

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS FUNDAMENTAL INVESTORS RET ACCT
1b Three-digit plan number (PN): 232
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 36-6071399
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN FUNDS FUNDAMENTAL INVESTORS RET ACCT</u>	B Three-digit plan number (PN)	<u>232</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>	

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ERT DESIGN GROUP 401(K) PLAN	
b	Name of plan sponsor	ERT DESIGN GROUP LLC	c EIN-PN 46-2799256-001
a	Plan name	PHILLIP ANDREWS, LLC 401(K) PLAN	
b	Name of plan sponsor	PHILLIP ANDREWS, LLC	c EIN-PN 39-2074269-001
a	Plan name	ISR OF LOUISIANA 401(K) PLAN	
b	Name of plan sponsor	ISR OF LOUISIANA	c EIN-PN 46-4028718-001
a	Plan name	LRP MANAGEMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	LRP MANAGEMENT NY CORP	c EIN-PN 86-2827816-001
a	Plan name	NELLA MEDIA GROUP, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NELLA MEDIA GROUP, LLC	c EIN-PN 26-2724679-001
a	Plan name	UNIVERSAL PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNIVERSAL PLUMBING, INC.	c EIN-PN 11-3479636-001
a	Plan name	THE PRISM GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE PRISM GROUP, LLC	c EIN-PN 80-0329401-001
a	Plan name	JAY'S CUSTOM CABINETS 401(K) PLAN	
b	Name of plan sponsor	JAY'S CUSTOM CABINETS, INC	c EIN-PN 26-1712172-001
a	Plan name	MARIA SCHWARTZ, PC 401(K)	
b	Name of plan sponsor	MARIA SCHWARTZ, PC	c EIN-PN 82-1680509-001
a	Plan name	PLATINUM DENTAL SPECIALTIES LLC 401(K) PLAN	
b	Name of plan sponsor	PLATINUM DENTAL SPECIALTIES LLC	c EIN-PN 27-1385150-001
a	Plan name	QUAD CITIES AUTISM CENTER 401(K) PLAN	
b	Name of plan sponsor	QUAD CITIES AUTISM CENTER	c EIN-PN 20-3768653-001
a	Plan name	DYKE NELSON ARCHITECTURE LLC 401(K) PLAN	
b	Name of plan sponsor	DYKE NELSON ARCHITECTURE LLC	c EIN-PN 45-4214031-001

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 CAPITAL DISTRICT ADVANCED DENTAL ARTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAPITAL DISTRICT ADVANCED DENTAL ARTS	c EIN-PN 27-1404048-001
a	Plan name CATARACT STEEL INDUSTRIES 401(K) PLAN	
b	Name of plan sponsor COSTANZO'S WELDING INC. DBA CATARACT STEEL INDUSTRIES	c EIN-PN 16-1095041-001
a	Plan name DEALERDNA	
b	Name of plan sponsor DEALERDNA, INC.	c EIN-PN 46-2762607-001
a	Plan name FASHION ANGELS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor M&G PARTNERS, LLP DBA FASHION ANGELS ENTERPRISES	c EIN-PN 39-1724800-001
a	Plan name SRC 401(K) PLAN	
b	Name of plan sponsor SRC SERVICES, INC.	c EIN-PN 77-0713955-001
a	Plan name HARBOR POINT REALTY 401(K) PLAN	
b	Name of plan sponsor HARBOR POINT REALTY & INVESTMENTS, LLC	c EIN-PN 54-2064398-001
a	Plan name HARD SAFARI CORP 401(K)	
b	Name of plan sponsor HARD SAFARI CORP.	c EIN-PN 47-1919954-001
a	Plan name HARDLINE EQUIPMENT LLC 401(K) PLAN	
b	Name of plan sponsor HARDLINE EQUIPMENT LLC	c EIN-PN 27-2085949-001
a	Plan name THE WILHELM GROUP RETIREMENT PLAN & TRUST	
b	Name of plan sponsor THE WILHELM GROUP RETIREMENT PLAN & TRUST	c EIN-PN 81-5035218-001
a	Plan name THOMAS D. BLORE ARCHITECT PC 401(K) PLAN	
b	Name of plan sponsor THOMAS D. BLORE ARCHITECT PC	c EIN-PN 20-8781670-001
a	Plan name BLUE OPS, LLC 401(K) PLAN	
b	Name of plan sponsor BLUE OPS, LLC	c EIN-PN 82-5030716-001
a	Plan name DISCLOSURE LAW GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DISCLOSURE LAW GROUP	c EIN-PN 81-1103971-001

