

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 AMCAP RET OPT</u>	1b Three-digit plan number (PN) ▶ <u>249</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

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

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 AMCAP RET OPT</u>	B Three-digit plan number (PN)	<u>249</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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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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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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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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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)
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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	CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA SOCIETY OF HEALTH-SYSTEM PHARMACISTS	c EIN-PN 94-6252725-001
a	Plan name	CANAM MINERALS, INC. 401(K) PLAN	
b	Name of plan sponsor	CANAM MINERALS, INC.	c EIN-PN 94-1535782-001
a	Plan name	COMCARE, INC. 401(K) PLAN	
b	Name of plan sponsor	COMCARE, INC.	c EIN-PN 62-1019649-004
a	Plan name	DHR MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	DHR MANAGEMENT, LLC	c EIN-PN 27-2018400-001
a	Plan name	DIAMOND EQUIPMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	DIAMOND EQUIPMENT, INC.	c EIN-PN 35-1161961-001
a	Plan name	ECOMARK ENERGY, INC. 401(K) PLAN	
b	Name of plan sponsor	ECOMARK ENERGY, INC.	c EIN-PN 47-2681037-001
a	Plan name	FAMILY DENTAL EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	FAMILY DENTAL PRACTICE	c EIN-PN 55-0764474-001
a	Plan name	FOY & ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FOY & ASSOCIATES, PC	c EIN-PN 38-3687296-001
a	Plan name	FRANTZ, INC. 401(K) PLAN	
b	Name of plan sponsor	FRANTZ, INC.	c EIN-PN 61-0436803-002
a	Plan name	GOSHGARIAN & ASSOCIATES, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOSHGARIAN & ASSOCIATES, PROFESSIONAL LAW CORP.	c EIN-PN 95-4126355-001
a	Plan name	J & P PAVING MASONRY & SEALANT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	J & P PAVING MASONRY & SEALANT, INC.	c EIN-PN 31-1121622-001
a	Plan name	PHOENIX PRINTING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHOENIX PRINTING GROUP, INC. D/B/A PHOENIX PRINTING	c EIN-PN 26-1995352-001

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	PROJEX PACIFIC INC. 401(K) PLAN	
b	Name of plan sponsor	PROJEX PACIFIC INC	c EIN-PN 51-0470194-001
a	Plan name	PROMAN STAFFING GROUP 401(K) PLAN	
b	Name of plan sponsor	PROMAN GROUP, INC	c EIN-PN 82-2540923-001
a	Plan name	SAGE PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	SAGE PARTNERS, LLC	c EIN-PN 46-3113665-001
a	Plan name	SALIL TREHAN MD PA 401(K) PLAN	
b	Name of plan sponsor	SALIL TREHAN MD PA	c EIN-PN 75-2894667-001
a	Plan name	SIGNMEDIA, INC. 401(K) PLAN	
b	Name of plan sponsor	SIGNMEDIA, INC.	c EIN-PN 54-1254298-001
a	Plan name	STERLING SPRING, L.L.C. RETIREMENT PLAN	
b	Name of plan sponsor	STERLING SPRING	c EIN-PN 36-4119269-001
a	Plan name	STEVEN G. SAFRAN, MD, PA 401(K) PLAN	
b	Name of plan sponsor	STEVEN G. SAFRAN, M.D., P.A.	c EIN-PN 22-3282121-001
a	Plan name	TEXAS BANK 401(K) PLAN	
b	Name of plan sponsor	TEXAS BANK	c EIN-PN 75-1405029-001
a	Plan name	THOMPSON TANK, INC. 401(K) PLAN	
b	Name of plan sponsor	THOMPSON TANK, INC.	c EIN-PN 88-0302977-001
a	Plan name	THREE RIVERS CHRYSLER JEEP DODGE, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	THREE RIVERS CHRYSLER JEEP DODGE	c EIN-PN 84-1670451-001
a	Plan name	VOXTUR ANALYTICS US CORP. 401(K) PLAN	
b	Name of plan sponsor	VOXTUR ANALYTICS US CORP.	c EIN-PN 87-2071392-001
a	Plan name	VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VULCAN FIRE SYSTEMS, INC.	c EIN-PN 61-1057957-001

