

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
 - 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
 - special extension (enter description)
 - the DFVC program
- 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 <u>JANUS HENDERSON TRITON RET ACCT</u>	1b Three-digit plan number (PN) ▶ <u>578</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>36-6071399</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 2d Business code (see instructions)

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as 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>JANUS HENDERSON TRITON RET ACCT</u>	B Three-digit plan number (PN) ▶	<u>578</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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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)	
<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	CHAMPION WIRE AND CABLE 401(K) PLAN	
b	Name of plan sponsor	CHAMPION WIRE AND CABLE LLC	c EIN-PN 11-3253340-001
a	Plan name	CHRISTOPHER J. WOLFE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTOPHER J. WOLFE	c EIN-PN 82-1310367-001
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	FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FULL SERVICE CONTRACTING, INC.	c EIN-PN 11-2601825-001
a	Plan name	GALATOIRE'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor	NEW ORLEANS EQUITY, LLC	c EIN-PN 27-1326146-001
a	Plan name	GARTH FISHER M.D., A MEDICAL CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor	GARTH FISHER M.D., A MEDICAL CORP.	c EIN-PN 95-4440917-001
a	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001
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	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	MMR RESEARCH WORLD WIDE INC. 401(K) PLAN	
b	Name of plan sponsor	MMR RESEARCH WORLD WIDE INC.	c EIN-PN 01-0788273-001
a	Plan name	PALPILOT 401(K) PLAN	
b	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.	c EIN-PN 77-0320008-001
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

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	WOMENS OB/GYN PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WOMEN'S OB/GYN PC	c EIN-PN 81-0802359-001
a	Plan name	XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
b	Name of plan sponsor	XL SCREW CORPORATION	c EIN-PN 36-4426811-001
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	ABC OF IOWA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ABC OF IOWA	c EIN-PN 42-1029016-001
a	Plan name	MURPHY & HARTELIUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURPHY & HARTELIUS UNIFORMS	c EIN-PN 94-1712886-002
a	Plan name	ALL-AMERICAN FIRE EQUIPMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	ALL-AMERICAN FIRE EQUIPMENT INC.	c EIN-PN 31-1381503-001
a	Plan name	NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW ENGLAND WOODCRAFT, INC.	c EIN-PN 03-0265306-001
a	Plan name	NEW YORK ACCESSORY GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	NEW YORK ACCESSORY GROUP, INC.	c EIN-PN 13-4175959-002
a	Plan name	NEWSTUDIO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEWSTUDIO ARCHITECTURE, LLC	c EIN-PN 45-1631448-001
a	Plan name	RICHIE & GUERINGER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHIE & GUERINGER, P.C.	c EIN-PN 74-2744788-777
a	Plan name	CITY PODIATRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CITY PODIATRY	c EIN-PN 30-0471836-001

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 CLARK CONSTRUCTION CORPORATION 401(K) PLAN	
b	Name of plan sponsor CLARK CONSTRUCTION CORPORATION	c EIN-PN 13-3420684-001
a	Plan name SIELKEN DAVIS, LLC RETIREMENT PLAN	
b	Name of plan sponsor SIELKEN DAVIS, LLC	c EIN-PN 20-4365146-001
a	Plan name CORE 401(K) PLAN	
b	Name of plan sponsor C & C PROPERTIES GROUP, INC. DBA CORE TRUCKING	c EIN-PN 20-1907597-001
a	Plan name CORTECH, LLC 401(K) PLAN	
b	Name of plan sponsor CORTECH, LLC	c EIN-PN 58-2449456-001
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 ELECTECH HAWAII, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTECH HAWAII, INC.	c EIN-PN 99-0229338-001
a	Plan name TOPCO SALES 401(K) PLAN	
b	Name of plan sponsor TOPCO SALES	c EIN-PN 45-5582989-001
a	Plan name TRI-SIGNAL INTEGRATION 401(K) PLAN	
b	Name of plan sponsor TRI-SIGNAL INTEGRATION, INC.	c EIN-PN 95-4706775-001
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 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 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

