDWINVILLE VILLAGE HARDWARE INC.	c EIN-PN 16-1185092-001
a	Plan name BEACON HOSPITAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor BEACON HOSPITAL MANAGEMENT, INC.	c EIN-PN 27-3174264-002
a	Plan name COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMMERCIAL SPECIALTY TRUCK HOLDINGS, LLC	c EIN-PN 46-5167460-001
a	Plan name COMSTOCK, CROSSER & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor COMSTOCK, CROSSER & ASSOCIATES DEVELOPMENT COMPANY, LLC	c EIN-PN 95-4665584-001
a	Plan name CONSENSUS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSENSUS INC.	c EIN-PN 95-4236230-001

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 CONSOLIDATED PERSONNEL SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CPS, INC.	c EIN-PN 86-0745045-001
a	Plan name DAY SECKLER LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DAY SECKLER LLP	c EIN-PN 26-2310586-001
a	Plan name DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor DECKER AND BEEBE, INC	c EIN-PN 06-0628355-001
a	Plan name ERC CONCEPTS CO., INC. 401(K) PLAN	
b	Name of plan sponsor ERC CONCEPTS COMPANY	c EIN-PN 77-0344798-002
a	Plan name FLOORING ENVIRONMENT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor FLOORING ENVIRONMENT, INC.	c EIN-PN 20-1919012-001
a	Plan name HANKIN & MAZEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANKIN & MAZEL, PLLC	c EIN-PN 01-0647238-001
a	Plan name JAGRO CUSTOM BROKERS 401(K) PLAN	
b	Name of plan sponsor JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.	c EIN-PN 13-3009245-002
a	Plan name LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor LRS ARCHITECTS, INC.	c EIN-PN 93-1259453-001
a	Plan name NATIONAL RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor NATIONAL RETIREMENT PLAN EXCHANGE	c EIN-PN 45-4813651-001
a	Plan name NEFI	
b	Name of plan sponsor THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	c EIN-PN 04-2078321-001
a	Plan name OHIO VALLEY EYE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor OHIO VALLEY EYE INSTITUTE, P.C.	c EIN-PN 35-1907178-001
a	Plan name POLSINELLO FUELS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor POLSINELLO FUELS, INC.	c EIN-PN 14-1495096-002

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	PPHP RETIREMENT PLAN	
b	Name of plan sponsor	PLANNED PARENTHOOD HUDSON PECONIC, INC.	c EIN-PN 11-2454790-003
a	Plan name	SCHMELING CONSTRUCTION CO. PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHMELING CONSTRUCTION CO.	c EIN-PN 36-2687104-001
a	Plan name	SUCCESS ADVERTISING, INC. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUCCESS ADVERTISING, INC.	c EIN-PN 22-1919260-001
a	Plan name	SWOPE, RODANTE P.A. 401(K) PLAN	
b	Name of plan sponsor	SWOPE, RODANTE P.A.	c EIN-PN 59-2275153-001
a	Plan name	TABNER, RYAN & KENIRY LLP 401(K) PLAN	
b	Name of plan sponsor	TABNER, RYAN & KENIRY LLP	c EIN-PN 14-1402805-001
a	Plan name	TECH TRADING PROFIT SHARING PLAN	
b	Name of plan sponsor	TECH TRADING OF NEW YORK, INC.	c EIN-PN 14-1734227-001
a	Plan name	WELLPOWER UAW LOCAL #2571 401(K) PLAN	
b	Name of plan sponsor	STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-011
a	Plan name	WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST GEORGIA EYE CARE CENTER	c EIN-PN 58-1075293-001
a	Plan name	WEST MIDTOWN MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST MIDTOWN MANAGEMENT GROUP, INC.	c EIN-PN 13-3952613-001
a	Plan name	ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
b	Name of plan sponsor	ANCHORS, SMITH AND GRIMSLEY, P.A.	c EIN-PN 59-1219936-001
a	Plan name	ANCHORSGORDON, P.A., 401(K) PLAN	
b	Name of plan sponsor	ANCHORSGORDON, P.A.	c EIN-PN 20-4084916-001
a	Plan name	ANGELINA COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ANGELINA GROUP, LP	c EIN-PN 20-4299819-001