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	B & B TRADING CORPORATION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	B & B TRADING CORPORATION	c EIN-PN 04-3055768-001
a Plan name	EIRECON CONSTRUCTION, LLC DEFINED BENEFIT PLAN	
b Name of plan sponsor	EIRECON CONSTRUCTION, LLC	c EIN-PN 83-0424733-002
a Plan name	GOTEC PLUS SUN, LLC 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	GOTEC PLUS SUN, LLC	c EIN-PN 20-4320976-001
a Plan name	GRABER ANIMAL HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	GRABER ANIMAL HOSPITAL, INC.	c EIN-PN 34-1903123-001
a Plan name	HWO, INC. 401(K) PLAN	
b Name of plan sponsor	HWO, INC.	c EIN-PN 83-2185021-001
a Plan name	NOT-FOR-PROFIT RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	COMMUNITY LIVING OPTIONS, INC.	c EIN-PN 37-1079626-001
a Plan name	NU-TIER BRANDS, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	NU-TIER BRANDS, INC.	c EIN-PN 90-0541753-001
a Plan name	PUEBLO OF ACOMA HOUSING AUTHORITY 401(K) PLAN	
b Name of plan sponsor	PUEBLO OF ACOMA HOUSING AUTHORITY	c EIN-PN 65-1303187-001
a Plan name	RICHLAND COMPANY & ASSOCIATES, INC. RETIREMENT PLAN	
b Name of plan sponsor	RICHLAND COMPANY & ASSOCIATES, INC.	c EIN-PN 34-1342190-001
a Plan name	RIDGE GLOBAL, LLC PROFIT SHARING & 401(K) PLAN AND TRUST	
b Name of plan sponsor	RIDGE GLOBAL, LLC	c EIN-PN 20-4147521-001
a Plan name	SALTER HEALY, LLC 401(K) PLAN	
b Name of plan sponsor	SALTER HEALY, LLC	c EIN-PN 26-1337937-001
a Plan name	SKILLINGS & SONS, INC. 401(K) PLAN	
b Name of plan sponsor	SKILLINGS & SONS, INC.	c EIN-PN 04-2491037-001

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	YEZCO1, INC. 401(K) PLAN	
b	Name of plan sponsor	YEZCO1, INC.	c EIN-PN 35-2395294-001
a	Plan name	ALBERT LEUNG, M.D., LLC 401(K) PLAN	
b	Name of plan sponsor	ALBERT LEUNG, M.D., LLC	c EIN-PN 27-2134744-001
a	Plan name	ALBERTELLI LAW 401(K) PLAN	
b	Name of plan sponsor	JAMES E. ALBERTELLI, P.A.	c EIN-PN 26-0659686-001
a	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
b	Name of plan sponsor	ALERT-O-LITE, INC.	c EIN-PN 94-2752915-001
a	Plan name	ALEX TATUM CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ALEX TATUM CONSTRUCTION CO., INC.	c EIN-PN 58-1520046-002
a	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
b	Name of plan sponsor	BOATMATE TRAILERS, LLC	c EIN-PN 20-8965178-001
a	Plan name	BONINFANTE FRICTON INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BONINFANTE FRICTON INC.	c EIN-PN 27-4188636-001
a	Plan name	CHEM PRO LABORATORY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEM PRO LABORATORY, INC.	c EIN-PN 95-2297708-001
a	Plan name	SPARKS COMMERCIAL TIRE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPARKS COMMERCIAL TIRE, INC.	c EIN-PN 34-1506914-001
a	Plan name	A-OK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A-OK SANITARY & GARBAGE SERVICE, INC.	c EIN-PN 46-0416889-001
a	Plan name	BUDGET DRY WATERPROOFING INC. 401(K) PLAN	
b	Name of plan sponsor	BUDGET DRY WATERPROOFING, INC.	c EIN-PN 20-8805605-001
a	Plan name	CHEROKEE 401(K) PLAN	
b	Name of plan sponsor	CHEROKEE MANUFACTURING, LLC	c EIN-PN 45-2735316-001

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	ENVIRONMENTAL WATER ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor	ENVIRONMENTAL WATER	c EIN-PN 34-1956432-001
a	Plan name	FULCRUM TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	FULCRUM TECHNOLOGIES, INC.	c EIN-PN 77-0357662-001
a	Plan name	GWINNETT COUNTY HABITAT FOR HUMANITY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GWINNETT COUNTY HABITAT FOR HUMANITY, INC.	c EIN-PN 58-1795694-001
a	Plan name	HY-TEST SAFETY SHOE SERVICE, INC. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HY-TEST SAFETY SHOE SERVICE, INC.	c EIN-PN 39-1533534-001
a	Plan name	JOHN R. MADISON, M.D., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN R. MADISON, M.D., INC.	c EIN-PN 34-1080310-002
a	Plan name	AARON A. ADAOAG, M.D., LTD. DBA ALOHA MEDICAL CENTER 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	AARON A. ADAOAG, M.D., LTD.	c EIN-PN 26-0880609-001
a	Plan name	AMES, INC. 401(K) PLAN	
b	Name of plan sponsor	AMES, INC.	c EIN-PN 52-1039531-001
a	Plan name	BULTYNCK & CO. 401(K) PLAN	
b	Name of plan sponsor	BULTYNCK & CO., P.L.L.C.	c EIN-PN 20-3920878-777
a	Plan name	CHILES & SONS-LAMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHILES & SONS-LAMAN, INC.	c EIN-PN 34-4492949-003
a	Plan name	COUNTRYSIDE CULLIGAN 401(K) & INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	COUNTRYSIDE MANAGEMENT, INC.	c EIN-PN 41-1813535-001
a	Plan name	DONWAS INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	DONWAS INC.	c EIN-PN 45-4958843-001
a	Plan name	EQUINE MEDICAL CENTER OF OCALA 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	EQUINE MEDICAL CENTER OF OCALA	c EIN-PN 20-3993544-001