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 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 FC 401(K) PLAN	
b	Name of plan sponsor FORMATION CAPITAL, LLC	c EIN-PN 23-2986268-001
a	Plan name GENTILE, BRENGEL & LIN LLP 401(K) PLAN	
b	Name of plan sponsor GENTILE, BRENGEL & LIN LLP	c EIN-PN 11-6227632-001
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 GOURMET SPECIALTY IMPORTS, LLC 401(K) PLAN	
b	Name of plan sponsor GOURMET SPECIALTY IMPORTS, LLC	c EIN-PN 23-3083089-001
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 HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001
a	Plan name INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor INFORMATION TECHNOLOGY PARTNERS	c EIN-PN 39-1737556-001
a	Plan name INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor INNOVANT, INC.	c EIN-PN 45-0499207-001
a	Plan name KID-U-NOT, INC. RETIREMENT PLAN	
b	Name of plan sponsor KID-U-NOT, INC.	c EIN-PN 59-2951758-001
a	Plan name INTEGRATED LEADERSHIP SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INTEGRATED LEADERSHIP SYSTEMS	c EIN-PN 94-3462501-001
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

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 KIRT04 PEO RETIREMENT PLAN	
b	Name of plan sponsor KIRT04, INC.	c EIN-PN 45-1965930-001
a	Plan name KNIGHTS PUMPING AND PORTABLE SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KNIGHT'S SITE SERVICES, INC. DBA KNIGHT'S PUMPING & PORTABLE SERVICE	c EIN-PN 77-0538076-001
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 LONG, TUMINELLO, BESSO, SELIGMAN, WERNER & SULLIVAN 401(K) PLAN	
b	Name of plan sponsor LONG, TUMINELLO, BESSO, SELIGMAN, WERNER & SULLIVAN, LLP	c EIN-PN 11-2476602-001
a	Plan name ABO 401(K)	
b	Name of plan sponsor AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001
a	Plan name ACCENT STRIPE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACCENT STRIPE, INC.	c EIN-PN 16-1063430-001
a	Plan name ADHAN PIPING COMPANY, INC. PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor ADHAN PIPING COMPANY, INC.	c EIN-PN 16-1370100-001
a	Plan name N.V. MORAN PLUMBING SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor N.V. MORAN PLUMBING SUPPLY, INC.	c EIN-PN 94-2641538-001
a	Plan name ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ALLEVITY, INC.	c EIN-PN 94-2264491-001
a	Plan name 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 ALSAHLANI AND ALBAZAZZ DENTAL, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor ALSAHLANI AND ALBAZAZZ DENTAL, LTD.	c EIN-PN 36-3365578-001
a	Plan name AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor AMBIOPHARM, INC.	c EIN-PN 22-3940281-222

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 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 NOLL-FISHER, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor NOLL-FISHER, INC.	c EIN-PN 31-1098448-001
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 NORWOLF TOOL WORKS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORWOLF TOOL WORKS, INC.	c EIN-PN 22-3427279-001
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 AVEX FUNDING, INC. 401(K) PLAN	
b	Name of plan sponsor AVEX FUNDING	c EIN-PN 87-0691651-001
a	Plan name PINNACLE WALL SYSTEMS 401(K) PLAN	
b	Name of plan sponsor PINNACLE WALL SYSTEMS, INC.	c EIN-PN 26-4353827-001
a	Plan name BYRON PRODUCTS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BYRON PRODUCTS	c EIN-PN 31-1192208-001
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 CLEMENTS, TAYLOR, BUTKOVICH & COHEN, LPA, CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLEMENTS, TAYLOR, BUTKOVICH & COHEN, LPA, CO.	c EIN-PN 20-0287574-001
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 SOFTGENETICS, LLC 401(K) PLAN	
b	Name of plan sponsor SOFTGENETICS, LLC	c EIN-PN 25-1899879-001