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 EGGSHELL LIGHTING COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EGGSHELL LIGHTING COMPANY, INC.	c EIN-PN 99-0284485-001
a	Plan name HONOLULU BEERWORKS 401(K) PLAN	
b	Name of plan sponsor HONOLULU BEERWORKS LLC	c EIN-PN 46-0821421-001
a	Plan name KNEGO CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor DAN KNEGO CONSTRUCTION, INC.	c EIN-PN 27-4440861-001
a	Plan name MIA 401(K) PLAN	
b	Name of plan sponsor MALAIS INSURANCE AGENCY, INC.	c EIN-PN 90-0181266-001
a	Plan name ODENKIRK PROVISSIERO CONSOLIDATED, LLC 401(K) PLAN	
b	Name of plan sponsor ODENKIRK PROVISSIERO CONSOLIDATED, LLC	c EIN-PN 27-0674406-002
a	Plan name STERLING HEALTHCARE LOGISTICS, LLC 401(K) PLAN	
b	Name of plan sponsor STERLING HEALTHCARE LOGISTICS, LLC	c EIN-PN 46-1843222-001
a	Plan name THE HOYT ORGANIZATION, INC. 401(K) PLAN	
b	Name of plan sponsor THE HOYT ORGANIZATION, INC.	c EIN-PN 33-0414128-001
a	Plan name THE LOUDERMILK COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor THE LOUDERMILK COMPANIES, LLC	c EIN-PN 45-4095096-001
a	Plan name ELEMENT DESIGN GROUP 401(K) PLAN	
b	Name of plan sponsor EDC, INC.	c EIN-PN 03-0546249-001
a	Plan name L.W. WINSLOW PAINTING, INC. 401(K) PLAN	
b	Name of plan sponsor L.W. WINSLOW PAINTING, INC.	c EIN-PN 11-2644812-001
a	Plan name LAKE HILL DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor LAKE HILL DENTAL CARE P.C.	c EIN-PN 83-1908844-001
a	Plan name MOM & POP MUSIC CO. LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MOM & POP MUSIC CO. LLC	c EIN-PN 26-2920997-001

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	PARKSIDE EQUITIES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARKSIDE EQUITIES, LLC	c EIN-PN 81-2783964-001
a	Plan name	TOSA PEDIATRICS, S.C. EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor	TOSA PEDIATRICS, S.C.	c EIN-PN 39-1387768-001
a	Plan name	BRADFORD INDEPENDENT INSURANCE AGENCIES, INC. 401(K) PLAN	
b	Name of plan sponsor	BRADFORD INDEPENDENT INSURANCE AGENCIES, INC.	c EIN-PN 11-2817906-001
a	Plan name	MOONDANCE ADVENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor	MOONDANCE ADVENTURES, INC.	c EIN-PN 58-2208578-001
a	Plan name	PAUL ANDERSON 401(K) PLAN	
b	Name of plan sponsor	PAUL ANDERSON YOUTH HOME, INC.	c EIN-PN 58-6041868-001
a	Plan name	GATEWAY DEMO/CIVIL CORP. 401(K) PLAN	
b	Name of plan sponsor	GATEWAY DEMO/CIVIL CORP.	c EIN-PN 13-2873389-001
a	Plan name	INTEGRATED CONTROL SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	INTEGRATED CONTROL SYSTEMS	c EIN-PN 62-1538849-002
a	Plan name	AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
a	Plan name	APPLIANCE CENTER OF TOLEDO, INC. RETIREMENT PLAN	
b	Name of plan sponsor	APPLIANCE CENTER OF TOLEDO, INC.	c EIN-PN 34-0924335-777
a	Plan name	ARC ENVIRONMENTAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ARC ENVIRONMENTAL, LLC	c EIN-PN 52-1905017-001
a	Plan name	ECHO INDUSTRIAL, INC. 401(K) PLAN	
b	Name of plan sponsor	ECHO INDUSTRIAL, INC.	c EIN-PN 73-1686642-001
a	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001