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 ESSNER MANUFACTURING, L.P. 401(K) PLAN	
b	Name of plan sponsor ESSNER MANUFACTURING, L.P.	c EIN-PN 52-2439789-001
a	Plan name JOHNSON QUARRIES 401(K) PLAN	
b	Name of plan sponsor JOHNSON QUARRIES, INC.	c EIN-PN 23-2976143-001
a	Plan name JOHNSON-FRANK & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOHNSON-FRANK & ASSOCIATES, INC.	c EIN-PN 95-3086260-001
a	Plan name LINCOLN FOUNDRY, INC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LINCOLN FOUNDRY, INC.	c EIN-PN 25-1255600-001
a	Plan name MCDONALDS' DESIGN & BUILD PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MCDONALDS' DESIGN & BUILD, INC.	c EIN-PN 34-1313478-001
a	Plan name MTS/SFH 401(K) P/S PLAN	
b	Name of plan sponsor MULTIPLICITY THERAPEUTIC SERVICES, INC.	c EIN-PN 51-0619590-001
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 ORLANDO SPRING CORP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ORLANDO SPRING CORP	c EIN-PN 95-1933966-001
a	Plan name POLK COUNTY SCHOOL READINESS COALITION, INC. 401(K) PLAN	
b	Name of plan sponsor POLK COUNTY SCHOOL READINESS COALITION, INC.	c EIN-PN 59-3648316-001
a	Plan name PORTER MCGUIRE KIAKONA, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PORTER KIAKONA KOPPER, LLP	c EIN-PN 99-0210947-001
a	Plan name THE CENTRAL INDUSTRIAL SUPPLY 401(K) SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor CENTRAL INDUSTRIAL SUPPLY, INC.	c EIN-PN 63-0711103-001
a	Plan name THE CITIZENS BANK EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor THE CITIZENS BANK	c EIN-PN 61-0156390-002

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	TRUE LINE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUE LINE, INC.	c EIN-PN 55-0651663-001
a	Plan name	WASSERMAN & ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	WASSERMAN & ASSOCIATES	c EIN-PN 46-1597804-001
a	Plan name	ALI IRANMANESH, DMD. MD, INC. 401(K) PLAN	
b	Name of plan sponsor	ALI IRANMANESH, DMD, MD, INC.	c EIN-PN 20-4791452-001
a	Plan name	ALL STATES LIGHTING, INC. 401(K) PLAN	
b	Name of plan sponsor	ALL STATES LIGHTING, INC.	c EIN-PN 59-3045526-001
a	Plan name	BASSETT SALES CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BASSETT SALES CORPORATION	c EIN-PN 95-3666930-001
a	Plan name	D. S. ERICKSON & ASSOCIATES, PLLC 401(K) PLAN	
b	Name of plan sponsor	D. S. ERICKSON & ASSOCIATES, PLLC	c EIN-PN 20-5957980-001
a	Plan name	D.I.J. CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	D.I.J. CONSTRUCTION, INC.	c EIN-PN 74-2291006-001
a	Plan name	DAIRY-MIX, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAIRY-MIX, INC.	c EIN-PN 59-0659640-001
a	Plan name	EL POLLO LOCO, INC. 401(K) PLAN	
b	Name of plan sponsor	EL POLLO LOCO, INC.	c EIN-PN 33-0377527-777
a	Plan name	FENWEST, INC. 401(K) PLAN	
b	Name of plan sponsor	FENWEST, INC.	c EIN-PN 02-0523632-001
a	Plan name	GEMINI SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	GEMINI SERVICES, LLC	c EIN-PN 35-2212355-001
a	Plan name	GREAT KIDS PEDIATRICS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ABEL PAREDES, M.D., P.A. DBA GREAT KIDS PEDIATRICS	c EIN-PN 74-2092637-002

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	KIM & LAVOY, S.C. 401(K) PLAN	
b Name of plan sponsor	KIM & LAVOY, S.C.	c EIN-PN 20-0771810-001
a Plan name	MARTIN BAGWELL LUKE, P.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	MARTIN BAGWELL LUKE, P.C.	c EIN-PN 46-3663316-001
a Plan name	NANOSHIFT 401(K) PLAN	
b Name of plan sponsor	NANOSHIFT	c EIN-PN 59-3810848-001
a Plan name	O'BRIEN LAW FIRM, P.C. PROFIT SHARING PLAN	
b Name of plan sponsor	O'BRIEN LAW FIRM, P.C.	c EIN-PN 20-1935235-001
a Plan name	PARAMOUNT REHABILITATION SERVICES 401(K) PLAN	
b Name of plan sponsor	PARAMOUNT REHABILITATION SERVICES	c EIN-PN 38-3378702-001
a Plan name	PRACTICE DIAGNOSTIC SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PRACTICE DIAGNOSTIC SYSTEMS, LLC DBA PRACTICAL DATA SOLUTIONS	c EIN-PN 27-0410486-001
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	TOM AHL CHRYSLER-BUICK 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TOM AHL CHRYSLER-BUICK, INC.	c EIN-PN 34-1151496-001
a Plan name	ZOULAS 401(K) PLAN	
b Name of plan sponsor	KRISTINA ZOULAS, DDS, INC.	c EIN-PN 74-1856936-001
a Plan name	LABORATORY CERTIFICATION SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	LABORATORY CERTIFICATION SERVICES, INC.	c EIN-PN 31-1187082-001
a Plan name	PELION ACTUARIAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	PELION ACTUARIAL SERVICES, INC.	c EIN-PN 45-2927368-001
a Plan name	TAHLEQUAH LUMBER COMPANY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TAHLEQUAH LUMBER COMPANY, INC.	c EIN-PN 73-0733285-001

