

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS FUNDAMENTAL INVESTORS INV OPT
1b Three-digit plan number (PN): 009
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
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 FUNDAMENTAL INVESTORS INV OPT</u>	B Three-digit plan number (PN)	<u>009</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

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d Entity code

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	BLOCK MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor	KPB ENTERPRISES, INC.	c EIN-PN 20-2032251-001
a	Plan name	BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP 401(K) PLAN	
b	Name of plan sponsor	BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP	c EIN-PN 52-1136273-001
a	Plan name	BLUE Q 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLUE Q CORPORATION	c EIN-PN 04-3521482-001
a	Plan name	CALIFORNIA SIDECAR 401(K) PLAN	
b	Name of plan sponsor	LEISURE PRODUCTS, INC. DBA CALIFORNIA SIDECAR	c EIN-PN 33-0770432-001
a	Plan name	CERTEX USA 401(K) PLAN	
b	Name of plan sponsor	CERTEX USA, INC.	c EIN-PN 20-1211126-001
a	Plan name	COLORADO MEDICAL SOCIETY RETIREMENT PLAN	
b	Name of plan sponsor	COLORADO MEDICAL SOCIETY	c EIN-PN 84-0174440-001
a	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	THE CULVER GROUP	c EIN-PN 33-0789218-001
a	Plan name	CYM AUTO PARTS DISTRIBUTORS, INC. - RETIREMENT PLAN	
b	Name of plan sponsor	CYM AUTO PARTS	c EIN-PN 66-0421766-001
a	Plan name	DIAKON LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	DIAKON LOGISTICS, INC.	c EIN-PN 20-0446970-001
a	Plan name	FAMILY COUNSELING SERVICE OF TUSCALOOSA COUNTY, INC. MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	FAMILY COUNSELING SERVICE OF TUSCALOOSA COUNTY, INC.	c EIN-PN 63-0523406-001
a	Plan name	FAMILY FORD, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	FAMILY FORD, INC.	c EIN-PN 04-3459007-001
a	Plan name	GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	GOOD TIMES RESTAURANTS, INC.	c EIN-PN 84-1133368-001

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	HCA 401(K) PLAN	
b	Name of plan sponsor	HOME CARE ADVANTAGE, LLC	c EIN-PN 14-1858113-001
a	Plan name	HOWELL BENEFIT SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	HOWELL BENEFIT SERVICES, INC.	c EIN-PN 23-2658991-001
a	Plan name	HUALALAI INVESTORS 401(K) PLAN	
b	Name of plan sponsor	HUALALAI INVESTORS, LLC	c EIN-PN 59-3836047-001
a	Plan name	KEENO FARMS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KEENO FARMS CONSTRUCTION, INC.	c EIN-PN 30-0205931-001
a	Plan name	KENSINGTON FINANCIAL SERVICES, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	KENSINGTON FINANCIAL SERVICES, INC.	c EIN-PN 36-3536681-001
a	Plan name	MARDEK 401(K) PLAN	
b	Name of plan sponsor	MARDEK ENTERPRISES INC	c EIN-PN 95-3045906-001
a	Plan name	MENGWASSER MARTIN LALL & CLARK PC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MENGWASSER, MARTIN, LALL, & CLARK PC	c EIN-PN 43-1564913-001
a	Plan name	MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	MERRITT ISLAND AIR AND HEAT INC.	c EIN-PN 81-0579482-001
a	Plan name	MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOODY PRICE, LLC	c EIN-PN 72-1044462-003
a	Plan name	MOORETOWN RANCHERIA COMMERCIAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	MOORETOWN RANCHERIA	c EIN-PN 68-0152435-003
a	Plan name	NORTHEAST PENNSYLVANIA AUTO AUCTION INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHEAST PENNSYLVANIA AUTO AUCTION INC.	c EIN-PN 23-3010686-001
a	Plan name	NORTHWEST EYE PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.	c EIN-PN 38-1861527-002

