

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110
1210-0089

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 GROWTH FUND OF AMERICA RET ACCT
1b Three-digit plan number (PN): 246
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.

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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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.**

OMB No. 1210-0110

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 <u>AMERICAN FUNDS GROWTH FUND OF AMERICA RET ACCT</u>		B Three-digit plan number (PN) ▶ <u>246</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)

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)
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)

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 AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
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 ARC ENVIRONMENTAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ARC ENVIRONMENTAL, LLC	c EIN-PN 52-1905017-001
a	Plan name ARETE DENTAL EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor ARETE DENTAL DBA NORTH HILLS DENTAL GROUP	c EIN-PN 46-5063631-001
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 K.A. HAMILTON & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor K.A. HAMILTON & ASSOCIATES	c EIN-PN 25-1552792-001
a	Plan name MORELAND DEALERSHIPS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRAND AUTO INC.	c EIN-PN 84-1120772-003
a	Plan name MORTENSEN FUNERAL HOME, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor MORTENSEN FUNERAL HOME, INC.	c EIN-PN 38-2420931-002
a	Plan name PAMPALONE INSURANCE AGENCY PROFIT SHARING PLAN	
b	Name of plan sponsor PAMPALONE INSURANCE AGENCY	c EIN-PN 35-0958304-001
a	Plan name PARK EAST CARDIOLOGY ASSOCIATES, P.C. SAVINGS PLAN	
b	Name of plan sponsor PARK EAST CARDIOLOGY ASSOCIATES, P.C.	c EIN-PN 11-2920020-001
a	Plan name PATCH HAWAII 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PATCH HAWAII	c EIN-PN 99-0167464-001
a	Plan name PEDIATRIC MEDICINE, PLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PEDIATRIC MEDICINE, PLC	c EIN-PN 03-0230997-001

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	SENDROFF & BARUCH, LLP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	SENDROFF & BARUCH, LLP
c	EIN-PN	20-5934154-001
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	TIME STRIPING, INC. 401K
b	Name of plan sponsor	TIME STRIPING, INC.
c	EIN-PN	71-0669392-333
a	Plan name	TKNG TRANSPORTATION, INC. 401(K) PLAN
b	Name of plan sponsor	TKNG TRANSPORTATION, INC.
c	EIN-PN	20-8626215-001
a	Plan name	ZAUDERER ASSOCIATES, INC. 401(K) PLAN
b	Name of plan sponsor	ZAUDERER ASSOCIATES, INC.
c	EIN-PN	13-1820511-001
a	Plan name	LAW OFFICE OF MARK A. VICKNESS 401K PLAN
b	Name of plan sponsor	LAW OFFICE OF MARK A. VICKNESS
c	EIN-PN	86-1126683-001
a	Plan name	401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP
b	Name of plan sponsor	C12 CAPITAL MANAGEMENT US LP
c	EIN-PN	27-0582841-001
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	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	ALH 401(K) PLAN
b	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.
c	EIN-PN	75-1407510-001
a	Plan name	ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	ALL IN THE FAMILY DENTAL
c	EIN-PN	35-1399233-001

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 ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor ALLEGRO CONSULTANTS, INC.	c EIN-PN 94-2932628-002
a	Plan name ARTHUR R. GREN CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARTHUR R. GREN CO., INC.	c EIN-PN 16-0777488-777
a	Plan name ASSOCIATION HOUSE OF CHICAGO 401(K) SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATION HOUSE OF CHICAGO	c EIN-PN 36-2166961-001
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 RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
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 BRANNON LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRANNON LAW FIRM	c EIN-PN 85-2740348-002
a	Plan name BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor BUCKLES-SMITH ELECTRIC COMPANY	c EIN-PN 94-1460248-003
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 SHULMAN & MILLER PEDIATRIC DENTISTRY & ORTHODONTICS, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHULMAN & MILLER PEDIATRIC DENTISTRY & ORTHODONTICS, PC	c EIN-PN 11-3555475-001
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	SPURLIN & SPURLIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPURLIN & SPURLIN, LLC	c EIN-PN 58-2666339-001
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	STEPHEN PERLITSH, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	STEPHEN M. PERLITSH, P.C.	c EIN-PN 13-3805593-001
a	Plan name	STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STONE INSURANCE, INC.	c EIN-PN 72-0799511-001
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	ELECTRIPACK, INC. 401(K) PLAN	
b	Name of plan sponsor	ELECTRIPACK, INC.	c EIN-PN 37-1440638-001
a	Plan name	EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor	EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
a	Plan name	TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY MANAGEMENT GROUP, LLC	c EIN-PN 06-1799100-001
a	Plan name	VENPRO COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	VENTILATION SPECIALTIES GROUP, INC. DBA VENPRO COMPANY	c EIN-PN 01-0817395-001
a	Plan name	VINCO, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	VINCO, INC.	c EIN-PN 41-1874693-001
a	Plan name	VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINERIPE SALES, LLC	c EIN-PN 46-2080161-001
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