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 CITY OF METTER RETIREMENT PLAN	
b	Name of plan sponsor CITY OF METTER	c EIN-PN 58-6000621-001
a	Plan name GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENE V. DUGAN, DDS & BRAD PLACE, DDS, INC.	c EIN-PN 20-0481533-002
a	Plan name LPT CPA'S + ADVISORS PLLC 401(K) PLAN	
b	Name of plan sponsor LPT CPA'S + ADVISORS PLLC	c EIN-PN 75-2618166-001
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 THE FIRST TRUST HOLDINGS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FIRST TRUST HOLDINGS, INC.	c EIN-PN 37-1307139-222
a	Plan name CNJ, INC. 401(K) PLAN	
b	Name of plan sponsor CNJ, INC.	c EIN-PN 20-4459124-001
a	Plan name MADDEN ELEVATOR COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MADDEN ELEVATOR COMPANY	c EIN-PN 27-4404800-001
a	Plan name THE PRESTWICK GROUP, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PRESTWICK GROUP, INC.	c EIN-PN 39-1888813-222
a	Plan name THE REALTIME GROUP 401(K) PLAN	
b	Name of plan sponsor RT BLUESHOES, L.P. DBA THE REALTIME GROUP, LLC	c EIN-PN 46-0876004-001
a	Plan name CONNECTICUT GASTROENTEROLOGY ASSOCIATES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONNECTICUT GASTROENTEROLOGY ASSOCIATES, P.C.	c EIN-PN 06-1150705-002
a	Plan name GREAT SOUTH HARLEY DAVIDSON 401(K) PLAN	
b	Name of plan sponsor SOUTHERN MOTORCYCLES, INC. DBA GREAT SOUTH HARLEY DAVIDSON	c EIN-PN 20-2458255-001
a	Plan name CRAIG MCMANAMAN, DO, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor CRAIG MCMANAMAN, DO, PLLC	c EIN-PN 61-1410341-001

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	CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	
b	Name of plan sponsor	CREATIVE DESIGN CONCEPTS, INC. 401(K) PLAN	c EIN-PN 47-2388058-001
a	Plan name	HAMILTON MARTENS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HAMILTON MARTENS, LLC	c EIN-PN 20-1343616-001
a	Plan name	MED ONE MEDICAL GROUP EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	MED ONE FAMILY MEDICAL GROUP, INC.	c EIN-PN 33-0776463-001
a	Plan name	MED-ESSENTIALS, LLC 401(K) PLAN	
b	Name of plan sponsor	MED-ESSENTIALS, LLC	c EIN-PN 20-1980613-001
a	Plan name	RK DIVERSIFIED ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RK DIVERSIFIED ENTERTAINMENT, INC.	c EIN-PN 95-4346665-001
a	Plan name	HICKORY GROVE VENTURES, LLC 401(K) PLAN	
b	Name of plan sponsor	TIGHE-ZEMAN EQUIPMENT LLC	c EIN-PN 75-3093043-001
a	Plan name	AURORA PROJECT, INC. 401(K) PLAN	
b	Name of plan sponsor	AURORA PROJECT, INC.	c EIN-PN 34-1517827-001
a	Plan name	ROUNDERS 401(K) PLAN AND TRUST	
b	Name of plan sponsor	ROUNDERS BAR & GRILL, INC.	c EIN-PN 20-5823096-001
a	Plan name	ROYALTY CLEARINGHOUSE, LTD. 401(K) PLAN	
b	Name of plan sponsor	ROYALTY CLEARINGHOUSE, LTD	c EIN-PN 38-3687330-001
a	Plan name	RSC, LLC 401(K) PLAN	
b	Name of plan sponsor	RSC, LLC	c EIN-PN 23-3050497-001
a	Plan name	NATURAL CARE WELLNESS CENTER 401(K) PLAN	
b	Name of plan sponsor	NATURAL CARE WELLNESS CENTER	c EIN-PN 20-5364037-001
a	Plan name	DR. GEORGE T. MATHAI PLLC 401(K) PLAN	
b	Name of plan sponsor	DR. GEORGE T. MATHAI PLLC	c EIN-PN 20-0461962-001

