

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS 2045 TARGET DATE RETIREMENT RET ACCT
1b Three-digit plan number (PN): 691
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN FUNDS 2045 TARGET DATE RETIREMENT RET ACCT</u>	B Three-digit plan number (PN)	<u>691</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)
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	BUFFALO VETERINARY PRACTICES 401(K) PLAN	
b	Name of plan sponsor	PET DEGREE HOSPITAL PLLC	c EIN-PN 81-2573552-001
a	Plan name	CRESCENT CITY SECURITY, INC. 401(K) PLAN	
b	Name of plan sponsor	CRESCENT CITY SECURITY, INC.	c EIN-PN 35-1549160-001
a	Plan name	ENVIRO-TOTE, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVIRO-TOTE, INC.	c EIN-PN 02-0445490-001
a	Plan name	ERMA MEP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EMPLOYERS' RISK MANAGEMENT ASSOCIATION & ALLIANCE, INC.	c EIN-PN 47-2684619-001
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	INTERPLAN LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERPLAN, LLC	c EIN-PN 59-3667640-001
a	Plan name	NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	NARFA	c EIN-PN 04-2279821-001
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	ROTTET STUDIO, LLC 401(K) PLAN	
b	Name of plan sponsor	ROTTET STUDIO LLC	c EIN-PN 26-1648926-001
a	Plan name	ASSOCIATED GENERAL CONTRACTORS OF AMERICA, SAN DIEGO CHAPTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSOCIATED GENERAL CONTRACTORS OF AMERICA, SAN DIEGO CHAPTER, INC.	c EIN-PN 95-1951119-001
a	Plan name	D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	D H GRIFFIN OF TEXAS INC	c EIN-PN 76-0455054-001
a	Plan name	PHYSICIANS 401(K) SOLUTIONS	
b	Name of plan sponsor	ORTHO BENEFITS CORP INC.	c EIN-PN 47-1797746-002

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	PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PILGRIM CHRISTAKIS LLP	c EIN-PN 26-3175990-001
a	Plan name	PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name	TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEALL CAPITAL PARTNERS, LLC	c EIN-PN 83-0591973-222
a	Plan name	SO CAL MANUFACTURED HOUSING CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SO CAL MANUFACTURED HOUSING CONSTRUCTION	c EIN-PN 33-0814133-001
a	Plan name	GUARDHILL FINANCIAL LLC 401(K) PLAN	
b	Name of plan sponsor	GUARDHILL FINANCIAL LLC	c EIN-PN 13-3670961-001
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	TEXTILES COATED, INC. 401(K) PLAN	
b	Name of plan sponsor	TEXTILES COATED, INC.	c EIN-PN 02-0385288-001
a	Plan name	THE 401(K) PLAN ADVOCATE POWERED BY TAG TRANSAMERICA RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 62-1874766-001
a	Plan name	THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL	c EIN-PN 37-0154973-002
a	Plan name	THE PARTNERS COMPANIES 401(K) PLAN	
b	Name of plan sponsor	THE PARTNER COMPANIES LLC	c EIN-PN 85-2379191-001
a	Plan name	JA USA 401(K) PLAN	
b	Name of plan sponsor	JUNIOR ACHIEVEMENT USA	c EIN-PN 84-1267604-334
a	Plan name	JANESVILLE TOOL & MANUFACTURING CO. SALARY REDUCTION PLAN	
b	Name of plan sponsor	JANESVILLE TOOL & MANUFACTURING, INC	c EIN-PN 39-0958881-001

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 VALIANT CONTRACTING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VALIANT CONTRACTING LLC	c EIN-PN 46-0950651-001
a	Plan name ALABAMA PLATING TECHNOLOGY	
b	Name of plan sponsor ALABAMA PLATING TECH	c EIN-PN 83-3874580-001
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 BASELINE THEATRICAL LLC 401(K) PLAN	
b	Name of plan sponsor BASELINE THEATRICAL LLC	c EIN-PN 46-4079204-001
a	Plan name CAMAS, LLC 401(K) PLAN	
b	Name of plan sponsor CAMAS, LLC	c EIN-PN 93-1325105-001
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 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 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 DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DAVE ARBOGAST GROUP, INC.	c EIN-PN 31-1409301-001
a	Plan name DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001
a	Plan name DAVIS & PLOMIN, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAVIS & PLOMIN MECHANICAL, INC.	c EIN-PN 61-1153242-777
a	Plan name PURPLE USA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PURPLE USA, INC.	c EIN-PN 46-4128782-001