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	COUNTY CORVETTE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	COUNTY CORVETTE SALES, INC.	c EIN-PN 23-2925644-001
a	Plan name	CRAIG S. DONN, D.D.S., P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAIG S. DONN, D.D.S., P.C.	c EIN-PN 22-2735455-002
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	CVOMS RETIREMENT PLAN	
b	Name of plan sponsor	CHAMPLAIN VALLEY ORAL & MAXILLOFACIAL SURGERY, PC	c EIN-PN 47-1972385-001
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	STRATEGY CORPS, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	STRATEGY CORPS	c EIN-PN 62-1872845-001
a	Plan name	STRATEGY/PR CONSULTING, LLC RETIREMENT PLAN	
b	Name of plan sponsor	STRATEGY/PR CONSULTING, LLC	c EIN-PN 45-3144122-001
a	Plan name	STRATUS.HR RETIREMENT PLAN	
b	Name of plan sponsor	STRATUS.HR	c EIN-PN 45-3548842-333
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	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	ENVIRONET SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ENVIRONET SYSTEMS, LLC	c EIN-PN 13-3851048-001
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 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 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.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 WALLER SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALLER SALES CORPORATION	c EIN-PN 62-1624316-001
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 FJP MECHANICAL INC. 401(K) PLAN	
b	Name of plan sponsor FJP MECHANICAL INC.	c EIN-PN 11-3289992-001
a	Plan name ADVANCE VALVE INC. 401(K) PLAN	
b	Name of plan sponsor ADVANCE VALVE INC.	c EIN-PN 43-1040049-002
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 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 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 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 BEARDOWADAMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEARDOWADAMS, INC.	c EIN-PN 99-0372789-001

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 CBC, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CBC, INC.	c EIN-PN 99-0119645-004
a	Plan name CEDAR RAPIDS OB-GYN SPECIALISTS, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CEDAR RAPIDS OB-GYN SPECIALISTS, PC	c EIN-PN 42-1232291-001
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 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 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 EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EPOCH SOLUTIONS GROUP LLC	c EIN-PN 20-4472485-001
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 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 KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
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 LUMINUS DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor LUMINUS DIAGNOSTICS, LLC	c EIN-PN 45-4133635-001
a	Plan name LUMONDI, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor LUMONDI, INC.	c EIN-PN 22-3008871-001

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 LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LYMAN LAW FIRM	c EIN-PN 46-5291861-001
a	Plan name NATIONAL RETIREMENT EXCHANGE PLAN	
b	Name of plan sponsor NATIONAL BENEFIT SERVICES, LLC	c EIN-PN 20-3886993-001
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 OCEANWIDE CENTER NY LLC 401(K) PLAN	
b	Name of plan sponsor OCEANWIDE CENTER NY LLC	c EIN-PN 81-1714900-001
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 ONESOURCE PROS 401(K) PLAN	
b	Name of plan sponsor ONESOURCE PROFESSIONAL SEARCH, LLC	c EIN-PN 13-4301164-001
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 SPECTRUM MONTESSORI 401(K) PLAN	
b	Name of plan sponsor SPECTRUM MONTESSORI	c EIN-PN 45-5022138-001
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 SWLOMELI, INC. 401(K) P/S PLAN	
b	Name of plan sponsor SWLOMELI, INC.	c EIN-PN 20-3253715-001
a	Plan name UNITED TECH 401(K) SAVINGS PLAN	
b	Name of plan sponsor UNITED TECH EMPLOYEE MANAGEMENT, INC.	c EIN-PN 47-3252875-333
a	Plan name URSULINE SUPPORT SERVICES 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor URSULINE SUPPORT SERVICES	c EIN-PN 25-1401610-001