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	PAGE & ASSOCIATES INSURANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PAGE & ASSOCIATES INSURANCE, INC.	c EIN-PN 88-1074263-001
a	Plan name	PHILIP HEACOCK BUILDER, INC. 401(K) PLAN	
b	Name of plan sponsor	PHILIP HEACOCK BUILDER, INC.	c EIN-PN 23-2557871-001
a	Plan name	STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name	THORACIC & CRITICAL CARE MEDICINE, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THORACIC & CRITICAL CARE MEDICINE, LLC	c EIN-PN 43-1893106-001
a	Plan name	UNIVERSAL TAPE SUPPLY CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL TAPE SUPPLY CORP.	c EIN-PN 22-1814877-002
a	Plan name	WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name	AIREKO CONSTRUCTION LLC CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	AIREKO CONSTRUCTION, LLC	c EIN-PN 66-0286068-001
a	Plan name	ARCADIA NEUROLOGY CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCADIA NEUROLOGY CENTER, LLC	c EIN-PN 27-3174051-002
a	Plan name	B & B TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor	B & B TRUCKING, INC.	c EIN-PN 38-2003867-002
a	Plan name	DISHMAN DODGE 401(K) PLAN	
b	Name of plan sponsor	M&G INVESTMENTS, INC. DBA DISHMAN DODGE	c EIN-PN 91-0953903-002
a	Plan name	EISENBERG & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EISENBERG & ASSOCIATES, INC.	c EIN-PN 75-1573412-001
a	Plan name	FARMER JOE'S RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FARMER JOE'S MARKETPLACE, INC.	c EIN-PN 94-3316976-001

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 GRANITE CITY FAMILY & COSMETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor GRANITE CITY FAMILY & COSMETIC DENTISTRY	c EIN-PN 20-4990679-001
a	Plan name MARIAN COLLEGE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MARIAN COLLEGE	c EIN-PN 95-4775118-001
a	Plan name MOORETOWN RANCHERIA GOVERNMENTAL SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor MOORETOWN RANCHERIA	c EIN-PN 68-0152435-002
a	Plan name NORWALK COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor NORWALK COMMUNITY HEALTH CENTER, INC.	c EIN-PN 06-1436620-001
a	Plan name PALLO, MARKS & HERNANDEZ, P.A. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PALLO, MARKS & HERNANDEZ, GECHIJIAN & DEMAY, P.A.	c EIN-PN 65-0746369-001
a	Plan name PANTECH WIRELESS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor PANTECH WIRELESS, INC.	c EIN-PN 04-3629687-001
a	Plan name PINES PET CEMETERY, INC. 401(K) PLAN	
b	Name of plan sponsor PINES PET CEMETARY, INC.	c EIN-PN 31-1015335-001
a	Plan name PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor PROVIDENT MANAGEMENT CORPORATION	c EIN-PN 59-1870484-001
a	Plan name PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PUTNAM TRUCKING, INC.	c EIN-PN 37-1272751-001
a	Plan name PVIM RETIREMENT PLAN	
b	Name of plan sponsor PIONEER VALLEY INTERNAL MEDICINE, PC	c EIN-PN 20-4133434-001
a	Plan name RICHARD SHAPIRO, D.D.S. 401(K) PLAN	
b	Name of plan sponsor RICHARD SHAPIRO DDS, C.P.	c EIN-PN 22-3464171-001
a	Plan name SAN PABLO DEVELOPERS, INC. 1165(E) PLAN	
b	Name of plan sponsor SAN PABLO DEVELOPERS, INC.	c EIN-PN 66-0493660-001

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	STOCKTON PATHOLOGY MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STOCKTON PATHOLOGY MEDICAL GROUP	c EIN-PN 68-0005184-003
a	Plan name	TIMSCO INTERNATIONAL, LP 401(K) PLAN	
b	Name of plan sponsor	TIMSCO INTERNATIONAL, LP	c EIN-PN 81-5431587-001
a	Plan name	ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001
a	Plan name	ZAWADSKI HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAWADSKI HOMES, INC.	c EIN-PN 47-0885206-001
a	Plan name	3NSOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	3NSOLUTIONS, INC.	c EIN-PN 76-0732644-001
a	Plan name	ARGENT FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	ARGENT FEDERAL CREDIT UNION	c EIN-PN 54-0623641-002
a	Plan name	ARGO BLOWER RETIREMENT PLAN	
b	Name of plan sponsor	ARGO BLOWER AND MANUFACTURING, INC.	c EIN-PN 91-0129010-001
a	Plan name	BAAS RETIREMENT PLAN	
b	Name of plan sponsor	BUCHANAN ANGELI ALTSCHUL & SULLIVAN LLP	c EIN-PN 26-2173291-001
a	Plan name	BALEMET EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor	BALEMET RECYCLING METALS, INC.	c EIN-PN 22-2907788-001
a	Plan name	CAPITAL CARGO 401(K) PLAN	
b	Name of plan sponsor	CAPITAL CARGO INCORPORATED	c EIN-PN 58-2164619-001
a	Plan name	CHELDAN HOMES 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CHELDAN HOMES	c EIN-PN 75-2508204-001
a	Plan name	LERMAN CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LERMAN CORPORATION	c EIN-PN 38-1776786-001

