

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - a DFE (specify) P
- B** This return/report is:
 - the first return/report
 - the final return/report
 - an amended return/report
 - a short plan year return/report (less than 12 months)
- C** If the plan is a collectively-bargained plan, check here. ▶
- D** Check box if filing under:
 - Form 5558
 - automatic extension
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS INV OPT</u>	1b Three-digit plan number (PN) ▶ <u>008</u> 1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>39-0989781</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 2d Business code (see instructions)

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/12/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2024)
v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS INV OPT</u>	B Three-digit plan number (PN)	<u>008</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):		
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d Entity code

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c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
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	CERTEX USA 401(K) PLAN	
b	Name of plan sponsor	CERTEX USA, INC.	c EIN-PN 20-1211126-001
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	DIAKON LOGISTICS 401(K) PLAN	
b	Name of plan sponsor	DIAKON LOGISTICS, INC.	c EIN-PN 20-0446970-001
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	FRAME, MATSUMOTO & COELHO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRAME, MATSUMOTO & COELHO, LLP	c EIN-PN 77-0209411-003
a	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	c EIN-PN 74-1064184-001
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	J & S CONSULTING ENGINEERS 401(K) PLAN	
b	Name of plan sponsor	J&S CONSULTING ENGINEERS, INC.	c EIN-PN 20-3982143-001
a	Plan name	PACKAGING SPECIALTIES 401(K) PLAN	
b	Name of plan sponsor	PACKAGING SPECIALTIES, LLC	c EIN-PN 88-2479890-001
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	TERRASAT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	TERRASAT COMMUNICATIONS, INC.	c EIN-PN 02-0547267-001

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 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 UPHAM OIL & GAS COMPANY 401(K) PLAN	
b	Name of plan sponsor UPHAM OIL & GAS COMPANY, L. P.	c EIN-PN 75-0960746-001
a	Plan name W.S. UNEMORI ENGINEERING, INC. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor WARREN S. UNEMORI ENGINEERING, INC.	c EIN-PN 99-0149848-002
a	Plan name WACKER PLUMBING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WACKER PLUMBING	c EIN-PN 54-1279697-001
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 HUMANOMICS INSURANCE SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor HUMANOMICS INSURANCE SERVICES, INC.	c EIN-PN 95-3669952-002
a	Plan name JACOBS & CLEVINGER, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JACOBS AND CLEVINGER, INC.	c EIN-PN 36-3196244-001
a	Plan name KENT AIR CONDITIONING 401(K) PLAN	
b	Name of plan sponsor KENT AIR CONDITIONING INC.	c EIN-PN 65-0014964-001
a	Plan name MARIAN COLLEGE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MARIAN COLLEGE	c EIN-PN 95-4775118-001
a	Plan name MARIANS CATERING 401(K) PLAN	
b	Name of plan sponsor MARIAN HARADA ENTERPRISES, LTD.	c EIN-PN 99-0087304-002
a	Plan name METRO FENCE CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor METRO FENCE COMPANY, INC.	c EIN-PN 74-6514295-001
a	Plan name MGD 401(K) PLAN	
b	Name of plan sponsor DCE CONSTRUCTION, INC. DBA MESA GARAGE DOORS	c EIN-PN 33-0591655-001

