

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 [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan: AMERICAN FUNDS FUNDAMENTAL INVESTORS RET OPT
1b Three-digit plan number (PN): 843
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): TRANSAMERICA LIFE INSURANCE COMPANY
2b Employer Identification Number (EIN): 39-0989781
2c Plan Sponsor's telephone number: 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature, Date, and Name. Rows include plan administrator, employer/plan sponsor, and 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 FUNDAMENTAL INVESTORS RET OPT</u>	B Three-digit plan number (PN)	<u>843</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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d Entity code

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d Entity code

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d Entity code

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d Entity code

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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)

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	BAKERSFIELD COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	BAKERSFIELD COUNTRY CLUB	c EIN-PN 95-1615940-001
a	Plan name	K & G PETROLEUM, LLC 401(K) PLAN	
b	Name of plan sponsor	K & G PETROLEUM, LLC	c EIN-PN 36-4513700-002
a	Plan name	THE AME GROUP 401(K) PLAN	
b	Name of plan sponsor	THE AME GROUP	c EIN-PN 35-1630314-001
a	Plan name	THE BRITISH EMBASSY 401(K) PLAN	
b	Name of plan sponsor	THE BRITISH EMBASSY	c EIN-PN 52-2150359-002
a	Plan name	PROCIRCULAR, INC. 401(K) PLAN	
b	Name of plan sponsor	PROCIRCULAR, INC.	c EIN-PN 81-1171034-001
a	Plan name	PROFESSIONAL ELECTRIC LLC 401(K)	
b	Name of plan sponsor	PROFESSIONAL ELECTRIC LLC	c EIN-PN 26-4645592-001
a	Plan name	THE VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN	
b	Name of plan sponsor	THE VALLEY FERTILIZER CHEMICAL CO, INC.	c EIN-PN 54-0415185-002
a	Plan name	FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	FALLBROOK FAMILY HEALTH CENTER, LLC	c EIN-PN 45-2548037-001
a	Plan name	FARMERS BUILDING AND SAVINGS BANK 401(K) PLAN	
b	Name of plan sponsor	FARMERS BUILDING AND SAVINGS BANK	c EIN-PN 25-0471835-001
a	Plan name	BODY FOUNTAIN 401(K) PLAN	
b	Name of plan sponsor	BODY FOUNTAIN, LTD.	c EIN-PN 82-1018085-001
a	Plan name	BONE-A-PATREAT 401(K) PLAN	
b	Name of plan sponsor	BONE-A-PATREAT	c EIN-PN 20-1319477-001
a	Plan name	TIMS TRUCK CAPITAL & AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	TIM'S TRUCK CAPITAL & AUTO SALES, INC.	c EIN-PN 02-0468466-001

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 REDHAWK COILED TUBING, LLC 401(K) PLAN	
b	Name of plan sponsor REDHAWK COILED TUBING, LLC	c EIN-PN 87-2997823-001
a	Plan name REDROC AUSTIN 401(K) PLAN	
b	Name of plan sponsor ERNEST J CORDER DBA REDROC AUSTIN	c EIN-PN 04-3709976-001
a	Plan name BURNS & HASSMAN, LLC 401(K) PLAN	
b	Name of plan sponsor BURNS & HASSMAN, LLC	c EIN-PN 81-2812239-001
a	Plan name MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	c EIN-PN 20-3910631-001
a	Plan name RHEA COUNTY AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor RHEA COUNTY AMBULANCE SERVICE INC.	c EIN-PN 62-1153440-001
a	Plan name UNIVERSAL NORTH INC. - SH 401(K) PLAN	
b	Name of plan sponsor UNIVERSAL NORTH INC.	c EIN-PN 34-1666673-001
a	Plan name MARENGO THERAPEUTICS, INC. 401(K) PLAN	
b	Name of plan sponsor MARENGO THERAPEUTICS, INC.	c EIN-PN 47-5622851-001
a	Plan name MARLEYS MONSTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARLEYS MONSTERS, LLC	c EIN-PN 47-4495374-001
a	Plan name MELODY LIVING 401K PLAN	
b	Name of plan sponsor MELODY LIVING ASSOCIATES- IL, L.L.C	c EIN-PN 84-4995261-001
a	Plan name GUSTO DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor GUSTO DISTRIBUTING	c EIN-PN 81-0295720-001
a	Plan name GVM LAW, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GVM LAW, LLP	c EIN-PN 47-3015704-001
a	Plan name MISSION FINANCIAL GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MISSION FINANCIAL GROUP, LLC	c EIN-PN 83-0700995-001