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	LEVIN LEGAL GROUP, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVIN LEGAL GROUP, P.C.	c EIN-PN 23-2830283-001
a	Plan name	MSI, LLC PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MSI, LLC	c EIN-PN 20-4533025-001
a	Plan name	OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
b	Name of plan sponsor	OPEN MRI OF NEW ENGLAND, INC.	c EIN-PN 05-0495348-002
a	Plan name	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC. 401(K) PLAN	
b	Name of plan sponsor	ORANGE COUNTY EMPLOYEES ASSOCIATION, INC.	c EIN-PN 95-1685796-002
a	Plan name	PK ELECTRIC 401(K) RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor	MAT SERVICES, INC. DBA PK ELECTRIC	c EIN-PN 91-2180582-001
a	Plan name	PNG 401(K) PROFIT SHARING SAVINGS PLAN	
b	Name of plan sponsor	PNG ENVIRONMENTAL, INC.	c EIN-PN 93-1203951-001
a	Plan name	SARAT FORD SALES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SARAT FORD SALES, INC.	c EIN-PN 04-2385735-001
a	Plan name	SAUK-SUIATTLE 401(K) PLAN	
b	Name of plan sponsor	SAUK SUIATTLE INDIAN TRIBE	c EIN-PN 91-0961478-001
a	Plan name	SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAVANT SYSTEMS, INC.	c EIN-PN 85-1002349-777
a	Plan name	THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE ART SOURCE, INC.	c EIN-PN 99-0280665-001
a	Plan name	THE BAXTER STATE BANK PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BAXTER STATE BANK	c EIN-PN 48-0133900-001
a	Plan name	THE CARING CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE CARING CENTER, INC.	c EIN-PN 23-2623819-001

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 TROY HOUSING SERVICES CORPORATION PENSION PLAN	
b	Name of plan sponsor TROY HOUSING SERVICES CORPORATION	c EIN-PN 63-0972892-001
a	Plan name WALLER TRUCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WALLER TRUCK, CO., INC.	c EIN-PN 43-0910271-002
a	Plan name AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN PAPER CORPORATION	c EIN-PN 66-0392240-001
a	Plan name AMERICAN READING COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN READING COMPANY DBA 100 BOOK CHALLENGE	c EIN-PN 23-2965253-001
a	Plan name BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor BARNARD MANUFACTURING CO., INC.	c EIN-PN 38-1842231-001
a	Plan name BUCS ANALYTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BUCS, LLC DBA BUCS ANALYTICS	c EIN-PN 68-0641573-001
a	Plan name COSTA 401(K) PLAN	
b	Name of plan sponsor COSTA FRUIT & PRODUCE COMPANY INC.	c EIN-PN 04-2076359-001
a	Plan name DIXOPHAL, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DIXOPHAL, P.C.	c EIN-PN 58-2388186-002
a	Plan name ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name FUNG ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor FUNG ASSOCIATES	c EIN-PN 45-2778165-001
a	Plan name FXEXPRESS PUBLICATIONS, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor FXEXPRESS PUBLICATIONS, INC.	c EIN-PN 73-1691416-001
a	Plan name GUYOUNGTECH USA, INC. 401(K) PLAN	
b	Name of plan sponsor GUYOUNGTECH USA, INC.	c EIN-PN 20-1963180-001

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 JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor JOHN P. CALCATERA DPM PC	c EIN-PN 26-1562402-001
a	Plan name BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'	c EIN-PN 41-2153109-001
a	Plan name CHIRCO TEAM LLC 401(K) PLAN	
b	Name of plan sponsor CHIRCO TEAM LLC	c EIN-PN 26-3741789-001
a	Plan name DOERRE CONSTRUCTION CO., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOERRE CONSTRUCTION CO., LLC	c EIN-PN 56-2177316-001
a	Plan name DOUBLE M TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor DOUBLE M TRUCKING, INC.	c EIN-PN 94-2439968-001
a	Plan name H & C DBA H & C CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H & C DBA H & C CORPORATION, INC.	c EIN-PN 57-0785805-777
a	Plan name IITC 401(K) PLAN	
b	Name of plan sponsor ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.	c EIN-PN 20-1314597-001
a	Plan name LIBERTY GLASS & METAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY GLASS & METAL, INC.	c EIN-PN 20-2134457-001
a	Plan name SC JOHNSON DE PR, INC. SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor SC JOHNSON DE PR, INC.	c EIN-PN 66-0290543-002
a	Plan name SPOLIDORO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor SPOLIDORO & SONS, INC.	c EIN-PN 04-2642418-001
a	Plan name ALLENS PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLENS PLUMBING, INC.	c EIN-PN 99-0241127-001