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 MHS LIFT HOLDINGS INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MHS LIFT HOLDINGS INC.	c EIN-PN 23-1738019-001
a	Plan name MORRIS DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor MORRIS DISTRIBUTING	c EIN-PN 68-0301995-001
a	Plan name PINNACLE ADVISORY GROUP, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PINNACLE ADVISORY GROUP, INC.	c EIN-PN 04-3134580-001
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 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 3NSOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor 3NSOLUTIONS, INC.	c EIN-PN 76-0732644-001
a	Plan name ALBANY OB-GYN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALBANY OB-GYN	c EIN-PN 58-1971169-001
a	Plan name CHARLES R. HUNT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHARLES R. HUNT, ATTY	c EIN-PN 58-2110149-001
a	Plan name LESLIE T. HASKINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LESLIE T. HASKINS DBA HASKINS OLDS, INC.	c EIN-PN 04-1425210-001
a	Plan name MPCA UNI 401(K) PLAN	
b	Name of plan sponsor MITSUBISHI PENCIL CORPORATION OF AMERICA	c EIN-PN 95-3143624-001
a	Plan name OPAL SOFT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OPALSOFT, INC.	c EIN-PN 94-3280543-001
a	Plan name PNG 401(K) PROFIT SHARING SAVINGS PLAN	
b	Name of plan sponsor PNG ENVIRONMENTAL, INC.	c EIN-PN 93-1203951-001

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 SANTA FE RUBBER PRODUCTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SANTA FE RUBBER PRODUCTS, INC.	c EIN-PN 95-3864316-001
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 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 BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name TROIL ENTERPRISES, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor TROIL ENTERPRISES, LLC	c EIN-PN 22-3379538-003
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 AMERICAN SECURITY PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMERICAN IRONWORKS, INC. DBA AMERICAN SECURITY	c EIN-PN 95-4677496-001
a	Plan name AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN SOCIETY FOR SURGERY OF THE HAND	c EIN-PN 31-6051199-001
a	Plan name BARCLAY BRAND FERDON EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor BARCLAY BRAND CORPORATION	c EIN-PN 22-3414541-001
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 FUEL SYSTEMS, LLC EMPLOYEES PROFIT SHARING/401(K) PLAN AND TRUST	
b	Name of plan sponsor FUEL SYSTEMS, LLC	c EIN-PN 36-4053183-001
a	Plan name AAA MODERN AIR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AAA MODERN AIR INC.	c EIN-PN 59-2300160-001

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 BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name POS TECHNICAL SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor POS TECHNICAL SERVICES, INC.	c EIN-PN 33-0695227-001
a	Plan name RAYO WHOLESALE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RAYO WHOLESALE, INC.	c EIN-PN 33-0764606-001
a	Plan name SCARBROUGH MEDLIN & ASSOCIATES RETIREMENT & PROFIT SHARING PLAN	
b	Name of plan sponsor SCARBROUGH MEDLIN & ASSOCIATES	c EIN-PN 75-1787225-001
a	Plan name THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE CEDAR RAPIDS DENTAL CENTER	c EIN-PN 42-1012892-002
a	Plan name WATSON REALTY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WATSON REALTY COMPANY	c EIN-PN 95-3462904-001
a	Plan name ABESCO DISTRIBUTING PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ABESCO DISTRIBUTING CO. INC.	c EIN-PN 94-2416739-001
a	Plan name BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEACON TRI-STATE SOLUTIONS, INC.	c EIN-PN 32-0277555-001
a	Plan name BOYESEN, INC 401(K) PLAN	
b	Name of plan sponsor BOYESEN, INC.	c EIN-PN 23-2749409-001
a	Plan name CIMC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA INDIAN MANPOWER CONSORTIUM, INC. (CIMC)	c EIN-PN 94-2472564-001
a	Plan name COMSTOCK JOHNSON ARCHITECTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COMSTOCK JOHNSON ARCHITECTS, INC.	c EIN-PN 68-0039251-003
a	Plan name FELDMAN & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FELDMAN & ASSOCIATES, INC.	c EIN-PN 95-4814253-001