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 SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor SHANGRI-LA INTERNATIONAL HOTELS, INC.	c EIN-PN 95-3876666-001
a	Plan name THUNDERBIRD SUPPLY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THUNDERBIRD SUPPLY COMPANY	c EIN-PN 85-0227746-002
a	Plan name TKNG TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor TKNG TRANSPORTATION, INC.	c EIN-PN 20-8626215-001
a	Plan name ZAUDERER ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor ZAUDERER ASSOCIATES, INC.	c EIN-PN 13-1820511-001
a	Plan name LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEVITT & BOCCIO, LLP	c EIN-PN 47-2210945-001
a	Plan name 401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
b	Name of plan sponsor C12 CAPITAL MANAGEMENT US LP	c EIN-PN 27-0582841-001
a	Plan name MPRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MPRM, LLC	c EIN-PN 95-4676804-001
a	Plan name AIR SYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor AIR SYSTEMS LLC	c EIN-PN 61-1497192-001
a	Plan name AIR TREK, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor AIR TREK, INC.	c EIN-PN 59-9999998-889
a	Plan name ALH 401(K) PLAN	
b	Name of plan sponsor ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001
a	Plan name ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALL IN THE FAMILY DENTAL	c EIN-PN 35-1399233-001
a	Plan name NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
b	Name of plan sponsor NEWBROOK INSURANCE AGENCY, INC.	c EIN-PN 11-2718154-001

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 ARTISAN MACHINING, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ARTISAN MACHINING, INC.	c EIN-PN 11-2917010-001
a	Plan name PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PERSON & COVEY, INC.	c EIN-PN 95-2020861-001
a	Plan name PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name BRANNON LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRANNON LAW FIRM	c EIN-PN 85-2740348-002
a	Plan name BRAUN RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor BRAUN RESEARCH	c EIN-PN 22-3408940-001
a	Plan name BRIDGEMAN ART LIBRARY INTERNATIONAL LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor BRIDGEMAN IMAGES	c EIN-PN 13-3947335-001
a	Plan name BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor BRONX CENTER FOR REHABILITATION AND HEALTHCARE	c EIN-PN 13-4021585-001
a	Plan name BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor BUCKLES-SMITH ELECTRIC COMPANY	c EIN-PN 94-1460248-003
a	Plan name CLEAR VIEW CONVALESCENT CENTER 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor CLEAR VIEW SANITARIUM	c EIN-PN 95-2078230-002
a	Plan name SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name SILKEN THOMAS RESTAURANT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SILKEN THOMAS RESTAURANT	c EIN-PN 13-3827327-001

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 ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ST. CLAIR ORTHOPAEDICS & SPORTS MEDICINE, P.C.	c EIN-PN 38-1859612-777
a	Plan name ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor ST. JOSEPH HOLDINGS, LLC	c EIN-PN 80-0109664-001
a	Plan name EFFINGHAM BUILDERS SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor EFFINGHAM BUILDERS SUPPLY, INC.	c EIN-PN 37-1287109-002
a	Plan name ELECTRIPACK, INC. 401(K) PLAN	
b	Name of plan sponsor ELECTRIPACK, INC.	c EIN-PN 37-1440638-001
a	Plan name ELLENOS 401(K) PLAN	
b	Name of plan sponsor REAL GREEK LLC	c EIN-PN 45-5592934-001
a	Plan name EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
a	Plan name FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name GOURMET SPECIALTY IMPORTS, LLC 401(K) PLAN	
b	Name of plan sponsor GOURMET SPECIALTY IMPORTS, LLC	c EIN-PN 23-3083089-001
a	Plan name HUDSON RIVER PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor DAVID ANDRE LEVI MC PEDIATRICS PLLC	c EIN-PN 45-3952387-001
a	Plan name ILLINOIS INTERNATIONAL TRAVEL, LTD. PROFIT SHARING PLAN	
b	Name of plan sponsor ILLINOIS INTERNATIONAL TRAVEL, LTD.	c EIN-PN 36-2957959-001
a	Plan name ILMDA 401(K) EMPLOYER PLAN	
b	Name of plan sponsor ILLINOIS LUMBER AND MATERIAL DEALERS ASSOCIATION	c EIN-PN 37-0344130-002
a	Plan name INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor INFORMATION TECHNOLOGY PARTNERS	c EIN-PN 39-1737556-001