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	SANCHEZ & AMADOR, LLP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SANCHEZ & AMADOR, LLP	c EIN-PN 95-4460273-001
a	Plan name	WESTERN EMULSIONS INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WESTERN EMULSIONS INC.	c EIN-PN 86-0336082-001
a	Plan name	ACCUTURN 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ACCUTURN CORPORATION	c EIN-PN 95-2901000-001
a	Plan name	HERITAGE HILL DENTAL 401(K) PLAN	
b	Name of plan sponsor	HERITAGE HILL DENTAL P.C.	c EIN-PN 45-3849054-001
a	Plan name	SIMPLE MILLS, INC. 401(K) PLAN	
b	Name of plan sponsor	SIMPLE MILLS, INC.	c EIN-PN 47-1100664-001
a	Plan name	SPORTS SPECIALISTS OF MILWAUKEE, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	SPORTS SPECIALISTS OF MILWAUKEE, INC.	c EIN-PN 39-1624600-001
a	Plan name	STONEWALL PROPERTY GROUP 401(K) PLAN	
b	Name of plan sponsor	STONEWALL PROPERTY GROUP	c EIN-PN 34-2039090-001
a	Plan name	P&C ENTERPRISES OF OHIO LLC 401(K) PLAN	
b	Name of plan sponsor	P&C ENTERPRISES OF OHIO, LLC	c EIN-PN 82-4358517-001
a	Plan name	AMOURGIS & ASSOCIATES, LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	AMOURGIS & ASSOCIATES, LLC	c EIN-PN 90-0553841-001
a	Plan name	ANACORTES PROSTHETICS & ORTHOTICS - 401(K)	
b	Name of plan sponsor	ANACORTES PROSTHETICS & ORTHOTICS	c EIN-PN 47-4195495-001
a	Plan name	DESIGN READY CONTROLS, INC. 401(K) PLAN	
b	Name of plan sponsor	DESIGN READY CONTROLS, INC.	c EIN-PN 41-1649617-001
a	Plan name	ASSEMBLY SPECIALTY PRODUCTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ASSEMBLY SPECIALTY PRODUCTS, INC.	c EIN-PN 34-1082183-003

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 DRS. BLACK & BENTON PSC SAFE HARBOR EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor DRS. BLACK & BENTON, PSC	c EIN-PN 62-0853193-002
a	Plan name JERRY CHIDESTER MD, PLLC 401(K) PLAN	
b	Name of plan sponsor JERRY CHIDESTER MD, PLLC	c EIN-PN 84-4004479-001
a	Plan name TAMPA DOWNTOWN PARTNERSHIP 401(K) PLAN	
b	Name of plan sponsor TAMPA DOWNTOWN PARTNERSHIP, INC.	c EIN-PN 59-2688074-002
a	Plan name MAGNETIC TECHNOLOGIES LTD. 401(K) PLAN	
b	Name of plan sponsor MAGNETIC TECHNOLOGIES LTD.	c EIN-PN 04-2836991-005
a	Plan name RIMROCK ENERGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIMROCK ENERGY PARTNERS LLC	c EIN-PN 82-3731112-001
a	Plan name RINAUDO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor RINAUDO ENTERPRISES, INC.	c EIN-PN 59-3384145-001
a	Plan name CAREN FRANZ, DMD, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAREN FRANZ, DMD, P.C.	c EIN-PN 42-1564871-001
a	Plan name MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	c EIN-PN 20-4106052-001
a	Plan name USA WATER SKI INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor USA WATER SKI & WAKE SPORTS INC.	c EIN-PN 59-0841458-001
a	Plan name RUGS AS ART, INC. 401(K) PLAN	
b	Name of plan sponsor RUGS AS ART, INC.	c EIN-PN 65-0261601-001
a	Plan name GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP 401(K) PLAN	
b	Name of plan sponsor GRAY, RUST, ST. AMAND, MOFFETT, & BRIESKE, LLP	c EIN-PN 58-2490090-001
a	Plan name GRAY, SALT & ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRAY, SALT & ASSOCIATES, LLP	c EIN-PN 45-0606931-001