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	FARMERS COOPERATIVE ALMOND HULLER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FARMERS COOPERATIVE ALMOND HULLER, INC.	c EIN-PN 95-3695231-001
a	Plan name	FCSC/WALTON COUNTY 401(K) PLAN	
b	Name of plan sponsor	FCSC/WALTON COUNTY	c EIN-PN 59-2643266-001
a	Plan name	GILCHRIST TINGLEY, P.C. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	GILCHRIST TINGLEY, P.C.	c EIN-PN 10-0001062-002
a	Plan name	ILLINOIS INTERNATIONAL TRAVEL, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor	ILLINOIS INTERNATIONAL TRAVEL, LTD.	c EIN-PN 36-2957959-001
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	INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	INNOVANT, INC.	c EIN-PN 45-0499207-001
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	GPDDC, LLC 401 (K) PLAN	
b	Name of plan sponsor	GRAMERCY PARK DIGESTIVE DISEASE CENTER, LLC	c EIN-PN 04-3769350-001
a	Plan name	GRAVES MCLAIN PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GRAVES MCLAIN PLLC	c EIN-PN 27-3216591-001
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	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001
a	Plan name	LOCAL UNION 18, IBEW 401(K) PLAN	
b	Name of plan sponsor	LOCAL UNION 18, IBEW	c EIN-PN 95-0865960-001

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 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 NMS PROPERTY SERVICES CORP. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor NMS PROPERTY SERVICES CORPORATION	c EIN-PN 95-4848549-001
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 AVISTON LUMBER CO. 401(K) PLAN	
b	Name of plan sponsor AVISTON LUMBER CO.	c EIN-PN 37-0859839-003
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
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 C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name C2RL, INC. ENGINEERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C2RL, INC. ENGINEERS	c EIN-PN 62-1838912-001
a	Plan name CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CLEARPATH WORKFORCE MANAGEMENT, INC.	c EIN-PN 94-3374899-001
a	Plan name COLDEN ENTERPRISES INC. 401(K) PLAN	
b	Name of plan sponsor COLDEN ENTERPRISES INC.	c EIN-PN 16-1094409-001

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	SOURCEPOINTEHR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SOURCEPOINTEHR, LLC	c EIN-PN 26-3800519-001
a	Plan name	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CROWN CRAFTS, INC.	c EIN-PN 58-0678148-002
a	Plan name	STONY POINT DENTAL, PC	
b	Name of plan sponsor	STONY POINT DENTAL, PC	c EIN-PN 27-2392177-002
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	EMPLOYERS RESOURCE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYERS RESOURCE	c EIN-PN 33-0688056-002
a	Plan name	ENVIRONET SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ENVIRONET SYSTEMS, LLC	c EIN-PN 13-3851048-001
a	Plan name	EO TECHNICAL SOLUTIONS RETIREMENT TRUST	
b	Name of plan sponsor	EO TECHNICAL SOLUTIONS LLC	c EIN-PN 80-0517205-001
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. 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	U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
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.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