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 KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
b	Name of plan sponsor KAIKOR CONSTRUCTION GROUP, INC.	c EIN-PN 99-0242255-001
a	Plan name KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KELLIHER/SAMETS, LTD.	c EIN-PN 03-0270393-001
a	Plan name GREAT AMERICAN TITLE COMPANY 401(K) PLAN	
b	Name of plan sponsor GREAT AMERICAN TITLE OF HOUSTON, LLC DBA GREAT AMERICAN TITLE COMPAN	c EIN-PN 20-5228476-001
a	Plan name INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor NASHEVE, INC.	c EIN-PN 20-8664693-001
a	Plan name KISTLER VINEYARDS 401(K) PLAN	
b	Name of plan sponsor KISTLER VINEYARDS L.L.C.	c EIN-PN 26-1679456-001
a	Plan name LOCAL UNION 18, IBEW 401(K) PLAN	
b	Name of plan sponsor LOCAL UNION 18, IBEW	c EIN-PN 95-0865960-001
a	Plan name N.V. MORAN PLUMBING SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor N.V. MORAN PLUMBING SUPPLY, INC.	c EIN-PN 94-2641538-001
a	Plan name AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name AVEX FUNDING, INC. 401(K) PLAN	
b	Name of plan sponsor AVEX FUNDING	c EIN-PN 87-0691651-001
a	Plan name AVISTON LUMBER CO. 401(K) PLAN	
b	Name of plan sponsor AVISTON LUMBER CO.	c EIN-PN 37-0859839-003
a	Plan name PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001

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 ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC.	c EIN-PN 27-2479460-001
a	Plan name ROSINA FOOD PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ROSINA FOOD PRODUCTS, INC.	c EIN-PN 16-0876738-002
a	Plan name SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
b	Name of plan sponsor SAGE HEALTH SERVICES OF INDIANA	c EIN-PN 35-1811450-001
a	Plan name C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name SOLON / GWK RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRAND WEST KIA	c EIN-PN 77-0661943-001
a	Plan name SOURCEPOINTEHR, LLC RETIREMENT PLAN	
b	Name of plan sponsor SOURCEPOINTEHR, LLC	c EIN-PN 26-3800519-001
a	Plan name STRATEGY CORPS, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor STRATEGY CORPS	c EIN-PN 62-1872845-001
a	Plan name STRAUBE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor STRAUBE ASSOCIATES, INC.	c EIN-PN 94-1521643-001
a	Plan name SUBURBAN CARDIOLOGY, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor SUBURBAN CARDIOLOGY, PC	c EIN-PN 16-1545899-001
a	Plan name SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor SUBURBAN PSYCHIATRIC ASSOCIATES LLP	c EIN-PN 16-1492077-001
a	Plan name EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor EPIC HEALTHCARE MANAGEMENT, LLC	c EIN-PN 27-4757579-001
a	Plan name U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001

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	W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	W. BRUCE CLARK, M.D., P.C.	c EIN-PN 14-1659231-002
a	Plan name	AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AMIEE LYNN, INC.	c EIN-PN 65-1160566-001
a	Plan name	CATSKILL MOUNTAINKEEPER INC. 401(K) PLAN	
b	Name of plan sponsor	CATSKILL MOUNTAIN KEEPER INC.	c EIN-PN 51-0583769-001
a	Plan name	CAYUGA COUNTY CHAMBER OF COMMERCE, INC. 401(K) PLAN	
b	Name of plan sponsor	CAYUGA COUNTY CHAMBER OF COMMERCE, INC.	c EIN-PN 15-0235250-777
a	Plan name	COMMUNITY FOUNDATION OF TAMPA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	COMMUNITY FOUNDATION OF TAMPA	c EIN-PN 59-3001853-777
a	Plan name	DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name	DEBRINO CAULKING ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	DEBRINO CAULKING ASSOCIATES, INC.	c EIN-PN 14-1588127-001
a	Plan name	DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	DECKER AND BEEBE, INC	c EIN-PN 06-0628355-001
a	Plan name	ERC CONCEPTS CO., INC. 401(K) PLAN	
b	Name of plan sponsor	ERC CONCEPTS COMPANY	c EIN-PN 77-0344798-002
a	Plan name	FLASH RAISE FUNDING 401(K) PLAN	
b	Name of plan sponsor	FLASH RAISE FUNDING, LLC	c EIN-PN 87-2600294-001
a	Plan name	FLOORING ENVIRONMENT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	FLOORING ENVIRONMENT, INC.	c EIN-PN 20-1919012-001
a	Plan name	FLOW-FX PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORTHOPEDIC GENERATIONS, LLC DBA FLOW-FX, LLC	c EIN-PN 37-1650185-001

