

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: MORGAN STANLEY GROWTH RET ACCT
1b Three-digit plan number (PN): 305
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) <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>MORGAN STANLEY GROWTH RET ACCT</u>	B Three-digit plan number (PN)	<u>▶</u> <u>305</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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b Name of sponsor of entity listed in (a):

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ASSOCIATED BUILDERS AND CONTRACTORS, INC. UTAH CHAPTER MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor ASSOCIATED BUILDERS AND CONTRACTORS, INC. - UTAH CHAPTER	c EIN-PN 87-0343604-333
a	Plan name IR-G 401(K) RETIREMENT READINESS PLAN	
b	Name of plan sponsor D & M INDUSTRIES, INC.	c EIN-PN 62-1393238-001
a	Plan name RTL CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor RTL CONSTRUCTION, INC.	c EIN-PN 41-1735902-001
a	Plan name GROWING GENERATIONS 401(K) PLAN	
b	Name of plan sponsor GROWING GENERATIONS	c EIN-PN 95-4619204-001
a	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name V & A INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor V & A INC.	c EIN-PN 26-3968624-001
a	Plan name NEWTOWN VETERINARY CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor NEWTOWN VETERINARY CLINIC, INC.	c EIN-PN 99-0210112-002
a	Plan name FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FACILITIES ENGINEERING ASSOCIATES, PC	c EIN-PN 26-1542141-001
a	Plan name MASSUMI + CONSOLI LLP 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-001
a	Plan name MASSUMI + CONSOLI LLP EQUITY PARTNERS RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-002
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 MERCER THOMPSON LLC 401(K) PLAN	
b	Name of plan sponsor MERCER THOMPSON LLC	c EIN-PN 27-0253380-222

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 MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor MERCER THOMPSON LLC	c EIN-PN 27-0253380-777
a	Plan name BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor BEST CONTRACTING SERVICES, INC.	c EIN-PN 95-3781209-001
a	Plan name DIRECT A/V 401K PLAN	
b	Name of plan sponsor DIRECT A/V	c EIN-PN 95-4735867-003
a	Plan name MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MAUER CHEVROLET	c EIN-PN 26-4600875-777
a	Plan name MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP	c EIN-PN 11-3481599-001
a	Plan name PAKLAB 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PAKLAB	c EIN-PN 95-4109799-001
a	Plan name PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PROVEN PARTNERS MANUFACTURING	c EIN-PN 20-2145505-001
a	Plan name SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUPERIOR STEEL PRODUCTS, INC.	c EIN-PN 82-0484250-001
a	Plan name INSTITUTE FOR EDUCATIONAL ACHIEVEMENT 401(K) PLAN	
b	Name of plan sponsor INSTITUTE FOR EDUCATIONAL ACHIEVEMENT	c EIN-PN 22-3391706-001
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 ARGONNE LUMBER & SUPPLY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARGONNE LUMBER & SUPPLY, INC.	c EIN-PN 39-1843557-001
a	Plan name CHAMPION WIRE AND CABLE 401(K) PLAN	
b	Name of plan sponsor CHAMPION WIRE AND CABLE LLC	c EIN-PN 11-3253340-001

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	FSP POWERTEK, INC. 401(K) PLAN	
b	Name of plan sponsor	FSP POWERTEK, INC.	c EIN-PN 45-4614696-001
a	Plan name	FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FULL SERVICE CONTRACTING, INC.	c EIN-PN 11-2601825-001
a	Plan name	FURNITURE MARKETING GROUP, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	FMG, INC.	c EIN-PN 75-1774792-001
a	Plan name	GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	c EIN-PN 58-1500550-002
a	Plan name	JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JOE TANNER & ASSOCIATES, INC.	c EIN-PN 58-2339665-001
a	Plan name	JORGE L. GARDYN MD FACP PC RETIREMENT PLAN	
b	Name of plan sponsor	JORGE L. GARDYN, MD, FAC	c EIN-PN 11-3277614-001
a	Plan name	JUST A BUCK RETIREMENT PLAN	
b	Name of plan sponsor	STROBO, INC.	c EIN-PN 06-1336200-001
a	Plan name	MOORE & JACKSON, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MOORE & JACKSON, LLC	c EIN-PN 52-2336032-001
a	Plan name	PBC INDUSTRIAL SUPPLIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PBC INDUSTRIAL SUPPLIES, INC.	c EIN-PN 72-0833717-001
a	Plan name	PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEACHTREE PARK PEDIATRICS, LLP	c EIN-PN 58-0966853-001
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	LAW OFFICES OF TRAVIS GAGNIER, INC. P.S. RETIREMENT TRUST	
b	Name of plan sponsor	LAW OFFICES OF TRAVIS GAGNIER, INC. P.S.	c EIN-PN 91-1904079-001