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	INNOVATION EDGE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	INNOVATION EDGE	c EIN-PN 20-8196742-002
a	Plan name	BETAR DENTAL PC, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETAR DENTAL PC, INC.	c EIN-PN 25-1799034-001
a	Plan name	BI-QEM INC. 401(K) PLAN	
b	Name of plan sponsor	BI-QEM INC.	c EIN-PN 04-2783625-001
a	Plan name	DYNAMIC DOWNHOLE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	DYNAMIC DOWNHOLE SERVICES, LLC	c EIN-PN 26-2612443-001
a	Plan name	NEW LIFE VENTURES, INC. 401(K) PS PLAN	
b	Name of plan sponsor	NEW LIFE VENTURES, INC.	c EIN-PN 20-0339207-001
a	Plan name	WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	WHITTIER MEDICAL MANAGEMENT ASSOCIATES, INC.	c EIN-PN 46-3012973-001
a	Plan name	WILLIAM J.T. COULMAN, D.D.S. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DR. BILL COULMAN, D.D.S., INC.	c EIN-PN 31-1643764-001
a	Plan name	OC AUTO TEAM 401(K) PLAN	
b	Name of plan sponsor	PB&J AUTOMOTIVE, INC. DBA TUSTIN MAZDA/TUSTIN HYUNDAI	c EIN-PN 16-1690678-002
a	Plan name	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUB OF BELLEVUE	c EIN-PN 91-0776451-002
a	Plan name	BRAZORIA TELEPHONE COMPANY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRAZORIA TELEPHONE COMPANY, INC.	c EIN-PN 74-1179149-002
a	Plan name	JD DOGGY, INC. 401(K) PLAN	
b	Name of plan sponsor	JD DOGGY, INC.	c EIN-PN 47-3843337-001
a	Plan name	OTOGENETICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OTOGENETICS CORPORATION	c EIN-PN 26-1343895-001

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 FINANCIAL BALANCE GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FINANCIAL BALANCE GROUP, LLC	c EIN-PN 26-2990407-001
a	Plan name SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUNCOAST INTERNAL MEDICINE CONSULTANTS, P.A.	c EIN-PN 59-1273247-001
a	Plan name LTC SUPPORT SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LTC SUPPORT SERVICES, LLC	c EIN-PN 20-8401158-001
a	Plan name THE IMPERIAL HAWAII VACATION CLUB 401(K) PLAN	
b	Name of plan sponsor THE IMPERIAL HAWAII VACATION CLUB	c EIN-PN 99-0206158-001
a	Plan name ACON LABORATORIES, INC. 401(K) PLAN	
b	Name of plan sponsor ACON LABORATORIES, INC.	c EIN-PN 22-3642050-001
a	Plan name PRECISION SMALL ENGINE CO., INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION SMALL ENGINE CO., INC.	c EIN-PN 59-1985940-001
a	Plan name PRO-SAFETY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRO-SAFETY, INC.	c EIN-PN 39-1570779-001
a	Plan name MATTHEW L. BRIDGES DDS SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor MATTHEW L. BRIDGES DDS PLLC	c EIN-PN 82-1972625-001
a	Plan name CONTACTUS 401(K) PLAN	
b	Name of plan sponsor CONTACTUS,LLC	c EIN-PN 45-4001073-001
a	Plan name GREENSBORO FARMER'S CO-OP RETIREMENT PLAN	
b	Name of plan sponsor GREENSBORO FARMER'S CO-OP	c EIN-PN 63-0645197-001
a	Plan name QUIVX 401(K) PLAN & TRUST	
b	Name of plan sponsor QUIVX	c EIN-PN 26-4736334-001
a	Plan name R.F.M.S., INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor R.F.M.S., INC.	c EIN-PN 36-3114893-001

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	ANGERMEIER & ROGERS LAW OFFICES SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	ANGERMEIER & ROGERS LAW OFFICES
c	EIN-PN	39-1315157-001
a	Plan name	RENHILL STAFFING SERVICE 401(K) PLAN
b	Name of plan sponsor	RENHILL STAFFING SERVICE
c	EIN-PN	74-2982537-001
a	Plan name	U.S. PERMA, INC. RETIREMENT PLAN
b	Name of plan sponsor	U.S. PERMA, INC. DBA CALIFORNIA TILE INSTALLERS
c	EIN-PN	94-2910930-001
a	Plan name	UNICOI SYSTEMS, INC. AND WAHSEGA, INC. 401(K) PLAN
b	Name of plan sponsor	UNICOI SYSTEMS, INC.
c	EIN-PN	58-2590945-001
a	Plan name	DAVIDSEN EXCAVATING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	DAVIDSEN EXCAVATING, INC.
c	EIN-PN	26-2880639-001
a	Plan name	AVENTURO, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	AVENTURO, INC.
c	EIN-PN	27-2417155-001
a	Plan name	HOME GUARD INDUSTRIES, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	HOME GUARD INDUSTRIES, INC.
c	EIN-PN	35-1568735-001
a	Plan name	RUSCHES TRUCKING INC. RETIREMENT PLAN
b	Name of plan sponsor	RUSCHE'S TRUCKING, INC.
c	EIN-PN	38-1913633-001
a	Plan name	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE 401(K) PLAN
b	Name of plan sponsor	VIRGINIA PEDIATRIC AND ADOLESCENT MEDICINE
c	EIN-PN	76-0804445-001
a	Plan name	BIO-MED BEHAVIORAL HEALTH CARE, P.C. 401(K) PLAN
b	Name of plan sponsor	BIO-MED BEHAVIORAL HEALTH CARE, P.C.
c	EIN-PN	38-3469611-001
a	Plan name	E.S. EVANS & COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	E.S. EVANS & COMPANY
c	EIN-PN	34-1717857-001
a	Plan name	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, SC 401(K) PLAN
b	Name of plan sponsor	SHEKHAR A. DAGAM, MD, NEUROLOGICAL SURGERY, S.C.
c	EIN-PN	20-0048495-001