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 ARRASMITH, JUDD, RAPP, CHOVAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHOVAN INC.	c EIN-PN 16-1627907-001
a	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	c EIN-PN 83-2585853-001
a	Plan name BEACON TELECOMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor BEACON TELECOMMUNICATIONS ADVISORS, LLC	c EIN-PN 73-1482442-001
a	Plan name CAPPARELL DENTISTRY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPPARELL DENTISTRY	c EIN-PN 23-2862957-001
a	Plan name CIERRA PIPE, INC. RETIREMENT PLAN	
b	Name of plan sponsor CIERRA PIPE, INC.	c EIN-PN 76-0058138-777
a	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name DOWNEY & COMPANY, LLP 401(K) PLAN	
b	Name of plan sponsor DOWNEY & COMPANY, LLP	c EIN-PN 04-3106302-001
a	Plan name ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMP PLUS, INC. DBA ELCO LIGHTING	c EIN-PN 95-4309236-001
a	Plan name GEIGER CONSTRUCTION PRODUCTS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor GEIGER CONSTRUCTION PRODUCTS, INC.	c EIN-PN 31-0734619-001
a	Plan name ILLINOIS EXPRESS VISION CENTER MATTOON 401(K) PLAN	
b	Name of plan sponsor ILLINOIS EXPRESS VISION CENTER, INC.	c EIN-PN 36-3790912-001
a	Plan name LINGLE DESIGN GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LINGLE DESIGN GROUP	c EIN-PN 36-4398800-001
a	Plan name MARRONE'S, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor MARRONE'S, INC.	c EIN-PN 48-0788184-001

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	POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POWER SOLUTIONS, LLC.	c EIN-PN 52-2100793-222
a	Plan name	PR MANAGEMENT, CORP. RETIREMENT PLAN	
b	Name of plan sponsor	PR MANAGEMENT, CORP.	c EIN-PN 01-0757637-001
a	Plan name	PRAIRIEFIRE COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRAIRIEFIRE COMMUNICATIONS, INC.	c EIN-PN 26-1885084-001
a	Plan name	RIOUX EYE CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RIOUX EYE CENTER, INC.	c EIN-PN 87-4253844-001
a	Plan name	SCHRYER/THOMPSON CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHRYER/THOMPSON CONSTRUCTION, INC.	c EIN-PN 68-0487305-001
a	Plan name	SMC RECYCLING, INC. 401(K) PLAN	
b	Name of plan sponsor	SMC RECYCLING, INC.	c EIN-PN 62-1723264-001
a	Plan name	SUMMIT HAND THERAPY, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SUMMIT HAND THERAPY, LLC	c EIN-PN 20-5860288-001
a	Plan name	THE COLONIAL MANOR 401(K) PLAN	
b	Name of plan sponsor	COLONIAL MANOR HEALTH CARE CENTER, INC.	c EIN-PN 31-0868001-001
a	Plan name	VALLEY INSTRUMENT CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY INSTRUMENT CO., INC.	c EIN-PN 23-1913777-001
a	Plan name	VALLEY WIDE MASONRY, INC. 401(K) PLAN	
b	Name of plan sponsor	VALLEY WIDE MASONRY, INC.	c EIN-PN 86-0797879-001
a	Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
b	Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-1917556-001
a	Plan name	WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor	WEATHER ENGINEERS, INC.	c EIN-PN 59-3076169-004

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	ZELENKOFKSKE AXELROD, LLC 401(K) PLAN	
b	Name of plan sponsor	ZELENKOFKSKE AXELROD, LLC	c EIN-PN 23-3022325-001
a	Plan name	FLOURISH, INC. 401(K) PLAN	
b	Name of plan sponsor	FLOURISH, INC.	c EIN-PN 34-1938082-001
a	Plan name	FOOD 4 LESS SALARY SAVINGS PLAN	
b	Name of plan sponsor	PAQ, INC. DBA FOOD 4 LESS	c EIN-PN 68-0363934-002
a	Plan name	TAG INTERNATIONAL, L.L.P. PROFIT SHARING PLAN	
b	Name of plan sponsor	TAG INTERNATIONAL, L.L.P.	c EIN-PN 74-2862644-001
a	Plan name	ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	ACME ENGRAVING COMPANY, INC.	c EIN-PN 22-2136958-001
a	Plan name	CISCO SYSTEMS, INC. PUERTO RICO - SALARY DEFERRAL PLAN	
b	Name of plan sponsor	CISCO SYSTEMS, INC.	c EIN-PN 77-0473719-001
a	Plan name	GENCOM TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	GENCOM TRANSPORTATION, INC.	c EIN-PN 84-1291031-001
a	Plan name	GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GENESEE HEMATOLOGY-ONCOLOGY, P.C.	c EIN-PN 38-2278871-001
a	Plan name	LOMMA CONSTRUCTION CORP. RETIREMENT PLAN	
b	Name of plan sponsor	LOMMA CONSTRUCTION CORP.	c EIN-PN 11-2435487-001
a	Plan name	PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a	Plan name	ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED MANUFACTURING TECHNOLOGY	c EIN-PN 84-1390588-001
a	Plan name	PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIMO MEDICAL GROUP, INC.	c EIN-PN 04-2224896-002