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	LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVITT & BOCCIO, LLP	c EIN-PN 47-2210945-001
a	Plan name	4AP HOLDINGS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	4AP HOLDINGS INC.	c EIN-PN 93-2433840-222
a	Plan name	ALLERGY ASTHMA & CHEST CLINIC 401(K) PLAN	
b	Name of plan sponsor	ABRAHAM CHERIYAN, M.D., P.A.	c EIN-PN 75-2936387-001
a	Plan name	ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLEVITY, INC.	c EIN-PN 94-2264491-001
a	Plan name	NIAGARA LUBRICANT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	NIAGARA LUBRICANT COMPANY, INC.	c EIN-PN 16-0570580-001
a	Plan name	AT DAWN RETIREMENT PLAN	
b	Name of plan sponsor	AT DAWN	c EIN-PN 13-4132349-001
a	Plan name	PETROSKE RIEZENMAN & MEYERS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PETROSKE RIEZENMAN & MEYERS, P.C.	c EIN-PN 20-0584514-001
a	Plan name	PHI RETIREMENT PLAN	
b	Name of plan sponsor	PARAPROFESSIONAL HEALTHCARE INSTITUTE	c EIN-PN 13-3575492-001
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	SILC-NAKFOOR RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	JENNIFER T. SILC DDS MS, LTD.	c EIN-PN 85-1209970-001
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
a	Plan name	CORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor	CORTECH, LLC	c EIN-PN 58-2449456-001

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 EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor OPPENHEIMER & CO., INC.	c EIN-PN 11-2945779-001
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 VALENTE YEAST COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALENTE YEAST COMPANY, INC.	c EIN-PN 11-2437305-001
a	Plan name VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	c EIN-PN 94-2461685-003
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 FC 401(K) PLAN	
b	Name of plan sponsor FORMATION CAPITAL, LLC	c EIN-PN 23-2986268-001
a	Plan name FCBI 401(K) PLAN	
b	Name of plan sponsor FOOTHILLS COMMERCIAL BUILDERS, INC.	c EIN-PN 84-1150396-222
a	Plan name HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001
a	Plan name KIMBERLITE 401(K) PLAN	
b	Name of plan sponsor KIMBERLITE CORPORATION	c EIN-PN 77-0444505-001
a	Plan name KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001

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 KINNEY MANAGEMENT SERVICES, LLC 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor KINNEY MANAGEMENT SERVICES, LLC	c EIN-PN 56-2620013-002
a	Plan name KOVACS SECURITY SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor KOVACS SECURITY SYSTEMS INC	c EIN-PN 11-2806156-001
a	Plan name LIVING CARE LIFESTYLES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILLENNIUM ADVISORS, INC. DBA LIVING CARE LIFESTYLES	c EIN-PN 91-1644545-001
a	Plan name LOVEJOY CONTROLS CORPORATION EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor LOVEJOY CONTROLS CORPORATION	c EIN-PN 39-1297009-001
a	Plan name ACADIA HR MEP	
b	Name of plan sponsor HUDSON VALLEY STAFF, LTD. DBA ACADIA HR	c EIN-PN 14-1725479-001
a	Plan name NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NASSAU SHORES AUTOMOTIVE INC.	c EIN-PN 11-3146542-001
a	Plan name ALPHARETTA CONVENTION & VISITORS BUREAU 401(K) PLAN	
b	Name of plan sponsor ALPHARETTA CONVENTION & VISITORS BUREAU	c EIN-PN 58-2418260-001
a	Plan name NORTHSIDE ELECTRIC 401(K) PLAN	
b	Name of plan sponsor NORTHSIDE ELECTRIC, INC.	c EIN-PN 72-0633686-001
a	Plan name AVAILABILITY PROFESSIONAL STAFFING, LLC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AVAILABILITY PROFESSIONAL STAFFING, LLC	c EIN-PN 77-0266989-001
a	Plan name S & S INDUSTRIAL SUPPLY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor S & S INDUSTRIAL SUPPLY, INC.	c EIN-PN 38-1914712-001
a	Plan name SAINT COLMAN'S HOME, INC. 401(K) PLAN	
b	Name of plan sponsor SAINT COLMAN'S HOME, INC.	c EIN-PN 14-1338501-001
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	CLUB CARE, INC. RETIREMENT PLAN	
b	Name of plan sponsor	CLUB CARE, INC.	c EIN-PN 11-3106265-001
a	Plan name	COMMERCIAL ENERGY 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL ENERGY OF MONTANA, INC.	c EIN-PN 84-1413218-002
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	CROWN PACKAGING CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	CROWN PACKAGING CORPORATION	c EIN-PN 31-0743880-001
a	Plan name	CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRUICKSHANK, INC.	c EIN-PN 58-1409679-001
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	VOICES FOR INTERNATIONAL BUSINESS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	VOICES FOR INTERNATIONAL BUSINESS AND EDUCATION	c EIN-PN 27-0649868-001
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	WALTER'S WEST END SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor	WALTER'S WEST END SUPPLY, INC.	c EIN-PN 11-2909455-001
a	Plan name	ADVANCE VALVE INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCE VALVE INC.	c EIN-PN 43-1040049-002