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 GEMI TRUCKING, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor GEMI TRUCKING	c EIN-PN 58-1734350-001
a	Plan name NANCY ADAMS PERSONNEL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor NANCY ADAMS PERSONNEL OF COLUMBIA	c EIN-PN 52-1477652-001
a	Plan name PARTRADE TRADING CO., LLC 401(K) PLAN	
b	Name of plan sponsor PARTRADE TRADING CO., LLC	c EIN-PN 84-1662256-001
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 RIOUX EYE CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIOUX EYE CENTER, INC.	c EIN-PN 87-4253844-001
a	Plan name SLADE GLASS CO. 401(K) PLAN	
b	Name of plan sponsor IMMACULATE GLASS, LLC	c EIN-PN 87-3806033-001
a	Plan name SUBURBAN & TRI-STATE SUBARU 401(K) PLAN	
b	Name of plan sponsor SUBURBAN & TRI-STATE SUBARU, INC.	c EIN-PN 06-1210980-001
a	Plan name WECKWORTH-LANGDON 401(K) PLAN	
b	Name of plan sponsor WECKWORTH MANUFACTURING, INC.	c EIN-PN 48-1137303-001
a	Plan name FMF RACING EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor FMF RACING	c EIN-PN 33-0667541-001
a	Plan name CBW AUTOMATION, INC. 401(K) PROFIT SHARING PLAN AND RETIREMENT TRUST	
b	Name of plan sponsor MULLER TECHNOLOGY COLORADO	c EIN-PN 48-0775210-001
a	Plan name LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor LAFATA MANAGEMENT, INC.	c EIN-PN 20-1965835-001
a	Plan name PELL MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor PELL MANUFACTURING, INC.	c EIN-PN 04-3032603-001

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	PENNY LANE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PENNY LANE	c EIN-PN 95-2633765-001
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	CITY WELDING RETIREMENT PLAN	
b	Name of plan sponsor	CITY WELDING & FABRICATION, INC.	c EIN-PN 04-2990922-001
a	Plan name	THE FRATE GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE FRATE GROUP	c EIN-PN 20-5168941-001
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	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	REICHEL FOODS 401(K) PLAN	
b	Name of plan sponsor	REICHEL FOODS, INC.	c EIN-PN 90-0246502-001
a	Plan name	ARTISAN REALTY GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ARTISAN REALTY GROUP, INC.	c EIN-PN 81-4631308-001
a	Plan name	ASC PARTNERS 401(K) PLAN	
b	Name of plan sponsor	ASC PARTNERS, LLC	c EIN-PN 71-0974497-001
a	Plan name	DATAWORKS 401(K) PLAN	
b	Name of plan sponsor	DW EDUCATIONAL RESEARCH, INC. DBA DATAWORKS EDUCATIONAL RESEARCH	c EIN-PN 77-0584790-001
a	Plan name	HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001
a	Plan name	MID-ATLANTIC NEUROSURGICAL ASSOC., P.A. 401(K) PLAN	
b	Name of plan sponsor	MID-ATLANTIC NEUROSURGICAL ASSOC., P.A.	c EIN-PN 52-1982174-001

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	AUBURN CONSTRUCTORS, INC. 401(K)/PW PLAN	
b	Name of plan sponsor	AUBURN CONSTRUCTORS, INC.	c EIN-PN 68-0230575-002
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	MISSION DE LA CASA 401(K) PLAN	
b	Name of plan sponsor	MISSION DE LA CASA	c EIN-PN 77-0525988-001
a	Plan name	INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	c EIN-PN 59-1745402-001
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	WEST SIDE MARKET SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	ROMEO'S INC. DBA WEST SIDE MARKET	c EIN-PN 06-1026857-001
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	BERGMAN, WALLS & ASSOCIATES, LTD. 401(K) PLAN	
b	Name of plan sponsor	BERGMAN, WALLS & ASSOCIATES, LTD.	c EIN-PN 88-0318867-002
a	Plan name	DURABOOK 401(K) PLAN	
b	Name of plan sponsor	DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001
a	Plan name	DYNAMIC PLASTICS, INC. 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC PLASTICS, INC.	c EIN-PN 38-3094135-001
a	Plan name	BURNETTE LAW FIRM PENSION & PROFIT SHARING PLAN	
b	Name of plan sponsor	SUSAN L. BURNETTE, P.C.	c EIN-PN 02-0625716-001