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 MENCHIE'S GLOBAL HEADQUARTERS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MENCHIE'S GLOBAL HEADQUARTERS	c EIN-PN 26-1658984-001
a	Plan name 401(K) ADVANTAGE, 401(K) PLAN	
b	Name of plan sponsor TAG RESOURCES	c EIN-PN 62-1874771-002
a	Plan name HALEIWA FAMILY DENTAL CENTER, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HALEIWA FAMILY DENTAL CENTER, LTD.	c EIN-PN 99-0322411-001
a	Plan name HALLMARK CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor HALLMARK CONSTRUCTION, INC.	c EIN-PN 38-2163727-001
a	Plan name HALLMARK MITIGATION AND CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor HALLMARK MITIGATION & CONSTRUCTION LLC	c EIN-PN 81-1421014-001
a	Plan name MO-TECH CORPORATION 401(K) PLAN	
b	Name of plan sponsor MO-TECH CORPORATION	c EIN-PN 47-0884754-001
a	Plan name CONTROL ASSOCIATES, INC. PROFIT SHARING AND 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CONTROL ASSOCIATES, INC.	c EIN-PN 22-1629238-004
a	Plan name CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001
a	Plan name Z2 MARKETING, LTD 401(K) PLAN	
b	Name of plan sponsor Z2 MARKETING, LTD	c EIN-PN 20-0581373-001
a	Plan name ZAGAR INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ZAGAR INC.	c EIN-PN 34-0634856-001
a	Plan name OOMA, INC. 401(K) PLAN	
b	Name of plan sponsor OOMA, INC.	c EIN-PN 06-1713274-001
a	Plan name OPM EARNINGS 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor OPM EARNINGS DBA LIMESTONE WEALTH ADVISORS	c EIN-PN 61-1374312-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001
a	Plan name INTEGRATED LAKES MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor INTEGRATED LAKES MANAGEMENT, INC.	c EIN-PN 20-3197661-001
a	Plan name STAFFORD TAX & BUSINESS ADVISORS, LLC 401(K) PLAN	
b	Name of plan sponsor STAFFORD TAX & BUSINESS ADVISORS, LLC	c EIN-PN 02-0724413-001
a	Plan name STAR TIRE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor STAR TIRE, INC.	c EIN-PN 75-1502226-001
a	Plan name ANDREW CAPALDO, DMD, PC 401(K) PLAN	
b	Name of plan sponsor ANDREW CAPALDO, DMD, PC	c EIN-PN 23-2986985-001
a	Plan name ANYWEATHER RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GRIFFIN HOLDINGS	c EIN-PN 47-2588912-001
a	Plan name IRA PLAN PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IRA PLAN PARTNERS LLC	c EIN-PN 46-4246162-001
a	Plan name IRONCLAD STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IRONCLAD STRATEGIES, LLC	c EIN-PN 82-5506108-001
a	Plan name IRONMAN PIZZA 401(K) PLAN	
b	Name of plan sponsor IRONMAN PIZZA, INC.	c EIN-PN 46-1786435-001
a	Plan name STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001
a	Plan name STUART EYE INSTITUTE, PA 401(K) PLAN	
b	Name of plan sponsor STUART EYE INSTITUTE, P.A.	c EIN-PN 59-1980090-001
a	Plan name PEGASYS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor PEGASYS TECHNOLOGIES, LLC	c EIN-PN 82-4668955-001