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	QSCS OF NY, INC. THRIFT INCENTIVE PLAN	
b	Name of plan sponsor	QSCS OF NY, INC.	c EIN-PN 13-4083074-001
a	Plan name	SANDWIRE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	SANDWIRE CORPORATION	c EIN-PN 92-1012427-001
a	Plan name	FAMILY LIFE ACADEMY CHARTER SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FAMILY LIFE ACADEMY CHARTER SCHOOL	c EIN-PN 13-4170389-001
a	Plan name	MEDICOM TECHNOLOGIES RETIREMENT PLAN	
b	Name of plan sponsor	MEDICOM TECHNOLOGIES, INC	c EIN-PN 47-5342804-001
a	Plan name	CASAL INSTITUTE OF NEVADA, LLC 401(K) PLAN	
b	Name of plan sponsor	CASAL INSTITUTE OF NEVADA, LLC	c EIN-PN 25-2272005-001
a	Plan name	OPSPRO 401(K) PLAN	
b	Name of plan sponsor	TDI OPERATIONS LLC DBA OPSPRO	c EIN-PN 45-5597348-001
a	Plan name	OVERVIEW BUSINESS HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	WILLET DAIRY, LLC	c EIN-PN 16-1453541-002
a	Plan name	CJR CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	CJR CONTRACTORS, INC.	c EIN-PN 75-1431479-001
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	DENALI HR 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	DENALI HR, LLC	c EIN-PN 84-2712883-333
a	Plan name	DEPLOYED GLOBAL SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	DEPLOYED GLOBAL SOLUTIONS, LLC	c EIN-PN 87-1779097-001
a	Plan name	DEPLOYED SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	DEPLOYED SERVICES, LLC	c EIN-PN 84-5019630-001

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	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	RADKL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GTS DIGITAL OPERATIONS LLC	c EIN-PN 87-2298547-001
a	Plan name	SOUTHTOWNS AMBULATORY ANESTHESIA, PLLC RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHTOWNS AMBULATORY ANESTHESIA, PLLC	c EIN-PN 81-1639731-001
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-001
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-002
a	Plan name	THE CONTRACTORS RETIREMENT PLAN	
b	Name of plan sponsor	FRINGE BENEFIT GROUP, INC.	c EIN-PN 74-2124394-003
a	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	HICKAM COMMUNITIES, LLC	c EIN-PN 45-0530100-001
a	Plan name	ADAPTIVE SOLUTIONS MULTI SERVICES 401(K) PLAN	
b	Name of plan sponsor	ADAPTIVE SOLUTIONS MULTI SERVICES PLLC	c EIN-PN 27-4147286-001
a	Plan name	ALLIANCE OF STATE RETAIL ASSOCIATIONS 401(K) PLAN & TRUST	
b	Name of plan sponsor	RETAIL ASSOCIATION OF MAINE	c EIN-PN 01-0165117-334
a	Plan name	KERN, INC. 401(K) PLAN	
b	Name of plan sponsor	KERN, INC.	c EIN-PN 22-3538481-001
a	Plan name	WALIER CHEVY 401(K) PLAN	
b	Name of plan sponsor	TWO THIRDS MOTORS, INC.	c EIN-PN 02-0450291-001
a	Plan name	CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
b	Name of plan sponsor	CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	c EIN-PN 15-0235250-777