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	PRINCE WILLIAM CARDIOLOGY PROFIT SHARING PLAN	
b	Name of plan sponsor	PRINCE WILLIAM CARDIOLOGY ASSOCIATES	c EIN-PN 54-1124027-001
a	Plan name	PRINCIPLE PLASTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRINCIPLE PLASTICS, INC.	c EIN-PN 95-1578575-001
a	Plan name	THE PRODUCERS GROUP 401(K) PLAN	
b	Name of plan sponsor	FREUNDT & ASSOCIATES INSURANCE SERVICES, INC.	c EIN-PN 33-0746599-001
a	Plan name	TOWN OF KENNETH CITY A MUNICIPAL CORP PENSION PLAN	
b	Name of plan sponsor	TOWN OF KENNETH CITY	c EIN-PN 59-6033546-001
a	Plan name	CONCEPT GROUP INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONCEPT GROUP, INC.	c EIN-PN 41-1334328-001
a	Plan name	GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
b	Name of plan sponsor	GREAT SOUTHERN CAPITAL CORPORATION	c EIN-PN 64-0604860-010
a	Plan name	MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MARYLAND PORTABLE CONCRETE, INC.	c EIN-PN 52-1207242-002
a	Plan name	MASADA HOMES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MASADA HOMES	c EIN-PN 95-2479348-001
a	Plan name	QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUIK TRAVEL STAFFING, INC.	c EIN-PN 95-4826235-001
a	Plan name	RED HOOK AGENCIES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	RED HOOK AGENCIES, INC.	c EIN-PN 66-0345418-002
a	Plan name	REINDL BINDERY CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	REINDL BINDERY CO., INC.	c EIN-PN 39-1290695-001
a	Plan name	ASC PARTNERS 401(K) PLAN	
b	Name of plan sponsor	ASC PARTNERS, LLC	c EIN-PN 71-0974497-001

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	ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ASSIGN CORP.	c EIN-PN 95-4664862-001
a	Plan name	VANDERVART CONCRETE PRODUCTS, LLC EMPLOYEE SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	VANDERVART CONCRETE PRODUCTS, LLC	c EIN-PN 46-5469386-001
a	Plan name	VAS, LTD. 401(K) PLAN	
b	Name of plan sponsor	VAS, LTD.	c EIN-PN 20-2822777-001
a	Plan name	ATTILA WINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ATTILA WINGS, LLC	c EIN-PN 51-0393403-001
a	Plan name	AUSSIE PET MOBILE, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	AUSSIE PET MOBILE, INC.	c EIN-PN 33-0861292-001
a	Plan name	HK HOLBEIN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HK HOLBEIN, INC.	c EIN-PN 03-0271444-001
a	Plan name	HOGE LUMBER COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOGE LUMBER COMPANY	c EIN-PN 34-1819246-002
a	Plan name	MISKO, INC. 401(K) PLAN	
b	Name of plan sponsor	MISKO, INC.	c EIN-PN 23-2506409-001
a	Plan name	RPB, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RPB PLUMBING, INC.	c EIN-PN 01-0550125-001
a	Plan name	RSI 401(K) PLAN	
b	Name of plan sponsor	RECYCLING SYSTEMS, INC.	c EIN-PN 36-4343734-001
a	Plan name	VILLAGE OF WOLVERINE LAKE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VILLAGE OF WOLVERINE LAKE	c EIN-PN 38-6024587-003
a	Plan name	VINVISION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINVISION, INC.	c EIN-PN 77-0315550-001

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	BEC SYSTEMS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEC SYSTEMS LLC	c EIN-PN 88-1082676-001
a	Plan name	DR. LAURIE A. MULKA, DDS P.C. 401(K) PLAN	
b	Name of plan sponsor	DR. LAURIE A. MULKA, DDS P.C.	c EIN-PN 38-3434258-001
a	Plan name	INLAND AERIAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INLAND AERIAL, INC.	c EIN-PN 95-2694341-001
a	Plan name	SCOOTERWORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SCOOTERWORKS HOLDINGS LLC	c EIN-PN 45-2033633-001
a	Plan name	SEABOLD GROUP 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SEABOLD CONSTRUCTION CO., INC.	c EIN-PN 93-0876271-001
a	Plan name	SERVICE TRANSPORT GROUP, INC. 401(K) PSP	
b	Name of plan sponsor	SERVICE TRANSPORT GROUP, INC.	c EIN-PN 23-2981850-001
a	Plan name	SGA DESIGN GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SGA DESIGN GROUP, P.C.	c EIN-PN 73-1466773-001
a	Plan name	SGF MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SGF MANAGEMENT, INC.	c EIN-PN 34-1850857-001
a	Plan name	SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	SHADOW FINANCIAL SYSTEMS, INC.	c EIN-PN 22-3564167-001
a	Plan name	E-SAFE TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	E-SAFE TECHNOLOGIES, LLC	c EIN-PN 27-3784047-001
a	Plan name	NEWS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	NEWS	c EIN-PN 94-2745889-001
a	Plan name	ODESUS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ODESUS, INC.	c EIN-PN 95-4864544-001