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 ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTA OFFICE TECHNOLOGIES, INC.	c EIN-PN 47-2600973-001
a	Plan name DUOTECH SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor DUOTECH SERVICES LLC	c EIN-PN 59-2658665-001
a	Plan name POPP EXCAVATING 401(K) PLAN	
b	Name of plan sponsor POPP EXCAVATING	c EIN-PN 84-4897634-001
a	Plan name BARGAIN SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor BARGAIN SERVICES, LLC	c EIN-PN 46-3585182-001
a	Plan name KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
a	Plan name THOMAS S. LAYTON, D.D.S. P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor THOMAS LAYTON, D.D.S.	c EIN-PN 56-2145157-001
a	Plan name TOP OF TEXAS 401(K) PLAN	
b	Name of plan sponsor TOP OF TEXAS, INC.	c EIN-PN 75-2646871-001
a	Plan name LEBLANC NETTLES LAW GROUP 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor LEBLANC NETTLES LAW LLC	c EIN-PN 46-2658554-001
a	Plan name MONODE MARKING PRODUCTS, INC. TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor MONODE MARKING PRODUCTS, INC.	c EIN-PN 34-0812439-001
a	Plan name PARADYME MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor PARADYME MANAGEMENT, INC.	c EIN-PN 13-4271306-004
a	Plan name PETRO-VALVE, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor PETRO-VALVE, INC.	c EIN-PN 74-2088515-001
a	Plan name PPT FLORIDA 401(K) PLAN	
b	Name of plan sponsor PRODUCTION & PROCESS TECHNOLOGIES FLORIDA, INC.	c EIN-PN 59-3428824-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	PROTECTIVE PACKAGING SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	FOAM FABRICATORS ACQUISITION, LLC	c EIN-PN 84-0814184-001
a	Plan name	QRM 401(K) PLAN	
b	Name of plan sponsor	QUALITY REHAB MANAGEMENT, LLC DBA QRM	c EIN-PN 83-1973171-001
a	Plan name	RESIDENCE ARTISTS, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	RESIDENCE ARTISTS, INC.	c EIN-PN 34-1273217-001
a	Plan name	RIVER DENTAL CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVER DENTAL CARE	c EIN-PN 92-0862580-001
a	Plan name	SKS COMMUNICATIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SKS COMMUNICATIONS	c EIN-PN 57-1235666-001
a	Plan name	SUMMIT POINT 401(K) PLAN	
b	Name of plan sponsor	SUMMIT POINT ROOFING, LLC	c EIN-PN 47-3363896-001
a	Plan name	SUN COAST PAIN MANAGEMENT 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUN COAST PAIN MANAGEMENT, P.A.	c EIN-PN 64-0888705-001
a	Plan name	TEAM SAN JOSE 401(K) PLAN	
b	Name of plan sponsor	TEAM SAN JOSE	c EIN-PN 20-0507663-001
a	Plan name	TED GROB CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TED GROB CORPORATION	c EIN-PN 39-1027921-001
a	Plan name	THE ELDERBERRY CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE ELDERBERRY CO.	c EIN-PN 83-1866756-001
a	Plan name	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	c EIN-PN 56-1970120-001
a	Plan name	WATERMAN BROTHERS CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WATERMAN BROTHERS CONSTRUCTION, INC.	c EIN-PN 36-3713511-001

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 WILL CLARK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor WILL CLARK ELECTRIC INC.	c EIN-PN 46-0382827-001
a	Plan name WILLIAMS PRODUCTS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor WILLIAMS PRODUCTS, INC.	c EIN-PN 38-2225718-001
a	Plan name AFTERMAN SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor AFTERMAN SOFTWARE, LLC	c EIN-PN 81-2910848-001
a	Plan name AMERICAN STRUCTURAL CONCRETE 401(K) PLAN	
b	Name of plan sponsor AMERICAN STRUCTURAL CONCRETE	c EIN-PN 46-5535836-003
a	Plan name APOLLO HEALTHCARE, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor APOLLO HEALTHCARE, LLC	c EIN-PN 27-3107108-002
a	Plan name BLAZE PIZZA 401(K) PLAN	
b	Name of plan sponsor DAMM FINE PIZZA DBA BLAZE PIZZA	c EIN-PN 47-1820665-001
a	Plan name BLUE OVAL INDUSTRIES INC. 401(K) P/S PLAN	
b	Name of plan sponsor BLUE OVAL INDUSTRIES INC.	c EIN-PN 74-3108480-777
a	Plan name CARPE DIEM RECON RETIREMENT PLAN	
b	Name of plan sponsor CARPE DIEM AUTOMOTIVE RECONDITIONING, LLC	c EIN-PN 81-4451244-001
a	Plan name COLUMBIA MARKING TOOLS, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA MARKING TOOLS, INC.	c EIN-PN 38-1659935-001
a	Plan name DEMOSS ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor DEMOSS ELECTRIC, INC.	c EIN-PN 02-0677709-001
a	Plan name DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor DENNIS SEAMAN CO., L.P.A.	c EIN-PN 34-1207750-001
a	Plan name DIGIOH LLC 401(K) PLAN	
b	Name of plan sponsor DIGIOH LLC	c EIN-PN 45-2780632-001

