

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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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 the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>AMERICAN FUNDS NEW PERSPECTIVE INV OPT</u>	1b Three-digit plan number (PN) ▶ <u>023</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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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 NEW PERSPECTIVE INV OPT</u>	B Three-digit plan number (PN)	<u>023</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

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 CAMBRIDGE MOTOR CAR COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor CAMBRIDGE MOTOR CAR COMPANY, LLC	c EIN-PN 04-3351359-001
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 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
a	Plan name GORILLA CIRCUITS 401(K) PLAN	
b	Name of plan sponsor GORILLA CIRCUITS	c EIN-PN 94-1694315-001
a	Plan name J. MCLOUGHLIN ENGINEERING CO., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor J. MCLOUGHLIN ENGINEERING CO., INC.	c EIN-PN 33-0570155-001
a	Plan name KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor KENNEDY AUTOMOTIVE GROUP, INC.	c EIN-PN 23-2545536-001

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 KENNETH C. GIBBS, A PROFESSIONAL CORPORATION SALARY SAVINGS PLAN	
b	Name of plan sponsor KENNETH C. GIBBS, A PROFESSIONAL CORPORATION	c EIN-PN 95-3553194-001
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 MONROE URGENT CARE, INC. SAVINGS RETIREMENT PLAN	
b	Name of plan sponsor MONROE URGENT CARE, INC.	c EIN-PN 26-0188188-001
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 NORTHWEST EYE PHYSICIANS 401(K) PLAN	
b	Name of plan sponsor NORTHWEST EYE PHYSICIANS, P.C.	c EIN-PN 38-1861527-002
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 PROTIRO, INC. 401(K) PLAN	
b	Name of plan sponsor PROTIRO, INC.	c EIN-PN 84-1441825-001
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
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

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	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	WACKER PLUMBING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WACKER PLUMBING	c EIN-PN 54-1279697-001
a	Plan name	AIR & LUBE SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AIR & LUBE SYSTEMS, INC.	c EIN-PN 94-3284282-001
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	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	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	HELIX CONSTRUCTION SERVICES, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	HELIX CONSTRUCTION SERVICES, INC.	c EIN-PN 52-1889574-001
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	MARIANS CATERING 401(K) PLAN	
b	Name of plan sponsor	MARIAN HARADA ENTERPRISES, LTD.	c EIN-PN 99-0087304-002
a	Plan name	MARIO SUSI & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	MARIO SUSI & SON, INC.	c EIN-PN 04-2213066-003
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	METROLIST 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	METROLIST, INC.	c EIN-PN 84-0943682-001

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 MGD 401(K) PLAN	
b	Name of plan sponsor DCE CONSTRUCTION, INC. DBA MESA GARAGE DOORS	c EIN-PN 33-0591655-001
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 PALM IMAGING INSTITUTE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PALM IMAGING INSTITUTE, INC. AND EMPIRE ORTHOPEDIC CENTER	c EIN-PN 33-0638761-001
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 PICKERING MANOR HOME 401(K) PLAN	
b	Name of plan sponsor PICKERING MANOR HOME	c EIN-PN 51-0244585-001
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 SKY ROAD LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SKY ROAD LLC	c EIN-PN 03-0571884-001
a	Plan name WAILEA OLD BLUE 401(K) PLAN	
b	Name of plan sponsor WAILEA OLD BLUE, LLC	c EIN-PN 87-0777083-001
a	Plan name WAILEA OLD BLUE NON-UNION 401(K) PLAN	
b	Name of plan sponsor WAILEA OLD BLUE, LLC	c EIN-PN 87-0777083-002
a	Plan name YTY LLC DBA INSURANCE PLANNING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor YTY LLC DBA INSURANCE PLANNING SERVICES	c EIN-PN 46-3641373-001

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 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 CAPITAL RESEARCH CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CAPITAL RESEARCH CENTER	c EIN-PN 52-1289734-001
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 CHARLES RIVER BOAT COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CHARLES RIVER BOAT COMPANY, INC.	c EIN-PN 04-3084148-001
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 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 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 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