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 BROADMOOR DRUG CENTER RETIREMENT PLAN	
b	Name of plan sponsor BROADMOOR DRUG CENTER, INC.	c EIN-PN 72-0754023-001
a	Plan name ELLEFSON TRANSPORTATION GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ELLEFSON TRANSPORTATION GROUP, INC.	c EIN-PN 58-1654796-001
a	Plan name OKMULGEE PEDIATRICS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OKMULGEE PEDIATRICS	c EIN-PN 73-1473375-001
a	Plan name SOUND HEALTH IMAGING, INC. RETIREMENT PLAN	
b	Name of plan sponsor SOUND HEALTH IMAGING, INC.	c EIN-PN 81-0489518-002
a	Plan name EXPOTEL HOSPITALITY SERVICES 401K PLAN	
b	Name of plan sponsor EXPOTEL HOSPITALITY SERVICES, INC.	c EIN-PN 72-1456101-001
a	Plan name K&S ASSOCIATES, INC. EMPLOYEES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor K&S ASSOCIATES, INC.	c EIN-PN 43-0986235-001
a	Plan name OWATONNA COUNTRY CLUB 401(K) AND TRUST	
b	Name of plan sponsor OWATONNA COUNTRY CLUB	c EIN-PN 26-0010665-001
a	Plan name FIRST CITIZENS BANK PROFIT SHARING PLAN	
b	Name of plan sponsor FIRST CITIZENS BANK	c EIN-PN 63-0789504-001
a	Plan name CARRION, LAFFITTE & CASELLAS RETIREMENT PLAN	
b	Name of plan sponsor CARRION, LAFFITTE & CASELLAS, INC.	c EIN-PN 66-0635623-001
a	Plan name CARTER STREET CORPORATION EMPLOYEE 401(K) SAVINGS PLAN	
b	Name of plan sponsor CARTER STREET CORPORATION	c EIN-PN 62-1125122-001
a	Plan name SUPERSTORE 401(K) PLAN	
b	Name of plan sponsor FURNITURE SUPERSTORE LLC	c EIN-PN 87-0698757-001
a	Plan name CELINA ANIMAL HOSPITAL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor CELINA ANIMAL HOSPITAL, INC.	c EIN-PN 34-1339371-001

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	CELTIC CONSTRUCTION, INC. PREVAILING WAGE PLAN	
b	Name of plan sponsor	CELTIC CONSTRUCTION, INC.	c EIN-PN 20-1247860-001
a	Plan name	LAKELAND ECONOMIC DEVELOPMENT COUNCIL 401(K) PLAN	
b	Name of plan sponsor	LAKELAND ECONOMIC DEVELOPMENT COUNCIL	c EIN-PN 45-4919549-001
a	Plan name	PENNY LANE SCHOOL, LTD. 401(K) PLAN	
b	Name of plan sponsor	PENNY LANE SCHOOL, LTD.	c EIN-PN 36-3864693-001
a	Plan name	PETE'S PLUMBING 401(K) PLAN	
b	Name of plan sponsor	PETE'S PLUMBING, INC.	c EIN-PN 20-0937994-001
a	Plan name	TEAM NEXT LEVEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TEAM NEXT LEVEL, INC. DBA DOMINO'S PIZZA	c EIN-PN 81-4118651-001
a	Plan name	TEC ELECTRICAL CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor	TEC ELECTRICAL CONTRACTING, INC	c EIN-PN 46-0761832-001
a	Plan name	WHITSON HOTEL INVESTORS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITSON HOTEL INVESTORS, LLC	c EIN-PN 46-2342594-001
a	Plan name	AXIS FABRICATION & MACHINE CO. 401(K) PLAN	
b	Name of plan sponsor	AXIS FABRICATION & MACHINE COMPANY, LLC	c EIN-PN 26-3961265-001
a	Plan name	AXIUM HEALTHCARE DE PUERTO RICO 1165(E) PLAN	
b	Name of plan sponsor	FARMACIA DORAL, INC. DBA AXIUM HEALTHCARE DE PUERTO RICO	c EIN-PN 66-0616318-001
a	Plan name	BENJAMIN DEL VENTO, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	BENJAMIN DEL VENTO, P.A.	c EIN-PN 22-1943968-001
a	Plan name	BIZLINK GROUP 401(K) PLAN	
b	Name of plan sponsor	BIZLINK TECHNOLOGY, INC.	c EIN-PN 94-3355611-001
a	Plan name	CAIN THOMAS ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAIN THOMAS ASSOCIATES, INC.	c EIN-PN 41-1453222-001