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	FIGLIOZZI & COMPANY PC PROFIT SHARING PLAN	
b	Name of plan sponsor	FIGLIOZZI & COMPANY, PC	c EIN-PN 11-2924109-001
a	Plan name	ADVANCED HEALTH INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCED HEALTH INC.	c EIN-PN 82-4473439-001
a	Plan name	AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor	SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name	AMERICANA, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICANA, LLC DBA BERKSHIRE HATHAWAY HOMESERVICES	c EIN-PN 88-0159433-001
a	Plan name	CATSKILL MOUNTAINKEEPER INC. 401(K) PLAN	
b	Name of plan sponsor	CATSKILL MOUNTAIN KEEPER INC.	c EIN-PN 51-0583769-001
a	Plan name	CONFIDENCE PLUMBING COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	CONFIDENCE PLUMBING COMPANY, INC.	c EIN-PN 84-1073735-001
a	Plan name	DEBRINO CAULKING ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	DEBRINO CAULKING ASSOCIATES, INC.	c EIN-PN 14-1588127-001
a	Plan name	EVERGREEN INFORMATION TECHNOLOGY SERVICES, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EVERGREEN TECHNOLOGY	c EIN-PN 52-2258038-001
a	Plan name	EXOTIC FASTENERS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	EXOTIC FASTENERS, INC.	c EIN-PN 46-1551899-001
a	Plan name	FLASH RAISE FUNDING 401(K) PLAN	
b	Name of plan sponsor	FLASH RAISE FUNDING, LLC	c EIN-PN 87-2600294-001
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	FLOW-FX PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	c EIN-PN 37-1650185-001

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 GUARDIAN ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GUARDIAN ENVIRONMENTAL SERVICES, INC.	c EIN-PN 38-2513074-001
a	Plan name HABITAT FOR HUMANITY NEW CASTLE COUNTY 401(K) PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY NEW CASTLE COUNTY	c EIN-PN 51-0294138-001
a	Plan name HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PL	c EIN-PN 33-0416470-222
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 LA MADE CREATIVE 401(K) PLAN	
b	Name of plan sponsor LA MADE CREATIVE, INC.	c EIN-PN 47-1699482-001
a	Plan name LAUNCHPOINT PEO INC. 401(K) PLAN	
b	Name of plan sponsor SUBSIDIUM INC.	c EIN-PN 31-1807891-222
a	Plan name LUMINUS DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor LUMINUS DIAGNOSTICS, LLC	c EIN-PN 45-4133635-001
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 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 OHMEGA SOLENOID & ZENITH SCREW RETIREMENT PLAN	
b	Name of plan sponsor OHMEGA SOLENOID	c EIN-PN 95-2498276-001
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)	
<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	POQUET AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	POQUET AUTO SALES, INC.	c EIN-PN 41-1888983-001
a	Plan name	PORT 401(K) PLAN	
b	Name of plan sponsor	THE PORT GROUP	c EIN-PN 11-2145400-001
a	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SBARRO, INC.	c EIN-PN 11-2501939-001
a	Plan name	SC RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
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	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	TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TARBELL MANAGEMENT GROUP, LLC	c EIN-PN 27-3567818-002
a	Plan name	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANAN FAIDI MD, INC.	c EIN-PN 68-0285302-001
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	ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
b	Name of plan sponsor	ANDERSON, JULIAN & HULL, LLP	c EIN-PN 82-0504369-001
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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL PAPER STOCK CO., INC	c EIN-PN 43-1234352-001
a	Plan name	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a	Plan name	CETEK, INC. 401(K) PLAN	
b	Name of plan sponsor	CETEK, INC.	c EIN-PN 42-1514155-001
a	Plan name	DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	DOCTOR & ASSOCIATES	c EIN-PN 06-0857902-001
a	Plan name	DOCUNEST EGG 401(K) PLAN	
b	Name of plan sponsor	DOCUNET	c EIN-PN 41-1727273-001
a	Plan name	FOSTER/PREMIER, INC. 401(K) PLAN	
b	Name of plan sponsor	FOSTER/PREMIER, INC.	c EIN-PN 36-4139399-001
a	Plan name	FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor	FOUTZ & BURSUM CONSTRUCTION CO., INC.	c EIN-PN 85-0115169-002
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	JIFRAM EXTRUSIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JIFRAM EXTRUSIONS, INC.	c EIN-PN 39-1388044-001
a	Plan name	JIM BOWDEN, D.D.S., P.A. 401(K) PLAN	
b	Name of plan sponsor	JIM BOWDEN, D.D.S., P.A.	c EIN-PN 74-2603277-001