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 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 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 ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name EPOCH.COM SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor EPOCH.COM, LLC	c EIN-PN 56-2432338-001
a	Plan name FUNG ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor FUNG ASSOCIATES	c EIN-PN 45-2778165-001
a	Plan name IABA SALARY SAVINGS PLAN	
b	Name of plan sponsor INSTITUTE FOR APPLIED BEHAVIOR ANALYSIS CORPORATION	c EIN-PN 95-3693249-001
a	Plan name JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
b	Name of plan sponsor HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-001
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 COWBOY DODGE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COWBOY DODGE, INC.	c EIN-PN 83-0254068-001
a	Plan name COYLE REPRODUCTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COYLE REPRODUCTIONS, INC.	c EIN-PN 95-2955426-001
a	Plan name DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DON'S TRUCK SALES, INC.	c EIN-PN 42-0816951-001
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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name	ERMAN RETIREMENT ADVISORY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ERMAN RETIREMENT ADVISORY	c EIN-PN 95-3677994-001
a	Plan name	G.C.S. SALES & MARKETING, INC. 401(K) PLAN	
b	Name of plan sponsor	G.C.S. SALES & MARKETING, INC.	c EIN-PN 04-3268496-001
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	LIBERTY CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor	LIBERTY CHEVROLET, INC.	c EIN-PN 04-3027316-001
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	LIGHTHOUSE INSURANCE AGENCY, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LIGHTHOUSE INSURANCE AGENCY	c EIN-PN 04-3216220-001
a	Plan name	MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor	MUSKEGON COUNTY MUSEUM	c EIN-PN 38-1367319-001
a	Plan name	REALTECH 401(K) PLAN	
b	Name of plan sponsor	REALTECH CONSTRUCTION CO., LLC	c EIN-PN 95-4709478-001
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	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	SPRAY POLYURETHANE FOAM ALLIANCE 401(K) PLAN	
b	Name of plan sponsor	SPRAY POLYURETHANE FOAM ALLIANCE	c EIN-PN 20-0374296-001
a	Plan name	TRUSTCO, INC. TAX-FAVORED SAVINGS PLAN	
b	Name of plan sponsor	TRUSTCO, INC.	c EIN-PN 87-0295837-001

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 ALL POINTS 401(K) PLAN	
b	Name of plan sponsor ALL POINTS PACKAGING	c EIN-PN 58-2174673-001
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
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 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 DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAHME HEATING AND AIRCONDITIONING, INC.	c EIN-PN 77-0250781-001
a	Plan name DAKEM & ASSOCIATES, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAKEM & ASSOCIATES, LLC.	c EIN-PN 86-0864545-001
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 ELATERAL INC. 401(K) PLAN	
b	Name of plan sponsor ELATERAL INC. DBA BRANDGILITY	c EIN-PN 51-0396708-001
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

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 ELDREDGE COMPANIES, INC. 401(K) SALARY SAVINGS PLAN AND TRUST	
b	Name of plan sponsor THE ELDREDGE COMPANIES, INC.	c EIN-PN 23-2372461-001
a	Plan name FERBER & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor FERBER AND SONS, INC	c EIN-PN 59-1499209-001
a	Plan name HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HENSLEY LAMKIN RACHEL, INC.	c EIN-PN 75-2377361-001
a	Plan name HESS SERVICES RETIREMENT PLAN	
b	Name of plan sponsor HESS SERVICES, INC.	c EIN-PN 48-1160099-001
a	Plan name LISAC'S, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor LISAC'S, INC.	c EIN-PN 81-0307699-001
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 RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor MODERN HR, INC.	c EIN-PN 81-0741257-002
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 WOOD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VALLEY WOOD, INC.	c EIN-PN 58-1869240-001

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	WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN	
b	Name of plan sponsor	WEATHER ENGINEERS, INC.	c EIN-PN 59-3076169-004
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	CCALA CORP. RETIREMENT PLAN	
b	Name of plan sponsor	CCALA CORP.	c EIN-PN 66-0430969-001
a	Plan name	CDS MECHANICAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CDS MECHANICAL SERVICES, INC.	c EIN-PN 20-1407450-001
a	Plan name	CDSS RETIREMENT PLAN	
b	Name of plan sponsor	CENTER FOR DISEASES & SURGERY OF THE SPINE	c EIN-PN 88-0340195-001
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	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	CITY TILE & FLOOR COVERING CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CITY TILE AND FLOOR COVERING CO., LLC	c EIN-PN 62-1039371-001
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	PRECIOUS MOMENTS FOUNDATION EMPLOYEES 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECIOUS MOMENTS FOUNDATION	c EIN-PN 31-1721271-001
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	COCHRANE SUPPLY ENGINEERING, INC. PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	COCHRANE SUPPLY ENGINEERING, INC.	c EIN-PN 38-1854848-001