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	HABITAT FOR HUMANITY NEW CASTLE COUNTY 401(K) PLAN	
b	Name of plan sponsor	HABITAT FOR HUMANITY NEW CASTLE COUNTY	c EIN-PN 51-0294138-001
a	Plan name	M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
b	Name of plan sponsor	M&W DISTRIBUTION SERVICES, INC.	c EIN-PN 58-1164068-001
a	Plan name	NATHAN W. MOGREN, D.M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor	NATHAN W. MOGREN, D.M.D., P.C.	c EIN-PN 27-1009572-001
a	Plan name	NEFI	
b	Name of plan sponsor	THE NEW ENGLAND FUEL INSTITUTE/EDUCATIONAL FOUNDATION	c EIN-PN 04-2078321-001
a	Plan name	OLAN LAW CORP. 401(K) PLAN	
b	Name of plan sponsor	OLAN LAW CORP.	c EIN-PN 95-4690783-001
a	Plan name	POQUET AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	POQUET AUTO SALES, INC.	c EIN-PN 41-1888983-001
a	Plan name	SAUNA360 INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAUNA360 INC.	c EIN-PN 41-1502759-001
a	Plan name	SCHMELING CONSTRUCTION CO. PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHMELING CONSTRUCTION CO.	c EIN-PN 36-2687104-001
a	Plan name	SPENSIERI DIVERSIFIED, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPENSIERI DIVERSIFIED, LLC	c EIN-PN 26-4073098-001
a	Plan name	TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TARBELL MANAGEMENT GROUP, LLC	c EIN-PN 27-3567818-002
a	Plan name	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANAN FAIDI MD, INC.	c EIN-PN 68-0285302-001
a	Plan name	CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CENTRAL PAPER STOCK CO., INC	c EIN-PN 43-1234352-001

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	CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b Name of plan sponsor	CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a Plan name	CETEK, INC. 401(K) PLAN	
b Name of plan sponsor	CETEK, INC.	c EIN-PN 42-1514155-001
a Plan name	DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	DIPONIO CONTRACTING, INC.	c EIN-PN 20-8039399-001
a Plan name	DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
b Name of plan sponsor	DOCTOR & ASSOCIATES	c EIN-PN 06-0857902-001
a Plan name	FORM GRINDING TECH INC 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	FORM GRINDING TECH INC	c EIN-PN 38-3502129-001
a Plan name	FOSTER/PREMIER, INC. 401(K) PLAN	
b Name of plan sponsor	FOSTER/PREMIER, INC.	c EIN-PN 36-4139399-001
a Plan name	JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
b Name of plan sponsor	JEFF WILSON POOL SERVICE, INC.	c EIN-PN 59-2596150-001
a Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
b Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.	c EIN-PN 59-1508381-001
a Plan name	JIM BOWDEN, D.D.S., P.A. 401(K) PLAN	
b Name of plan sponsor	JIM BOWDEN, D.D.S., P.A.	c EIN-PN 74-2603277-001
a Plan name	MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
b Name of plan sponsor	MARQUEZ BROTHERS INTERNATIONAL, INC	c EIN-PN 94-2789431-889
a Plan name	MCCLAIN LABORATORIES, LLC 401(K) PLAN	
b Name of plan sponsor	MCCLAIN LABORATORIES, LLC	c EIN-PN 42-1600554-001
a Plan name	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	ORTHOPEDIC AND SPORTS PHYSICAL THERAPY ASSOCIATES, INC.	c EIN-PN 54-1247912-001

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	SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION
c	EIN-PN	99-0268773-001
a	Plan name	WILDER AUTO RETIREMENT PLAN
b	Name of plan sponsor	WILDER AUTO GROUP, INC. DBA WILDER TOYOTA
c	EIN-PN	91-1130065-001
a	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN
b	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.
c	EIN-PN	94-1433043-001
a	Plan name	WILLIAM A. SMITH & SON, INC. 401(K) PLAN
b	Name of plan sponsor	WILLIAM A. SMITH & SON, INC.
c	EIN-PN	14-1433702-002
a	Plan name	WILLIAM W. LYONS, DDS, P.C., 401(K) PLAN
b	Name of plan sponsor	WILLIAM W. LYONS, DDS, P.C.
c	EIN-PN	26-3126437-001
a	Plan name	BETTINGER CO., INC. 401(K) PLAN
b	Name of plan sponsor	BETTINGER CO., INC.
c	EIN-PN	23-2536584-001
a	Plan name	DENNY MACHINE 401(K) AND PROFIT SHARING PLAN
b	Name of plan sponsor	DENNY MACHINE, LLC
c	EIN-PN	92-1449880-003
a	Plan name	HARDMAN CONSTRUCTION, INC. 401(K) PLAN
b	Name of plan sponsor	HARDMAN CONSTRUCTION, INC.
c	EIN-PN	38-2236416-001
a	Plan name	HARRY WARREN OF GEORGIA 401(K) PLAN
b	Name of plan sponsor	MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA
c	EIN-PN	65-1179808-001
a	Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN
b	Name of plan sponsor	HARRY WARREN, INC.
c	EIN-PN	59-1523664-001
a	Plan name	MACRI CONCRETE, INC. 401(K) PLAN
b	Name of plan sponsor	MACRI CONCRETE, INC.
c	EIN-PN	25-1823760-001
a	Plan name	PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	PRODUCT DEVELOPMENT ASSOCIATES, INC.
c	EIN-PN	41-1791080-001