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	BR&GL CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BR&GL CONSTRUCTION LLC	c EIN-PN 81-2970140-002
a	Plan name	ELEIT TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	ELEIT TECHNOLOGY, INC.	c EIN-PN 72-1388587-002
a	Plan name	SMP SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SMP SERVICES, INC.	c EIN-PN 20-2816544-001
a	Plan name	EUROSTONE, INC. 401(K) PLAN	
b	Name of plan sponsor	EUROSTONE, INC.	c EIN-PN 94-3274951-001
a	Plan name	ST. MARY'S PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor	ST. MARY'S PHARMACY, INC.	c EIN-PN 25-1211032-001
a	Plan name	PASTERKAMP HEATING & AIR CONDITIONING COMPANY 401(K)	
b	Name of plan sponsor	PASTERKAMP HEATING & AIR CONDITIONING	c EIN-PN 84-0568191-001
a	Plan name	PATHFINDER SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor	PATHFINDER SOFTWARE, LLC	c EIN-PN 45-1068132-001
a	Plan name	KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KLEIN PRODUCTS, INC.	c EIN-PN 95-2105141-001
a	Plan name	LUBY PUBLISHING, INC. PROFIT SHARING & 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LUBY PUBLISHING, INC.	c EIN-PN 36-1521240-002
a	Plan name	LUCTOR INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LUCTOR INTERNATIONAL, LLC D/B/A VAN GOGH IMPORTS	c EIN-PN 86-0880585-001
a	Plan name	MAIN STREET FOOT & ANKLE CARE 401(K) PLAN	
b	Name of plan sponsor	MAIN STREET FOOT & ANKLE CARE	c EIN-PN 22-3111862-001
a	Plan name	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	c EIN-PN 95-4795537-001

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	COLEGIO PUERTORRIQUENO DE NINAS SAVING PLAN	
b	Name of plan sponsor	COLEGIO PUERTORRIQUENO DE NINAS	c EIN-PN 66-0204435-001
a	Plan name	GLENN B. STAPLES & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	GLENN B. STAPLES & ASSOCIATES, INC.	c EIN-PN 52-1847612-001
a	Plan name	GLOBAL 401(K) PLAN	
b	Name of plan sponsor	GHG HOLDINGS, INC.	c EIN-PN 46-4331213-001
a	Plan name	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES	c EIN-PN 23-7433927-001
a	Plan name	ALUMINUM COMPANY OF NC, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	ALUMINUM COMPANY OF NC, INC.	c EIN-PN 83-0791382-001
a	Plan name	MATIKON AMERICA INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MATIKON AMERICA INC.	c EIN-PN 38-3498737-002
a	Plan name	MATOSANTOS COMMERCIAL CORP. CODA PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	MATOSANTOS COMMERCIAL CORPORATION	c EIN-PN 66-0206888-001
a	Plan name	CONSER HOMES, INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CONSER HOMES, INC.	c EIN-PN 93-0670347-001
a	Plan name	GREENWAY GROUP ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor	GREENWAY GROUP ASSOCIATES LLC	c EIN-PN 54-1899754-001
a	Plan name	TRANSPAC TECHNOLOGY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRANSPAC TECHNOLOGY INC.	c EIN-PN 52-2192392-001
a	Plan name	MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDI-WEIGHT LOSS CLINICS, LLC	c EIN-PN 20-3753744-001
a	Plan name	HARLEY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	HARLEY AUTOMOTIVE GROUP, INC.	c EIN-PN 41-1711881-001