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	PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRIMO MEDICAL GROUP, INC.	c EIN-PN 04-2224896-002
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	PRIORITY MORTGAGE CORP. 401(K) PLAN	
b	Name of plan sponsor	PRIORITY MORTGAGE CORP.	c EIN-PN 31-1088264-001
a	Plan name	PRO COM ROOFING CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRO COM ROOFING CORPORATION	c EIN-PN 23-2906707-001
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	CONNECTICUT VALLEY BIOLOGICAL SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CONNECTICUT VALLEY BIOLOGICAL SUPPLY CO., INC.	c EIN-PN 04-2322709-001
a	Plan name	QUALITY CASING & NETTING COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	QUALITY CASING & NETTING COMPANY, INC.	c EIN-PN 31-1365171-001
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	ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANDREWS OIL CO. & GAS SERVICES, INC.	c EIN-PN 06-0812862-001
a	Plan name	CRAZY HOUSE, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	CRAZY HOUSE, INC.	c EIN-PN 48-0693849-001
a	Plan name	HAMMOND DRIVES AND EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor	HAMMOND DRIVES AND EQUIPMENT, INC.	c EIN-PN 38-3301733-001

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	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	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	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	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	NATIONAL PORTFOLIO NETWORK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL PORTFOLIO NETWORK	c EIN-PN 33-0288775-001
a	Plan name	SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	THE SCIENTIFIC CONSULTING GROUP, INC.	c EIN-PN 52-1719423-001
a	Plan name	DURABOOK 401(K) PLAN	
b	Name of plan sponsor	DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001
a	Plan name	DURINGER LAW GROUP, PLC 401(K) PLAN	
b	Name of plan sponsor	DURINGER LAW GROUP, PLC	c EIN-PN 20-2965686-001
a	Plan name	NEW ENGLAND METALFORM, INC. CASH BALANCE PLAN	
b	Name of plan sponsor	NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-003
a	Plan name	ELEIT TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	ELEIT TECHNOLOGY, INC.	c EIN-PN 72-1388587-002

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	JDM TECHNOLOGY GROUP 401(K) PLAN	
b	Name of plan sponsor	COMPUTER GUIDANCE	c EIN-PN 46-4707871-001
a	Plan name	SMOLAR ENTERPRISES, LLC 401(K) PLAN	
b	Name of plan sponsor	SMOLAR ENTERPRISES, LLC	c EIN-PN 52-2226180-001
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
a	Plan name	ETTLESON 401(K) PLAN	
b	Name of plan sponsor	ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	c EIN-PN 36-3420816-002
a	Plan name	EUROSTONE, INC. 401(K) PLAN	
b	Name of plan sponsor	EUROSTONE, INC.	c EIN-PN 94-3274951-001
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	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	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	MAJESTIC INDUSTRY HILLS, LLC 401(K) PLAN	
b	Name of plan sponsor	MAJESTIC INDUSTRY HILLS, LLC	c EIN-PN 95-4795537-001
a	Plan name	GLEN P. MOREHEAD, MD, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLEN P. MOREHEAD, MD, PC	c EIN-PN 58-2295975-002
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	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

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	ANTELOPE VALLEY 401(K) PLAN
b	Name of plan sponsor	ANTELOPE VALLEY 401(K) PLAN
c	EIN-PN	95-4056336-002
a	Plan name	CRESS INSURANCE CONSULTANTS, INC. RETIREMENT PLAN
b	Name of plan sponsor	CRESS INSURANCE CONSULTANTS, INC.
c	EIN-PN	85-0324896-001
a	Plan name	HANSFORD PHARMACY SERVICES 401(K) PLAN
b	Name of plan sponsor	HANSFORD PHARMACY SERVICES, LLC
c	EIN-PN	20-0564615-001
a	Plan name	REMY LEATHER FASHIONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	REMY LEATHER FASHIONS, INC.
c	EIN-PN	95-2786389-001
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	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	VENANGO MACHINE PRODUCTS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	VENANGO MACHINE PRODUCTS
c	EIN-PN	25-1261324-001
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	NECA 401(K) PLAN
b	Name of plan sponsor	NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC.
c	EIN-PN	22-3479934-001
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

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	DRAGON LINE, LLC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRAGON LINE, LLC.	c EIN-PN 81-1828114-001
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	E.M.B., INC. 401(K) PLAN	
b	Name of plan sponsor	LANDSCAPER'S DEPOT, INC.	c EIN-PN 02-0419465-001
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	WMX LOGISTICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WMX LOGISTICS	c EIN-PN 82-0570015-001
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	EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	EMPIRE HYUNDAI, INC.	c EIN-PN 04-3498129-001
a	Plan name	JENKINS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS ENTERPRISES	c EIN-PN 88-0191006-001
a	Plan name	ODYSSEY TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ODYSSEY TECHNOLOGIES, INC.	c EIN-PN 52-2055201-001
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	EXECUTIVE PROPERTY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EXECUTIVE PROPERTY MANAGEMENT	c EIN-PN 22-2398215-001