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	AGS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AGS SERVICES, LLC	c EIN-PN 83-2603713-001
a	Plan name	AMERICAN FEDERATION OF MUSICIANS OF THE UNITED STATES AND CANADA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AMERICAN FEDERATION OF MUSICIANS	c EIN-PN 22-1476432-001
a	Plan name	B.E.R. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	B.E.R. REFRIGERATION, HEATING & COOLING, INC.	c EIN-PN 38-2862985-001
a	Plan name	CAM 401(K) PLAN	
b	Name of plan sponsor	C&A MACHINE AND REPAIR SERVICE	c EIN-PN 74-1915871-001
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	DAVIS, BENGTON & YOUNG, APLC 401(K) PLAN & TRUST	
b	Name of plan sponsor	DAVIS, BENGTON & YOUNG, APLC	c EIN-PN 27-0646365-001
a	Plan name	DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name	FORESIGHT WEST SURVEYING, INC. 401(K) PLAN	
b	Name of plan sponsor	FORESIGHT WEST SURVEYING, INC.	c EIN-PN 84-0945722-001
a	Plan name	HALVORSEN DEVELOPMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	HALVORSEN DEVELOPMENT CORPORATION	c EIN-PN 65-0445337-001
a	Plan name	HAND INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	THE MINIMALLY INVASIVE HAND INSTITUTE	c EIN-PN 27-1952351-001
a	Plan name	ISLAND SURGICAL PROFIT SHARING PLAN	
b	Name of plan sponsor	ISLAND SURGICAL AND VASCULAR GROUP P.C.	c EIN-PN 11-2232585-005
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

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 KRUSE & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor KRUSE & ASSOCIATES, INC.	c EIN-PN 73-1444019-001
a	Plan name LA PALOMA 401(K) PLAN	
b	Name of plan sponsor LA PALOMA FUNERAL SERVICES	c EIN-PN 26-0296007-001
a	Plan name LAKHANI & JORDAN PC 401(K) PLAN	
b	Name of plan sponsor LAKHANI & JORDAN ENGINEERS, P.C.	c EIN-PN 13-3695218-003
a	Plan name LASTING IMAGE PROMOTIONAL PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LASTING IMAGE PROMOTIONAL PRODUCTS CO.	c EIN-PN 23-2872152-001
a	Plan name LTI 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LABEL TECHNOLOGIES, INC.	c EIN-PN 39-1627601-001
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 M&J ELECTRICAL CONTRACTORS CORP. 401(K) PLAN	
b	Name of plan sponsor M&J ELECTRICAL CONTRACTORS CORP.	c EIN-PN 11-3128856-001
a	Plan name NEW CARLTON REHAB & NURSING 401(K) PLAN	
b	Name of plan sponsor NEW CARLTON REHAB & NURSING CENTER, LLC	c EIN-PN 83-0363137-001
a	Plan name PNB REMITTANCE CENTERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PNB REMITTANCE CENTERS INC.	c EIN-PN 94-3136317-001
a	Plan name SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SALINAS MANAGEMENT, LLC	c EIN-PN 45-4187623-001
a	Plan name SC RETIREMENT PLAN	
b	Name of plan sponsor SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
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