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 MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor MARQUEZ BROTHERS INTERNATIONAL, INC	c EIN-PN 94-2789431-889
a	Plan name MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MASTODON DESIGN, LLC	c EIN-PN 46-3846727-001
a	Plan name MAVERICK SOFTWARE CONSULTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAVERICK SOFTWARE CONSULTING	c EIN-PN 41-1979904-001
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 SCHULTZ FORD LINCOLN MERCURY INC. & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor SCHULTZ FORD LINCOLN MERCURY INC.	c EIN-PN 13-1730338-001
a	Plan name THE ECRM CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EFFICIENT COLLABORATIVE RETAIL MARKETING COMPANY DBA ECRM	c EIN-PN 34-1752681-001
a	Plan name THE HRB GROUP 401(K) PLAN	
b	Name of plan sponsor PRAZAK & ASSOCIATES, LLC	c EIN-PN 81-4386443-201
a	Plan name THE LAW OFFICES OF VINCENT TOOMEY, ESQ. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE LAW OFFICES OF VINCENT TOOMEY, ESQ.	c EIN-PN 11-3039057-001
a	Plan name WILDER AUTO RETIREMENT PLAN	
b	Name of plan sponsor WILDER AUTO GROUP, INC. DBA WILDER TOYOTA	c EIN-PN 91-1130065-001
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

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	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	BETTINGER CO., INC. 401(K) PLAN	
b	Name of plan sponsor	BETTINGER CO., INC.	c EIN-PN 23-2536584-001
a	Plan name	DELTA-RAY INDUSTRIES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DELTA-RAY INDUSTRIES, INC.	c EIN-PN 06-1547159-001
a	Plan name	DENNY MACHINE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DENNY MACHINE, LLC	c EIN-PN 92-1449880-003
a	Plan name	HARDIN CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor	HARDIN CONSTRUCTION COMPANY	c EIN-PN 72-1279212-001
a	Plan name	HARRY WARREN OF GEORGIA 401(K) PLAN	
b	Name of plan sponsor	MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	c EIN-PN 65-1179808-001
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	PROVIDENCE CATHOLIC SCHOOL 401(K) PLAN	
b	Name of plan sponsor	PROVIDENCE CATHOLIC SCHOOL, INC.	c EIN-PN 74-1222275-001
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	PS 260, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PS 260, INC.	c EIN-PN 13-3413729-777
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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor POWER DOOR PRODUCTS, INC.	c EIN-PN 13-2746069-001
a	Plan name BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BK MILL & FIXTURES	c EIN-PN 94-2366234-001
a	Plan name BLAU PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor BLAU PLUMBING, INC.	c EIN-PN 39-1031201-002
a	Plan name DUKE MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor LS INVESTMENT GROUP LLC DBA DUKE MANUFACTURING	c EIN-PN 20-5110012-002
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 MEHRAN FOTOVATJAH, DDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MEHRAN FOTOVATJAH, DDS, INC.	c EIN-PN 77-0516617-002
a	Plan name MICHAEL'S / MFH, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MICHAEL'S / MFH, INC.	c EIN-PN 31-1117594-001
a	Plan name EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EASTERN ARMORED SERVICES, INC.	c EIN-PN 22-3193394-001
a	Plan name EASYCARE 401(K) PLAN	
b	Name of plan sponsor MCGRAYEL COMPANY INC.	c EIN-PN 77-0380138-001
a	Plan name HOME CARE SENIOR SERVICES 401(K) PLAN	
b	Name of plan sponsor HOME CARE SENIOR SERVICES	c EIN-PN 27-2041025-001
a	Plan name HR, INC. DBA SIMPLE HR 401(K) PLAN	
b	Name of plan sponsor HR, INC. DBA SIMPLE HR	c EIN-PN 81-0583874-333
a	Plan name HRBENEFIX 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE MMGK HOLDING GROUP LLC DBA HR BENEFIX	c EIN-PN 27-4391628-001

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 GROWTH FUND OF AMERICA RET ACCT	B Three-digit plan number (PN) ▶ 246
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38795749
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	40265212
(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	38795749	40265212
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	38795749	40265211

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)	9916090	
(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		9916090

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		9916090
l Transfers of assets:			
(1) To this plan.....	2l(1)		1907498
(2) From this plan	2l(2)		10354126

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 _____.