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 CASTILLO & WEST ACCOUNTANCY CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CASTILLO & WEST ACCOUNTANCY CORPORATION	c EIN-PN 56-2433686-001
a	Plan name CENTRAL ARIZONA SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor CENTRAL ARIZONA SUPPLY, INC.	c EIN-PN 86-0215440-002
a	Plan name CENTROSOLAR AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor CENTROSOLAR AMERICA, INC.	c EIN-PN 20-8781598-001
a	Plan name CLEARWATER CONSULTING 401(K) PLAN	
b	Name of plan sponsor CLEARWATER CONSULTING, LLC	c EIN-PN 20-8661154-001
a	Plan name CLICK2BIND INSURANCE 401(K) PLAN	
b	Name of plan sponsor CLICK2BIND INSURANCE SERVICES, INC.	c EIN-PN 81-3280949-001
a	Plan name CROSSING BORDERS LANGUAGE CENTER, LLC 401(K) PLAN	
b	Name of plan sponsor CROSSING BORDERS LANGUAGE CENTER, LLC.	c EIN-PN 45-5111582-001
a	Plan name CROWN HILL DENTISTRY RETIREMENT READINESS 401(K) PLAN	
b	Name of plan sponsor BRITTANY D. GOODING, D.D.S., P.C.	c EIN-PN 45-4069228-001
a	Plan name CROY CONTRACTING, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CROY CONTRACTING, INC.	c EIN-PN 54-1616963-001
a	Plan name DAWN FOODS PUERTO RICO SAVINGS PLAN	
b	Name of plan sponsor DAWN FOODS INTERNATIONAL, INC.	c EIN-PN 66-0234708-001
a	Plan name DBM ENGINEERING, P.C. 401(K) PLAN	
b	Name of plan sponsor DBM ENGINEERING, PC	c EIN-PN 20-2917025-001
a	Plan name DEANS PLACE 401(K) PLAN	
b	Name of plan sponsor DEANS PLACE LLC	c EIN-PN 26-3738079-001
a	Plan name DRYTECH, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DRYTECH, INC.	c EIN-PN 63-1117842-001

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 EAST TENNESSEE NEPHROLOGY, P.C. 401(K) PLAN	
b	Name of plan sponsor EAST TENNESSEE NEPHROLOGY, P.C.	c EIN-PN 62-1835816-001
a	Plan name ENGINEERED SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor ENGINEERED SYSTEMS, INC.	c EIN-PN 04-3194781-001
a	Plan name FAIRCOUNT INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor FAIRCOUNT, LLC	c EIN-PN 59-3566721-001
a	Plan name FAIRMOUNT PARTNERS LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FAIRMOUNT PARTNERS, LLC	c EIN-PN 41-2094669-001
a	Plan name FOUNDATION FOR INTERNATIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor FOUNDATION FOR INTERNATIONAL SERVICES, INC.	c EIN-PN 91-1300363-001
a	Plan name FOUNDATION LABORATORY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor LATARA ENTERPRISE, INC. DBA FOUNDATION LABORATORY	c EIN-PN 95-4467199-001
a	Plan name GUIDE WEALTH PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor GUIDE WEALTH PARTNERS, INC.	c EIN-PN 42-1350912-001
a	Plan name HARRISS & HARTMAN LAW FIRM, P.C. 401(K) EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor HARRISS & HARTMAN LAW FIRM, P.C.	c EIN-PN 58-1385781-001
a	Plan name HARRY DAVIS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARRY DAVIS, LLC	c EIN-PN 26-4098911-001
a	Plan name HILLSON CONTRACTORS, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor HILLSON CONTRACTORS, INC.	c EIN-PN 02-0503186-001
a	Plan name HIT PRODUCTS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIT PRODUCTS CORPORATION	c EIN-PN 94-2823123-001
a	Plan name HOME REWARDS GROUP INC., 401(K) PLAN	
b	Name of plan sponsor HOME REWARDS GROUP INC.	c EIN-PN 81-5201340-001

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	ITC INFOTECH USA, INC. 401(K) PLAN
b	Name of plan sponsor	ITC INFOTECH USA, INC.
c	EIN-PN	22-3239723-001
a	Plan name	JESSICA R. BENTOSKI, DDS 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	JESSICA R. BENTOSKI, DDS PLLC
c	EIN-PN	46-4379759-001
a	Plan name	KORBER PHARMA PACKAGING MATERIALS LLC 401(K) PLAN
b	Name of plan sponsor	KORBER PHARMA PACKAGING MATERIALS LLC
c	EIN-PN	47-5593447-001
a	Plan name	LUHRSEN GOLDBERG, LLC 401(K) PLAN
b	Name of plan sponsor	LUHRSEN GOLDBERG, LLC
c	EIN-PN	81-2579736-001
a	Plan name	MEDIX SPECIALTY VEHICLES 401(K) RETIREMENT PLAN
b	Name of plan sponsor	MEDIX SPECIALTY VEHICLES, LLC
c	EIN-PN	54-2028306-001
a	Plan name	MEL BUTTERFIELD & SON INSURANCE AGENCY, INC. 401(K) PSP
b	Name of plan sponsor	MEL BUTTERFIELD & SON INSURANCE AGENCY, INC.
c	EIN-PN	34-1242268-001
a	Plan name	MILILANI PHYSICAL THERAPY, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MILILANI PHYSICAL THERAPY, LLC
c	EIN-PN	91-6551087-001
a	Plan name	MOHS CONSTRUCTION COMPANY 401(K) PLAN AND TRUST
b	Name of plan sponsor	MOHS CONSTRUCTION COMPANY, INC.
c	EIN-PN	46-1727385-001
a	Plan name	MOJO SOLO 401(K) PLAN
b	Name of plan sponsor	MOJO SOLO, INC.
c	EIN-PN	20-1101717-001
a	Plan name	MONARCH HOLDINGS, LLC 401(K) PLAN
b	Name of plan sponsor	MONARCH HOLDINGS, LLC
c	EIN-PN	26-1687351-001
a	Plan name	NEUMANN MONSON, INC. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	NEUMANN MONSON, INC.
c	EIN-PN	42-1242646-222
a	Plan name	NEW ENGLAND DENTAL CENTER, P.C. 401(K) PLAN AND TRUST
b	Name of plan sponsor	NEW ENGLAND DENTAL CENTER, P.C.
c	EIN-PN	06-1001051-001