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	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	ANN M. HASHITATE, D.D.S., INC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ANN HASHITATE, D.D.S. INC.	c EIN-PN 20-3665963-001
a	Plan name	CENTRAL STAFF SERVICES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CENTRAL STAFF SERVICES, INC.	c EIN-PN 11-3586360-222
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	CES GROUP 401(K) PLAN	
b	Name of plan sponsor	CES GROUP DBA CES, ERG AND NOVACOM	c EIN-PN 52-2356815-001
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	DIXON A.C. & R. CORPORATION 401(K) PLAN	
b	Name of plan sponsor	DIXON A.C. & R. CORPORATION	c EIN-PN 24-0830389-001
a	Plan name	FORTRON/SOURCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FORTRON/SOURCE CORPORATION	c EIN-PN 94-2912689-001
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	JMARK BUSINESS SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	JMARK BUSINESS SOLUTIONS, INC.	c EIN-PN 43-1918976-001
a	Plan name	MARAN, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARAN, INC.	c EIN-PN 94-2444640-777

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 MAYNARD & PAQUETTE ENGINEERING 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MAYNARD & PAQUETTE ENGINEERING ASSOCIATES, LLC	c EIN-PN 02-0495572-001
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 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 SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	c EIN-PN 99-0268773-001
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 SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor SELECTRODE INDUSTRIES, INC.	c EIN-PN 11-2677850-002
a	Plan name THE COUVILLION GROUP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE COUVILLION GROUP	c EIN-PN 20-2983099-001
a	Plan name THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE GEHR GROUP, INC.	c EIN-PN 80-0822974-001
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 BERK EYE CARE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BERK EYE CARE CENTER	c EIN-PN 31-1261693-001
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 PRESCOTT PERIODONTICS & IMPLANT DENTISTRY, PLLC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor PRESCOTT PERIODONTICS & IMPLANT DENTISTRY, PLLC	c EIN-PN 68-0511997-001

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	PRIORITY WORKFORCE 401(K) PLAN	
b	Name of plan sponsor	PRIORITY WORKFORCE, INC.	c EIN-PN 46-3798807-001
a	Plan name	PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001
a	Plan name	PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001
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	PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PURPLE ONION	c EIN-PN 39-1649217-001
a	Plan name	QUADRANT MANAGEMENT, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	QUADRANT MANAGEMENT, LLC	c EIN-PN 95-2841597-001
a	Plan name	R.C.I. PLBG INC. 401(K) PLAN	
b	Name of plan sponsor	R.C.I. PLBG INC.	c EIN-PN 45-2239899-001
a	Plan name	DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DOXON, LLC	c EIN-PN 20-8038249-001
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	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name	MERCER THOMPSON LLC 401(K) PLAN	
b	Name of plan sponsor	MERCER THOMPSON LLC	c EIN-PN 27-0253380-222
a	Plan name	MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor	MERCER THOMPSON LLC	c EIN-PN 27-0253380-777

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 BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor BRAHMAN CAPITAL	c EIN-PN 13-3542470-001
a	Plan name EARLYBIRDCAPITAL, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor EARLYBIRDCAPITAL, INC.	c EIN-PN 65-0379410-001
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 HOUSTON MEDICAL CONSULTANTS PC 401(K) PLAN	
b	Name of plan sponsor HOUSTON MEDICAL CONSULTANTS PC	c EIN-PN 46-0754581-001
a	Plan name MINA METALS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor MINA METALS COMPANY, INC.	c EIN-PN 94-2771327-001
a	Plan name RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RENOWN TAG AND LABEL, INC.	c EIN-PN 11-2530597-001
a	Plan name THE SINCLAIR GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE SINCLAIR GROUP, INC.	c EIN-PN 59-3269797-001
a	Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN
a	Plan name	
b	Name of plan sponsor	c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan MORGAN STANLEY GROWTH RET ACCT	B Three-digit plan number (PN) ▶ 305
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)	32878309
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	30533169
(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	32878309	30533169
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	32878309	30533169

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)	10812973	
(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		10812973

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		10812973
l Transfers of assets:			
(1) To this plan.....	2l(1)		2994216
(2) From this plan	2l(2)		16152329

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 _____.