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 PATHMARK HR, INC. 401(K) PSP	
b	Name of plan sponsor PATHMARK HR, INC.	c EIN-PN 81-4987330-001
a	Plan name CARRANO TRANSPORTATION AND LOGISTICS 401(K) PLAN	
b	Name of plan sponsor CARRANO TRANSPORTATION AND LOGISTICS, LLC	c EIN-PN 06-0995395-001
a	Plan name SUPERIOR AUTO BODY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUPERIOR AUTO BODY, INC.	c EIN-PN 52-1273025-001
a	Plan name ACRC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN CONTINENTAL RESOURCES CORP.	c EIN-PN 86-0470553-001
a	Plan name CIVIL DESIGN CONCEPTS 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor CIVIL DESIGN CONCEPTS PA	c EIN-PN 56-2244957-001
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 THE SOUTHEAST ALABAMA GAS DISTRICT RETIREMENT INCOME PLAN	
b	Name of plan sponsor SOUTHEAST ALABAMA GAS DISTRICT	c EIN-PN 63-6004182-001
a	Plan name ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor ALTAONE FEDERAL CREDIT UNION	c EIN-PN 95-1658623-222
a	Plan name ALZHEIMER'S TEXAS PROFIT SHARING PLAN	
b	Name of plan sponsor ALZHEIMER'S TEXAS, INC.	c EIN-PN 74-2286105-002
a	Plan name AM-TREE 401(K) PLAN	
b	Name of plan sponsor AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	c EIN-PN 22-2761331-222
a	Plan name CONSOLIDATED MANAGEMENT AGENCY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONSOLIDATED MANAGEMENT AGENCY, INC.	c EIN-PN 20-1176567-001
a	Plan name HARKRIDER, DEMYAN & RODWELL LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARKRIDER, DEMYAN & RODWELL LLC	c EIN-PN 41-2067761-001

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	UAW LOCAL 652 401(K) PLAN	
b	Name of plan sponsor	UAW LOCAL 652	c EIN-PN 38-0893147-001
a	Plan name	HILLMAN SECURITY 401(K) PLAN	
b	Name of plan sponsor	HILLMAN SECURITY & FIRE TECHNOLOGIES	c EIN-PN 23-1996146-001
a	Plan name	MIJA INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	MIJA INDUSTRIES, INC.	c EIN-PN 04-2496402-001
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	MODERN DAIRY, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MODERN DAIRY, INC.	c EIN-PN 77-0499501-001
a	Plan name	NECA 401(K) PLAN	
b	Name of plan sponsor	NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC.	c EIN-PN 22-3479934-001
a	Plan name	NEESE 401(K)	
b	Name of plan sponsor	NEESE HEATING & AIR CONDITIONING INC.	c EIN-PN 58-2005554-001
a	Plan name	NELSON AND FROMER 401(K) PLAN	
b	Name of plan sponsor	NELSON AND FROMER	c EIN-PN 22-2907384-002
a	Plan name	EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name	IOWA CANCER SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IOWA CANCER SPECIALISTS, P.C.	c EIN-PN 06-1666841-003
a	Plan name	IPR INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	IPR INTERNATIONAL, LLC	c EIN-PN 01-0658620-001
a	Plan name	BRITTON INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	BRITTON INDUSTRIES, INC.	c EIN-PN 22-3769860-001