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	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	CARVER FINANCIAL CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CARVER FINANCIAL CORPORATION	c EIN-PN 20-0397876-001
a	Plan name	SURGEONS CHOICE MEDICAL CENTER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	SURGEONS CHOICE MEDICAL CENTER	c EIN-PN 38-3162435-001
a	Plan name	WRITTEN DEPOSITION SERVICE, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	WRITTEN DEPOSITION SERVICE, LLC	c EIN-PN 73-1497732-001
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	BUCK HILL FALLS COMPANY 401(K) PLAN	
b	Name of plan sponsor	BUCK HILL FALLS COMPANY	c EIN-PN 24-0536840-001
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
a	Plan name	CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CBI REHABILITATION SERVICES, INC.	c EIN-PN 26-0894212-001
a	Plan name	CERRONE OLDS-GMC TRUCK 401(K) PLAN	
b	Name of plan sponsor	AL CERRONE'S HARRIS AUTO SALES INC.	c EIN-PN 04-2608042-001
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

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	DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	DUCT & VENT CLEANING OF AMERICA, INC.	c EIN-PN 04-3175810-001
a	Plan name	EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
b	Name of plan sponsor	EASTERN WAREHOUSE DISTRIBUTORS, LLC	c EIN-PN 23-2566520-001
a	Plan name	FOSTER THOMAS RETIREMENT PLAN	
b	Name of plan sponsor	FOSTER THOMAS, INC.	c EIN-PN 52-1826441-001
a	Plan name	GERRITY'S SUPERMARKET, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GERRITY'S SUPERMARKET, INC.	c EIN-PN 23-2150407-777
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	INTERFAITH NEIGHBORS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERFAITH NEIGHBORS, INC.	c EIN-PN 22-2896129-001
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	ISOVOLTA, INC. 401(K) PLAN	
b	Name of plan sponsor	ISOVOLTA, INC.	c EIN-PN 13-4263768-001
a	Plan name	LASHUA RETIREMENT PLAN	
b	Name of plan sponsor	LASHUA-LACHANCE & POLIKS INSURANCE AGENCY, INC.	c EIN-PN 04-2687189-001
a	Plan name	LATITUDE 33 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LATITUDE 33 PLANNING & ENGINEERING	c EIN-PN 33-0582561-001
a	Plan name	LYNXSPRING, INC. 401(K) PLAN	
b	Name of plan sponsor	LYNXSPRING, INC.	c EIN-PN 47-0867589-001
a	Plan name	MELTON, ESPY & WILLIAMS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	MELTON, ESPY & WILLIAMS P.C.	c EIN-PN 63-0720022-001

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	NEW ENGLAND METALFORM, INC. 401(K) PLAN	
b	Name of plan sponsor	NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-002
a	Plan name	P.S. GREETINGS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	P.S. GREETINGS, INC.	c EIN-PN 36-2995710-001
a	Plan name	PBHK, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PBHK, INC.	c EIN-PN 99-0306811-001
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	PROJECT MASTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PROJECT MASTERS, INC.	c EIN-PN 52-1977262-001
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
a	Plan name	RAFIH AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor	RAFIH AUTO GROUP, INC.	c EIN-PN 68-0676945-001
a	Plan name	RESTWELL MATTRESS COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RESTWELL MATTRESS COMPANY	c EIN-PN 41-1672945-002
a	Plan name	ROMAR & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	ROMAR & ASSOCIATES	c EIN-PN 74-1565181-002
a	Plan name	S4, INC. 401(K) PLAN	
b	Name of plan sponsor	S4 INC.	c EIN-PN 04-3309384-001
a	Plan name	SIERRA REHABILITATION SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERRA REHABILITATION SERVICES	c EIN-PN 88-0302345-001
a	Plan name	SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SOUTH TEXAS COMMUNITY LIVING CORPORATION	c EIN-PN 76-0364678-001

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 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 STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor STERLING BV, INC.	c EIN-PN 81-1791939-001
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 TELCO COMMUNICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor TCI INTERNATIONAL, INC.	c EIN-PN 05-0380899-001
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-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 VERTICAL SYSTEMS, LLC 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor VERTICAL SYSTEMS, LLC	c EIN-PN 20-0215495-001
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

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	ATLANTIC CORRUGATED BOX, INC. 401(K) PLAN	
b Name of plan sponsor	ATLANTIC CORRUGATED BOX, INC.	c EIN-PN 54-1297441-001

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		
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

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

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)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan AMERICAN FUNDS NEW PERSPECTIVE INV OPT	B Three-digit plan number (PN) ► 023
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

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)		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)	27896289	26692423
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(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	27896289	26692424
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	27896289	26692424

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)	67092	
(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)	2992305	
(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)		1193309
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		4252706

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		4252706
l Transfers of assets:			
(1) To this plan	2l(1)		1487813
(2) From this plan	2l(2)		6944384

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 _____.