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 ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	c EIN-PN 95-4887678-001
a	Plan name AOMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A-O-M-S PLLC	c EIN-PN 81-4839752-001
a	Plan name CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CHAMPION SOLUTIONS GROUP, INC.	c EIN-PN 59-2347579-001
a	Plan name FORTUNA ACE HARDWARE & GARDEN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTUNA ACE HARDWARE & GARDEN, INC.	c EIN-PN 20-2925828-001
a	Plan name FRANK EVANS CO. 401(K) PLAN	
b	Name of plan sponsor FRANK EVANS COMPANY, INC.	c EIN-PN 04-2422078-001
a	Plan name FSC ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FSC ARCHITECTS, LLC	c EIN-PN 27-2031552-001
a	Plan name JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor JEFF WILSON POOL SERVICE, INC.	c EIN-PN 59-2596150-001
a	Plan name JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor JETSON TV & APPLIANCE CENTERS, INC.	c EIN-PN 59-1508381-001
a	Plan name MCKINSEY STEEL 401(K) PLAN	
b	Name of plan sponsor MCKINSEY STEEL & SUPPLY OF FLORIDA, INC.	c EIN-PN 59-2293118-001
a	Plan name ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC.	c EIN-PN 54-1247912-001
a	Plan name P & I 401(K) AND PENSION PLAN	
b	Name of plan sponsor PERLITER & INGALSBE	c EIN-PN 95-2124423-003
a	Plan name P&L AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor P&L AUTOMOTIVE	c EIN-PN 41-1437177-001

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 P. A. LEONE & SONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor P. A. LEONE & SONS PLUMBING & HEATING, INC.	c EIN-PN 16-1136830-001
a	Plan name PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name SEIU HEALTHCARE MICHIGAN RETIREMENT PLAN	
b	Name of plan sponsor SEIU HEALTHCARE MICHIGAN	c EIN-PN 01-0897469-001
a	Plan name THE CHATTERJEE MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CHATTERJEE MANAGEMENT COMPANY	c EIN-PN 22-3004767-001
a	Plan name WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001
a	Plan name WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
b	Name of plan sponsor WILLIAM A. SMITH & SON, INC.	c EIN-PN 14-1433702-002
a	Plan name WILLIAM W. LYONS, DDS, P.C., 401(K) PLAN	
b	Name of plan sponsor WILLIAM W. LYONS, DDS, P.C.	c EIN-PN 26-3126437-001
a	Plan name BENSING AVIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BENSING AVIATION, INC.	c EIN-PN 38-3774345-001
a	Plan name HAPPY ROCK MERCHANT SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HAPPY ROCK MERCHANT SOLUTIONS, LLC	c EIN-PN 26-4074545-001
a	Plan name HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor HARRY WARREN, INC.	c EIN-PN 59-1523664-001
a	Plan name MACRI CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor MACRI CONCRETE, INC.	c EIN-PN 25-1823760-001
a	Plan name MACROVEY 401(K) PLAN	
b	Name of plan sponsor MACROVEY, LLC	c EIN-PN 45-5205376-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	MANNHEIMER SWARTLING 401(K) AND RETIREMENT PLAN
b	Name of plan sponsor	MANNHEIMER SWARTLING
c	EIN-PN	13-3593468-777
a	Plan name	PREMIER HOUSING MANAGEMENT 401(K) PLAN
b	Name of plan sponsor	PREMIER HOUSING MANAGEMENT, LLC
c	EIN-PN	27-3531707-001
a	Plan name	TECH VALLEY TALENT LLC 401(K) PLAN
b	Name of plan sponsor	TECH VALLEY TALENT LLC
c	EIN-PN	26-2582540-001
a	Plan name	TEXO MEMBERS 401(K) PLAN
b	Name of plan sponsor	TEXO ABC/AGC, INC.
c	EIN-PN	32-0274111-002
a	Plan name	THE ARGENT WEALTH PEP
b	Name of plan sponsor	ASSOCIATED GENERAL CONTRACTORS OF MISSISSIPPI
c	EIN-PN	64-0324725-001
a	Plan name	PS 260, INC. RETIREMENT PLAN
b	Name of plan sponsor	PS 260, INC.
c	EIN-PN	13-3413729-777
a	Plan name	QSCS OF NY, INC. THRIFT INCENTIVE PLAN
b	Name of plan sponsor	QSCS OF NY, INC.
c	EIN-PN	13-4083074-001
a	Plan name	QUALITY PAYROLL & BENEFITS 401(K) PLAN
b	Name of plan sponsor	QUALITY PAYROLL & BENEFITS
c	EIN-PN	35-2175330-001
a	Plan name	RACK/T&R WELDING 401(K) RETIREMENT PLAN
b	Name of plan sponsor	RACK PROCESSING COMPANY
c	EIN-PN	31-0535048-002
a	Plan name	THE MCLEOD COMPANIES 401(K) PLAN
b	Name of plan sponsor	MCLEOD EXPRESS, LLC
c	EIN-PN	35-2156793-222
a	Plan name	THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST
b	Name of plan sponsor	WMOG, INC.
c	EIN-PN	34-1133357-003
a	Plan name	THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN
b	Name of plan sponsor	POWER DOOR PRODUCTS, INC.
c	EIN-PN	13-2746069-001