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 EMOTIVE EXPERIENTIAL PERFORMANCE 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EMOTIVE EXPERIENTIAL PERFORMANCE, INC.	c EIN-PN 87-0787478-001
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 OHC DEVELOPMENT, LLC RETIREMENT PLAN	
b	Name of plan sponsor OHC DEVELOPMENT, LLC	c EIN-PN 04-3498313-001
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 K & K STAMPING COMPANY 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor K & K STAMPING COMPANY	c EIN-PN 38-2117903-001
a	Plan name P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor P. & S. CONSTRUCTION CO., INC.	c EIN-PN 57-0721109-001
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 BENCOR SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BENCOR, INC.	c EIN-PN 59-3578144-001
a	Plan name CENTRAL SHEET METAL FABRICATORS 401(K) PLAN	
b	Name of plan sponsor CENTRAL SHEET METAL FABRICATORS	c EIN-PN 22-2688946-002
a	Plan name CLEAR CREEK SKIING CORP., INC. 401(K) PLAN	
b	Name of plan sponsor CLEAR CREEK SKIING CORPORATION, INC.	c EIN-PN 84-0619358-001
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 CRYSTALASER PROFIT SHARING PLAN	
b	Name of plan sponsor CRYSTALASER	c EIN-PN 86-0889160-002

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	DERMATOLOGY ALLERGY 401(K) PLAN	
b	Name of plan sponsor	DERMATOLOGY ALLERGY GENERAL PHYSICIANS OF OHIO, INC.	c EIN-PN 31-1027818-001
a	Plan name	DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DERMATOLOGY ASSOCIATES, PC	c EIN-PN 39-1896149-002
a	Plan name	EASTERN COLORADO BANK 401(K) PLAN	
b	Name of plan sponsor	THE EASTERN COLORADO BANK	c EIN-PN 84-0361004-001
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	HASTY TASTY FOOD SERVICE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HASTY TASTY FOOD SERVICE	c EIN-PN 36-3490914-001
a	Plan name	INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERFAITH NEIGHBORS, INC.	c EIN-PN 22-2896129-001
a	Plan name	IROQUOIS BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	IROQUOIS BUILDERS, INC.	c EIN-PN 36-4390501-001
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	LYONS GROUP 401(K) PLAN	
b	Name of plan sponsor	LYONS GROUP	c EIN-PN 04-2707878-001
a	Plan name	PBHK, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PBHK, INC.	c EIN-PN 99-0306811-001
a	Plan name	PROJECT MASTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PROJECT MASTERS, INC.	c EIN-PN 52-1977262-001
a	Plan name	ROMAR & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	ROMAR & ASSOCIATES	c EIN-PN 74-1565181-002

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	RYAN'S GRAPHICS CORPORATION 401(K) PLAN
b	Name of plan sponsor	RYAN'S GRAPHICS CORPORATION
c	EIN-PN	99-0167906-001
a	Plan name	SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN
b	Name of plan sponsor	SEQUEL CONTRACTORS, INC.
c	EIN-PN	95-4301424-002
a	Plan name	TREE OF LIFE NURSERY PROFIT SHARING 401(K) SAVINGS PLAN
b	Name of plan sponsor	TREE OF LIFE NURSERY
c	EIN-PN	33-0940948-002
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	AMERICAN ANALYTICAL SERVICES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	AMERICAN ANALYTICAL SERVICES, INC.
c	EIN-PN	20-0935911-001
a	Plan name	UNICORN HRO LLC EMPLOYEE SAVINGS PLAN
b	Name of plan sponsor	UNICORN HRO LLC
c	EIN-PN	27-1441892-001
a	Plan name	APEX GLOBAL LOGISTICS, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	APEX GLOBAL LOGISTICS, INC.
c	EIN-PN	94-3343037-001
a	Plan name	ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN
b	Name of plan sponsor	ATLANTIC AND PACIFIC FREIGHTWAYS, INC.
c	EIN-PN	93-0984994-001
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	
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 WASHINGTON MUTUAL INVESTORS INV OPT	B Three-digit plan number (PN) ▶ 008
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.

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)	22617652
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	20356716
(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	22617652	20356716
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	22617652	20356716

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)	229106	
(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)	1716558	
(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)		1856914
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3802578

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		3802578
l Transfers of assets:			
(1) To this plan.....	2l(1)		1235576
(2) From this plan	2l(2)		7299090

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 _____.