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 UCOPB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNDERWOOD CHEVROLET OLDS PONTIAC BUICK	c EIN-PN 38-1887779-001
a	Plan name ASSURED CARE HOME HEALTH SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ASSURED CARE HOME HEALTH SERVICES, INC.	c EIN-PN 38-3362477-001
a	Plan name DAVID R. KOEHLER, CPA, SOLE PROPRIETOR 401(K) PLAN	
b	Name of plan sponsor DAVID R. KOEHLER, CPA, SOLE PROPRIETOR	c EIN-PN 77-0420020-001
a	Plan name RODMAN & RODMAN 401(K) PLAN	
b	Name of plan sponsor RODMAN & RODMAN, LLC	c EIN-PN 84-1098791-001
a	Plan name DENTISTRY FOR KIDS AND ADULTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GINA DORFMAN, DDS, A PROFESSIONAL CORPORATION	c EIN-PN 51-0501356-001
a	Plan name BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor INTEGRITY AUTOMOTIVE GROUP	c EIN-PN 34-1725656-001
a	Plan name BIRCKHEAD ELECTRIC, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BIRCKHEAD ELECTRIC, INC.	c EIN-PN 52-1614154-001
a	Plan name BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BIRMINGHAM PODIATRY, P.C.	c EIN-PN 63-0826296-002
a	Plan name WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WMX LOGISTICS	c EIN-PN 82-0570015-001
a	Plan name BRISTOL BROADCASTING CO. INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BRISTOL BROADCASTING CO., INC.	c EIN-PN 54-0491651-001
a	Plan name BROWARD HOUSE 401(K) PLAN	
b	Name of plan sponsor BROWARD HOUSE, INC.	c EIN-PN 59-2913416-001

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	EMERGENCY GROUPS' OFFICE 401(K) PLAN	
b	Name of plan sponsor	EGO, INC. DBA BRAULT	c EIN-PN 95-4278964-001
a	Plan name	JENKINS AUTOMOTIVE, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS AUTOMOTIVE, INC.	c EIN-PN 52-1205731-001
a	Plan name	EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor	EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004
a	Plan name	K4 SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	K4 SOLUTIONS, INC.	c EIN-PN 54-2041084-001
a	Plan name	P. AGNES, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	P. AGNES, INC.	c EIN-PN 23-1583648-888
a	Plan name	FINELINES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	KSG ENTERPRISES, INC.	c EIN-PN 04-3291695-001
a	Plan name	FOOT AND ANKLE CENTER'S 401(K) PLAN	
b	Name of plan sponsor	FOOT AND ANKLE CENTER LLC, WASKIN	c EIN-PN 20-1334520-001
a	Plan name	LAMATTINA'S 401(K) PLAN	
b	Name of plan sponsor	LAMATTINA'S PLUMBING & HEATING CORP.	c EIN-PN 80-0007649-001
a	Plan name	WHITLOCK PLUMBING AND HEATING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITLOCK PLUMBING AND HEATING, INC.	c EIN-PN 54-1282116-001
a	Plan name	AXXIOME AMERICAS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	AXXIOME AMERICAS, INC.	c EIN-PN 74-3213150-001
a	Plan name	BENCOR SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	BENCOR, INC.	c EIN-PN 59-3578144-001
a	Plan name	CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA BOX COMPANY	c EIN-PN 95-3901917-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	COOLING & HERBERS PROFIT SHARING & 401(K) PLAN
b	Name of plan sponsor	COOLING & HERBERS, P.C.
c	EIN-PN	43-1093669-001
a	Plan name	COOPERATIVA DE AHORRO Y CREDITO DE AGUADA 1081.01 (D) SALARY DEFERRAL RETIREMENT PLAN
b	Name of plan sponsor	COOPERATIVA DE A/C DE AGUADA
c	EIN-PN	66-0217490-001
a	Plan name	DSP RETIREMENT PLAN
b	Name of plan sponsor	DAVE SOLTWISCH PLUMBING, INC.
c	EIN-PN	36-3485159-001
a	Plan name	ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE
c	EIN-PN	27-0047953-001
a	Plan name	FAIR RADIO SALES, CO. INC. 401(K) PLAN
b	Name of plan sponsor	FAIR RADIO SALES, INC.
c	EIN-PN	34-6717341-001
a	Plan name	FAIRMONT DESIGNS RETIREMENT PLAN
b	Name of plan sponsor	CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS
c	EIN-PN	94-2930113-001
a	Plan name	FOSTER THOMAS RETIREMENT PLAN
b	Name of plan sponsor	FOSTER THOMAS, INC.
c	EIN-PN	52-1826441-001
a	Plan name	GLOBAL DISPLAY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	GLOBAL DISPLAY SOLUTIONS, INC.
c	EIN-PN	34-1907707-001
a	Plan name	GSI CORPORATION 401(K) PLAN & TRUST
b	Name of plan sponsor	GSI CORPORATION
c	EIN-PN	52-0809975-001
a	Plan name	GUILFORD PAIN MANAGEMENT RETIREMENT PLAN
b	Name of plan sponsor	GUILFORD PAIN MANAGEMENT
c	EIN-PN	56-2193727-001
a	Plan name	HILLWIG-GOODROW, LLC, 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HILLWIG-GOODROW, INC.
c	EIN-PN	26-3921976-001
a	Plan name	HORAN BUILDING COMPANY 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	HORAN BUILDING CO., INC.
c	EIN-PN	05-0466821-001