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 CC ENGINEERING & CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CC ENGINEERING & CONSTRUCTION, INC.	c EIN-PN 99-0229467-002
a	Plan name CLARK CONSTRUCTION CORPORATION 401(K) PLAN	
b	Name of plan sponsor CLARK CONSTRUCTION CORPORATION	c EIN-PN 13-3420684-001
a	Plan name CLEAR PEO, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor CLEAR PEO, LLC	c EIN-PN 35-2535759-333
a	Plan name FETTE FORD 401(K) PLAN	
b	Name of plan sponsor FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name FSC ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FSC ARCHITECTS, LLC	c EIN-PN 27-2031552-001
a	Plan name HOFFMAN FORDLAND 401(K) SAVINGS PLAN	
b	Name of plan sponsor HOFFMAN FORD SALES, INC.	c EIN-PN 23-1477451-003
a	Plan name KINGDOM TITLE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor KINGDOM TITLE SOLUTIONS, INC.	c EIN-PN 20-8646472-001
a	Plan name MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name OKAHARA AND ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OKAHARA AND ASSOCIATES, INC.	c EIN-PN 99-0186805-001
a	Plan name P. A. LEONE & SONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor P. A. LEONE & SONS PLUMBING & HEATING, INC.	c EIN-PN 16-1136830-001
a	Plan name PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name STAG INDUSTRIAL MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STAG INDUSTRIAL MANAGEMENT LLC	c EIN-PN 27-3647617-001

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	THRIVE BY 5 401(K) PLAN
b	Name of plan sponsor	TB5 MANAGEMENT, LLC
c	EIN-PN	92-0493249-001
a	Plan name	THRIVE PEO 401(K) PLAN
b	Name of plan sponsor	THRIVE
c	EIN-PN	84-4818583-001
a	Plan name	VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	VIP COMMUNITY MENTAL HEALTH CENTER, INC.
c	EIN-PN	30-0017808-001
a	Plan name	VOLO'S AUTO SUPPLY 401(K) PLAN
b	Name of plan sponsor	VOLOS AUTO SUPPLY
c	EIN-PN	20-1529129-001
a	Plan name	WEST MIDTOWN MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WEST MIDTOWN MANAGEMENT GROUP, INC.
c	EIN-PN	13-3952613-001
a	Plan name	AMERICAN ONE SOURCE, INC. MEP 401(K) PLAN
b	Name of plan sponsor	AMERICAN ONE SOURCE, INC.
c	EIN-PN	71-0934616-001
a	Plan name	AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN
b	Name of plan sponsor	AMERICAN TEXTILE MAINTENANCE COMPANY
c	EIN-PN	95-2076802-004
a	Plan name	AMERICAN TEXTILE MAINTENANCE UNION 401(K) PLAN
b	Name of plan sponsor	AMERICAN TEXTILE MAINTENANCE COMPANY
c	EIN-PN	95-2076802-005
a	Plan name	BLUFOX MOBILE 401(K) PLAN PROFIT SHARING PLAN
b	Name of plan sponsor	BLUFOX MOBILE
c	EIN-PN	82-1471419-001
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	FUSION EMPLOYER SERVICES RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	FUSION EMPLOYER SERVICES, LLC
c	EIN-PN	13-4337327-001
a	Plan name	GAHCC 401(K) PLAN
b	Name of plan sponsor	GREATER AUSTIN HISPANIC CHAMBER OF COMMERCE
c	EIN-PN	74-0492475-001

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	GALATOIRE'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor	NEW ORLEANS EQUITY, LLC	c EIN-PN 27-1326146-001
a	Plan name	KTIMEHR PROFIT SHARING AND RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	KIMSTAFFHR, INC. DBA KTIMEHR	c EIN-PN 33-0748641-001
a	Plan name	KTX - AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	KTX - AMERICA, INC.	c EIN-PN 30-0031143-001
a	Plan name	PARTNERS PEO 401(K) PLAN	
b	Name of plan sponsor	PARTNERS PEO, LLC	c EIN-PN 82-5068730-001
a	Plan name	PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor	CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	c EIN-PN 95-0616125-002
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	REPEAT BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	REPEAT BUSINESS SYSTEMS, INC.	c EIN-PN 14-1718228-001
a	Plan name	STRATA SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STRATA SYSTEMS, LLC	c EIN-PN 92-1336363-001
a	Plan name	TOTAL SOLUTIONS 401(K) RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TTL SOLUTIONS, INC. DBA TOTAL SOLUTIONS	c EIN-PN 47-1345914-001
a	Plan name	WILLIS SPANGLER STARLING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIS SPANGLER STARLING, LTD	c EIN-PN 46-4230982-001
a	Plan name	ANDERSON LAW GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDERSON LAW GROUP, INC	c EIN-PN 26-4149033-001
a	Plan name	BOURQUE MECHANICAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	BOURQUE MECHANICAL SYSTEMS, INC.	c EIN-PN 14-1788006-002