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 DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DURHAM CONSTRUCTION COMPANY, INC.	c EIN-PN 02-0642097-001
a	Plan name HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SONGY HIGHROADS, LLC	c EIN-PN 45-4485594-001
a	Plan name HOFFMAN FORDLAND 401(K) SAVINGS PLAN	
b	Name of plan sponsor HOFFMAN FORD SALES, INC.	c EIN-PN 23-1477451-003
a	Plan name MEDICALERT 401(K) PLAN	
b	Name of plan sponsor MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a	Plan name BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BOSS COMMUNICATION TECHNOLOGIES, INC.	c EIN-PN 99-0259632-001
a	Plan name BOSTER, KOBAYASHI 401(K) PLAN	
b	Name of plan sponsor BOSTER, KOBAYASHI & ASSOCIATES	c EIN-PN 94-2746874-001
a	Plan name EAST COAST TILE IMPORTS, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor EAST COAST TILE IMPORTS, INC	c EIN-PN 04-2730786-001
a	Plan name EASYCARE 401(K) PLAN	
b	Name of plan sponsor MCGRAYEL COMPANY INC.	c EIN-PN 77-0380138-001
a	Plan name HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC) PROFIT SHARING PLAN	
b	Name of plan sponsor HOUMA SURGI-CENTER & UROLOGY CLINIC (AMC)	c EIN-PN 72-0846620-001
a	Plan name HS1 MEDICAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor HS1 MEDICAL MANAGEMENT, INC.	c EIN-PN 65-0622851-001
a	Plan name MILLENNIUM TECHNOLOGIES, LLC RETIREMENT READINESS PLAN	
b	Name of plan sponsor MILLENNIUM TECHNOLOGIES, LLC	c EIN-PN 39-1895415-001
a	Plan name MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MISSISSIPPI MARINE CORPORATION	c EIN-PN 64-0524327-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS BALANCED RET ACCT	B Three-digit plan number (PN) 228
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	168882947
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	197542164
(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	168882947	197542164
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	168882946	197542163

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)	24834946	
(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		24834946

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		24834946
l Transfers of assets:			
(1) To this plan.....	2l(1)		41753307
(2) From this plan	2l(2)		37929036

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 _____.