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	ISOVOLTA, INC. 401(K) PLAN	
b	Name of plan sponsor	ISOVOLTA, INC.	c EIN-PN 13-4263768-001
a	Plan name	ISPACE, INC. 401(K) PLAN	
b	Name of plan sponsor	ISPACE, INC.	c EIN-PN 95-4833855-001
a	Plan name	KAPOOR ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	KAPOOR ENTERPRISES, INC.	c EIN-PN 77-0374359-001
a	Plan name	KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
b	Name of plan sponsor	KEEL ENTERPRISES OF LA LLC	c EIN-PN 72-1158560-001
a	Plan name	LYNXSPRING, INC. 401(K) PLAN	
b	Name of plan sponsor	LYNXSPRING, INC.	c EIN-PN 47-0867589-001
a	Plan name	MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MANUFACTURING SOLUTIONS, INC.	c EIN-PN 48-1180359-001
a	Plan name	NEW DIRECTIONS FOR YOUTH, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW DIRECTIONS FOR YOUTH, INC.	c EIN-PN 95-2973008-001
a	Plan name	OMNIPATH, INC. 401(K) PLAN	
b	Name of plan sponsor	OMNIPATH, INC.	c EIN-PN 31-1639546-002
a	Plan name	PACIFIC COACH WORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC COACH WORKS	c EIN-PN 20-4850786-001
a	Plan name	PC CONTROLS 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	PC CONTROLS	c EIN-PN 75-2830816-001
a	Plan name	PFDA ARCHITECTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	PFDA ARCHITECTS, INC.	c EIN-PN 36-2929057-002
a	Plan name	RAFAEL BENITEZ CARRILLO, INC. CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	RAFAEL BENITEZ CARRILLO, INC.	c EIN-PN 66-0213972-002

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 SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 401(K) PLAN	
b	Name of plan sponsor SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY	c EIN-PN 23-1659451-002
a	Plan name SOUTHERN MACHINE AND FABRICATION CO., INC. 401(K) PLAN	
b	Name of plan sponsor SOUTHERN MACHINE AND FABRICATION COMPANY, INC.	c EIN-PN 58-1329156-002
a	Plan name T.M.C. POWER EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor T.M.C. POWER EQUIPMENT, INC.	c EIN-PN 95-2862221-001
a	Plan name TECO, INC. 401(K) PLAN	
b	Name of plan sponsor TECO, INC.	c EIN-PN 52-2038001-001
a	Plan name THE ORR FELT COMPANY SALARIED EMPLOYEES 401(K) PLAN & TRUST	
b	Name of plan sponsor THE ORR FELT COMPANY	c EIN-PN 31-0683592-001
a	Plan name ADDED DIMENSIONS, INC. 401(K) PLAN	
b	Name of plan sponsor ADDED DIMENSIONS, INC.	c EIN-PN 94-3257729-001
a	Plan name THOMAS BOWSER, MD 401(K) P.S. PLAN	
b	Name of plan sponsor THOMAS BOWSER, M.D.	c EIN-PN 87-0775226-001
a	Plan name AGUA CALIENTE BAND OF CAHUILLA INDIANS/SPA HOTEL & CASINO 401(K) PLAN	
b	Name of plan sponsor AGUA CALIENTE BAND OF CAHUILLA INDIANS	c EIN-PN 95-2549724-001
a	Plan name TRI VALLEY EQUIPMENT SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRI VALLEY EQUIPMENT, INC.	c EIN-PN 34-1295239-001
a	Plan name TRI-AGG, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor TRI-AGG, INC.	c EIN-PN 93-0896445-001
a	Plan name ATLANTIC MANAGEMENT CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTIC MANAGEMENT CENTER, INC.	c EIN-PN 54-1260528-001
a	Plan name VOSS BELTING & SPECIALTY CO., INC. 401(K) PLAN	
b	Name of plan sponsor VOSS BELTING & SPECIALTY CO., INC.	c EIN-PN 36-2109945-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS FUNDAMENTAL INVESTORS INV OPT	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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)	1
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)	38375976
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	39653448
(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	38375977	39653449
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	38375977	39653449

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)	310060	
(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)	4895428	
(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)		2925401
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		8130889

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		8130889
l Transfers of assets:			
(1) To this plan.....	2l(1)		1794558
(2) From this plan	2l(2)		8647975

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 _____.