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 CONSTRUCTION INDUSTRY 401(K) PLAN	
b	Name of plan sponsor BUILDERS EXCHANGE OF SOUTHERN TIER, INC.	c EIN-PN 16-0820649-333
a	Plan name EMILY EYE CARE, LLC 401(K) PLAN	
b	Name of plan sponsor EMILY EYE CARE, LLC	c EIN-PN 27-1475880-001
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 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 GATEWAY 401(K) RETIREMENT PLAN EXCHANGE I	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-301
a	Plan name GATEWAY AMP RETIREMENT PLAN EXCHANGE - ACTIVE	
b	Name of plan sponsor AMP	c EIN-PN 85-4019239-002
a	Plan name INFINITI HR RETIREMENT PLAN	
b	Name of plan sponsor INFINITI HR	c EIN-PN 26-2399761-001
a	Plan name LAS VEGAS COLOR GRAPHICS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor LAS VEGAS COLOR GRAPHICS, INC.	c EIN-PN 65-0919583-001
a	Plan name MONTANA HEALTH NETWORK 401(K) PLAN	
b	Name of plan sponsor MONTANA HEALTH NETWORK	c EIN-PN 81-0440728-002
a	Plan name PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor PATRIOT HEALTH PARTNERS INC.	c EIN-PN 84-1755108-001
a	Plan name RICCO DENTAL, PLLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor RICCO DENTAL, PLLC	c EIN-PN 45-3587049-001
a	Plan name RICHARD L. JACKSON, D.D.S., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor RICHARD L. JACKSON, D.D.S., INC.	c EIN-PN 31-1627683-001

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	SWOPE, RODANTE P.A. 401(K) PLAN	
b	Name of plan sponsor	SWOPE, RODANTE P.A.	c EIN-PN 59-2275153-001
a	Plan name	TOYOTA TSUSHO AMERICA, INC. ENTERPRISE MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	TOYOTA TSUSHO AMERICA, INC.	c EIN-PN 13-1943519-001
a	Plan name	WJH ENGINEERING, LLC 401(K) PLAN	
b	Name of plan sponsor	WJH ENGINEERING, LLC	c EIN-PN 20-2223463-001
a	Plan name	PEDIATRIC MEDICINE, PLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PEDIATRIC MEDICINE, PLC	c EIN-PN 03-0230997-001
a	Plan name	PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	c EIN-PN 72-0885035-001
a	Plan name	RIVCRETE READY MIX LLC UNION 401(K) PLAN	
b	Name of plan sponsor	RIVCRETE READY MIX LLC	c EIN-PN 81-3593378-002
a	Plan name	TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRIUNITY ENGINEERING AND MANAGEMENT INC.	c EIN-PN 76-0747545-001
a	Plan name	ZIEHL-ABEGG, INC. 401(K) PLAN	
b	Name of plan sponsor	ZIEHL-ABEGG, INC.	c EIN-PN 20-0338305-001
a	Plan name	ZIMA HOLDINGS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ZIMA HOLDINGS INC	c EIN-PN 82-4032100-002
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	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		
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 AMERICAN FUNDS 2045 TARGET DATE RETIREMENT RET ACCT	B Three-digit plan number (PN) ▶ 691
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	35680488
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	46266013
(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	35680488	46266013
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	35680488	46266013

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)	6385300	
(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		6385300

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		6385300
l Transfers of assets:			
(1) To this plan.....	2l(1)		17256151
(2) From this plan	2l(2)		13055926

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 _____.