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 NORTH AMERICAN MONTESSORI CHILD CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTH AMERICAN MONTESSORI CHILD CARE INC.	c EIN-PN 43-1296220-001
a	Plan name PETROLEUM INSTALLATION SPECIALISTS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PETROLEUM INSTALLATION SPECIALISTS, LLC	c EIN-PN 87-0647114-001
a	Plan name PREMIERE BUILDING MAINTENANCE CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PREMIERE BUILDING MAINTENANCE CORPORATION	c EIN-PN 62-1643357-001
a	Plan name PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM RETIREMENT PLAN	
b	Name of plan sponsor PROFUNDUS HOLDINGS, INC. DBA AUDLEY FARM	c EIN-PN 13-3140621-001
a	Plan name PROGRESSIVE PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROGRESSIVE PACKAGING, INC.	c EIN-PN 41-1701839-001
a	Plan name RALPH MOYLE, INC. 401(K) PLAN	
b	Name of plan sponsor RALPH MOYLE, INC.	c EIN-PN 38-1819896-001
a	Plan name RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
b	Name of plan sponsor RAO MANUFACTURING COMPANY	c EIN-PN 41-0494610-002
a	Plan name ROGERS WINDOWS 401(K) PLAN	
b	Name of plan sponsor ROGERS WINDOWS, INC.	c EIN-PN 61-0565897-001
a	Plan name S & W ELECTRIC COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor S & W ELECTRIC COMPANY, INC.	c EIN-PN 63-0833028-001
a	Plan name S&S MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor S&S MANAGEMENT, INC.	c EIN-PN 31-1493783-001
a	Plan name S. G. SWENSON & SONS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor S. G. SWENSON & SONS, INC.	c EIN-PN 46-0252744-002
a	Plan name STEEL - FAB, INC. 401(K) PLAN	
b	Name of plan sponsor STEEL-FAB, INC.	c EIN-PN 04-2396722-004

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
 (Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a	Plan name	T K GROUP, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	36-3489575-001
b	Name of plan sponsor	T K GROUP, INC.	c	EIN-PN	36-3489575-001
a	Plan name	TELECOMMUNICATIONS LAW PROFESSIONALS PLLC 401(K) PROFIT SHARING PLAN	c	EIN-PN	45-2585545-001
b	Name of plan sponsor	TELECOMMUNICATIONS LAW PROFESSIONALS PLLC	c	EIN-PN	45-2585545-001
a	Plan name	THE MCHATTIE LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	c	EIN-PN	46-1697425-001
b	Name of plan sponsor	THE MCHATTIE LAW FIRM, LLC	c	EIN-PN	46-1697425-001
a	Plan name	THE PADRE PIO FOUNDATION OF AMERICA, INC. 401(K) PLAN	c	EIN-PN	06-1023010-001
b	Name of plan sponsor	THE PADRE PIO FOUNDATION OF AMERICA, INC.	c	EIN-PN	06-1023010-001
a	Plan name	ACTION SALES + MARKETING INC. PROFIT SHARING PLAN	c	EIN-PN	41-1264273-001
b	Name of plan sponsor	ACTION SALES + MARKETING INC.	c	EIN-PN	41-1264273-001
a	Plan name	THERAPEUTIC HEALTHCARE CONCEPTS 401(K) PROFIT SHARING PLAN	c	EIN-PN	27-1555728-001
b	Name of plan sponsor	THERAPEUTIC HEALTHCARE CONCEPTS LLC DBA JOURNEY REHAB	c	EIN-PN	27-1555728-001
a	Plan name	UNIVERSAL CREDIT SERVICES, INC. 401(K) PROFIT SHARING PLAN	c	EIN-PN	38-3424306-001
b	Name of plan sponsor	UNIVERSAL CREDIT SERVICES, INC.	c	EIN-PN	38-3424306-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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 AMCAP RET OPT	B Three-digit plan number (PN) ▶ 249
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)	64016500
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	64296164
(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	64016500	64296164
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	64016500	64296164

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)	361511	
(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)	7797715	
(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)		4725976
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12885202

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)	552052	
(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)		552052
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		552052

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12333150
l Transfers of assets:			
(1) To this plan.....	2l(1)		6311047
(2) From this plan	2l(2)		18364533

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 _____.