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 WATSON ADVENTURES, LLC RETIREMENT PLAN	
b	Name of plan sponsor WATSON ADVENTURES, LLC	c EIN-PN 52-2186522-001
a	Plan name WELLPOWER U.E. LOCAL #1135 401(K) PLAN	
b	Name of plan sponsor STRYTEN ENERGY COMPONENTS	c EIN-PN 83-3792375-010
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 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 ANCHORSGORDON, P.A., 401(K) PLAN	
b	Name of plan sponsor ANCHORSGORDON, P.A.	c EIN-PN 20-4084916-001
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 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 CETEK, INC. 401(K) PLAN	
b	Name of plan sponsor CETEK, INC.	c EIN-PN 42-1514155-001
a	Plan name CH INSURANCE BROKERAGE SERVICES CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CH INSURANCE BROKERAGE SERVICES CO., INC.	c EIN-PN 16-1363572-001
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 DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DOCTOR & ASSOCIATES	c EIN-PN 06-0857902-001
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

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 FORMING SYSTEMS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FORMINGS SYSTEMS, INC.	c EIN-PN 32-0009832-001
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
a	Plan name OVERSEAS AIRCRAFT PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor OVERSEAS AIRCRAFT PARTS, INC.	c EIN-PN 65-0251587-001
a	Plan name OX ORTHODONTIX, LLC 401(K) PLAN	
b	Name of plan sponsor OX ORTHODONTIX, LLC	c EIN-PN 52-2150566-001
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 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 EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor CORPORATE SOLUTIONS, INC.	c EIN-PN 74-2817774-333
a	Plan name WOLVERINE WATER TREATMENT SYSTEMS 401(K) PLAN	
b	Name of plan sponsor MICHIGAN SOFT WATER OF WESTERN MICHIGAN, INC.	c EIN-PN 38-1498962-001
a	Plan name BENCHMARK TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor BENCHMARK TECHNOLOGY GROUP, INC.	c EIN-PN 58-1639110-001
a	Plan name BENEFIT PROVIDERS MULTIPLE EMPLOYER 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor BENEFIT PROVIDERS, LLC	c EIN-PN 52-2010356-333
a	Plan name HDR REMODELING 401(K) PLAN & TRUST	
b	Name of plan sponsor HDR REMODELING	c EIN-PN 94-3204168-001
a	Plan name PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001

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	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	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	TEMPTED APPAREL CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEMPTED APPAREL CORP.	c EIN-PN 95-4561017-001
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	THE MCLEOD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	MCLEOD EXPRESS, LLC	c EIN-PN 35-2156793-222
a	Plan name	THE ONE CLUB FOR CREATIVITY INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ONE CLUB FOR CREATIVITY INC.	c EIN-PN 13-2643358-002
a	Plan name	BIG ISLAND TREE SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIG ISLAND TREE SERVICE, INC.	c EIN-PN 20-3228783-001
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	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	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	c EIN-PN 81-0373761-001
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	MICHAEL G. LORUSSO, PC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHAEL G. LORUSSO, PC.	c EIN-PN 27-0944838-002

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	BMW FRESNO 401(K) PLAN	
b	Name of plan sponsor	WEBER MOTORS FRESNO, INC.	c EIN-PN 94-2519844-001
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	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	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	MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDDLE GEORGIA HEART & VASCULAR CENTER, LLC	c EIN-PN 45-2591774-001
a	Plan name	THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
b	Name of plan sponsor	THE QUINLAN LAW FIRM, LLC	c EIN-PN 13-4347801-001
a	Plan name	THOMAS LAVIN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THOMAS LAVIN, INC.	c EIN-PN 95-4789663-001
a	Plan name	THOMPSON TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	THOMPSON TECHNOLOGIES, INC.	c EIN-PN 58-2161727-001
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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning **01/01/2024** and ending **12/31/2024**

A Name of plan JANUS HENDERSON TRITON RET ACCT	B Three-digit plan number (PN) ▶	578
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

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)	15202576
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14287574
(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	15202576	14287574
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	15202576	14287574

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)	1359895	
(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		1359895

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		1359895
l Transfers of assets:			
(1) To this plan.....	2l(1)		1179643
(2) From this plan	2l(2)		3454540

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 _____.