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	PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001
a	Plan name	TERRA NATIONAL REAL ESTATE GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	JBRS REALTY, LLC DBA TERRA NATIONAL REAL ESTATE GROUP	c EIN-PN 01-0554308-777
a	Plan name	TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor	TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
a	Plan name	PS 260, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PS 260, INC.	c EIN-PN 13-3413729-777
a	Plan name	PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PURPLE ONION	c EIN-PN 39-1649217-001
a	Plan name	THE QUINLAN LAW FIRM, LLC 401(K) PLAN	
b	Name of plan sponsor	THE QUINLAN LAW FIRM, LLC	c EIN-PN 13-4347801-001
a	Plan name	BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	BK MILL & FIXTURES	c EIN-PN 94-2366234-001
a	Plan name	BLAU PLUMBING, INC. 401(K) PLAN	
b	Name of plan sponsor	BLAU PLUMBING, INC.	c EIN-PN 39-1031201-002
a	Plan name	HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SONGY HIGHROADS, LLC	c EIN-PN 45-4485594-001
a	Plan name	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	c EIN-PN 81-0373761-001
a	Plan name	HOFFMAN FORDLAND 401(K) SAVINGS PLAN	
b	Name of plan sponsor	HOFFMAN FORD SALES, INC.	c EIN-PN 23-1477451-003
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002

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	EASYCARE 401(K) PLAN	c	EIN-PN	77-0380138-001
b	Name of plan sponsor	MCGRAYEL COMPANY INC.	c	EIN-PN	77-0380138-001
a	Plan name	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC RETIREMENT SAVINGS PLAN	c	EIN-PN	61-1403889-001
b	Name of plan sponsor	HOLDSWORTH KLIMOWSKI CONSTRUCTION, LLC	c	EIN-PN	61-1403889-001
a	Plan name	HOUSTON MEDICAL CONSULTANTS PC 401(K) PLAN	c	EIN-PN	46-0754581-001
b	Name of plan sponsor	HOUSTON MEDICAL CONSULTANTS PC	c	EIN-PN	46-0754581-001
a	Plan name	MINA METALS COMPANY, INC. 401(K) PLAN	c	EIN-PN	94-2771327-001
b	Name of plan sponsor	MINA METALS COMPANY, INC.	c	EIN-PN	94-2771327-001
a	Plan name	RICHARD P. STANKUS, PH.D., M.D. PROFIT SHARING PLAN	c	EIN-PN	16-1381451-001
b	Name of plan sponsor	RICHARD P. STANKUS, PHD, MD	c	EIN-PN	16-1381451-001
a	Plan name	RICHFORD HEALTH CENTER, INC. 401(K) PLAN	c	EIN-PN	03-0215982-001
b	Name of plan sponsor	RICHFORD HEALTH CENTER, INC.	c	EIN-PN	03-0215982-001
a	Plan name	THE ROYSTER GROUP, INC. 401(K) PLAN	c	EIN-PN	58-2639075-001
b	Name of plan sponsor	THE ROYSTER GROUP, INC.	c	EIN-PN	58-2639075-001
a	Plan name	THE VANDERVORT GROUP, LLC 401(K) PROFIT SHARING PLAN	c	EIN-PN	14-1800633-001
b	Name of plan sponsor	THE VANDERVORT GROUP, LLC	c	EIN-PN	14-1800633-001
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	

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS FUNDAMENTAL INVESTORS RET ACCT	B Three-digit plan number (PN) ▶ 232
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14151477
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	14472302
(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	14151477	14472302
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	14151477	14472302

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3155098	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		3155098

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		3155098
l Transfers of assets:			
(1) To this plan	2l(1)		1918578
(2) From this plan	2l(2)		4752851

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 _____.