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	GATTON & ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor	GATTON & ASSOCIATES, P.C.	c EIN-PN 85-0471754-001
a	Plan name	GKBK 401(K) PLAN	
b	Name of plan sponsor	GAUNTT KOEN BINNEY & KIDD, LLP	c EIN-PN 76-0574603-001
a	Plan name	HIGHLAND COUNTRY CLUB 401(K) PLAN	
b	Name of plan sponsor	HIGHLAND COUNTRY CLUB	c EIN-PN 61-0225185-001
a	Plan name	KERN RIVER GOLF COURSE 401(K) PLAN	
b	Name of plan sponsor	KERN RIVER GOLF COURSE	c EIN-PN 95-3761837-001
a	Plan name	A&B MARKET, LLC 401(K) PLAN	
b	Name of plan sponsor	A&B MARKET, LLC	c EIN-PN 47-2479032-001
a	Plan name	A-1 SECURITY BARS, INC. 401(K) PLAN	
b	Name of plan sponsor	A-1 SECURITY BARS, INC.	c EIN-PN 52-2284626-001
a	Plan name	BRC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BILL RISINGER CONSTRUCTION & REMODELING CO., INC.	c EIN-PN 61-1194338-001
a	Plan name	CASUALTY ACTUARIAL CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASUALTY ACTUARIAL CONSULTANTS, INC.	c EIN-PN 62-1591851-001
a	Plan name	CSAVC, P.C. DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CARLISLE SMALL ANIMAL VETERINARY CLINIC, P.C.	c EIN-PN 23-2339055-001
a	Plan name	GLOBAL CUSTOM SECURITY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL CUSTOM SECURITY, INC.	c EIN-PN 95-4445427-001
a	Plan name	GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
b	Name of plan sponsor	GLOBAL RESOURCE ENGINEERING, LTD.	c EIN-PN 61-1843495-001
a	Plan name	HARMONY HEALTHCARE IT 401K PLAN	
b	Name of plan sponsor	BUSINESS INTERACTIONS LLC DBA HARMONY HEALTHCARE IT	c EIN-PN 32-0157950-002

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	HARMSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARMSEN CONSTRUCTION, INC.	c EIN-PN 38-2720081-001
a	Plan name	HUTKER ARCHITECTS INC 401(K) PLAN	
b	Name of plan sponsor	HUTKER ARCHITECTS INC.	c EIN-PN 04-2983622-001
a	Plan name	LG AUDIOLOGICAL ENTERPRISES LLC 401(K) PLAN	
b	Name of plan sponsor	LG AUDIOLOGICAL ENTERPRISES LLC	c EIN-PN 26-3982693-001
a	Plan name	MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN BORDERS ASSOCIATES INC	c EIN-PN 27-0189681-001
a	Plan name	MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b	Name of plan sponsor	MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001
a	Plan name	NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a	Plan name	NORTHWEST GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST GLASS, INC.	c EIN-PN 81-0447938-001
a	Plan name	PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor	PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
a	Plan name	PARKER SQUARED AND AFFILIATED COMPANIES 401(K) PLAN	
b	Name of plan sponsor	PARKER SQUARED, INC. DBA SLEEPING BABY, INC.	c EIN-PN 27-0402271-001
a	Plan name	ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE 401(K) PSP	
b	Name of plan sponsor	ROBERT D. WHITTINGTON, INC. DBA INDUSTRIAL MAINTENANCE CO.	c EIN-PN 33-0197591-001
a	Plan name	THE KITCHEN, INC. 401(K) PLAN	
b	Name of plan sponsor	THE KITCHEN, INC.	c EIN-PN 38-2716204-001
a	Plan name	VAUGHN WATER COMPANY 401(K) PLAN	
b	Name of plan sponsor	VAUGHN WATER COMPANY	c EIN-PN 95-1600230-002

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	WINTERS, LLP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WINTERS, LLP	c EIN-PN 37-1366508-001
a	Plan name	ICONERGY LTD 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ICONERGY LTD	c EIN-PN 27-2414344-001
a	Plan name	IDAHO ASPHALT SUPPLY, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	IDAHO ASPHALT SUPPLY, INC.	c EIN-PN 82-0325664-001
a	Plan name	JADT FOOD GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	JADT FOOD GROUP, LLC	c EIN-PN 41-1891521-001
a	Plan name	LINDAR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LINDAR CORPORATION	c EIN-PN 41-1752658-001
a	Plan name	MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	MCCOURT EQUIPMENT, INC.	c EIN-PN 74-2913583-001
a	Plan name	MCCOY & SPARKS 401(K) PLAN	
b	Name of plan sponsor	MCCOY & SPARKS, PLLC	c EIN-PN 20-1412812-001
a	Plan name	MRK FINANCIAL SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SNIEGOCKI WEAVER FINANCIAL SERVICES	c EIN-PN 27-4522792-001
a	Plan name	SYNERGY AG 401(K) PLAN	
b	Name of plan sponsor	SYNERGY AG	c EIN-PN 83-2057742-001
a	Plan name	VERPLANK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	VERPLANK ELECTRIC INC.	c EIN-PN 75-3028527-001
a	Plan name	AL TERRY PLUMBING & HEATING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AL TERRY PLUMBING & HEATING, INC.	c EIN-PN 02-0344810-002
a	Plan name	ALESIG CONSULTING 401(K) PLAN	
b	Name of plan sponsor	ALESIG CONSULTING	c EIN-PN 61-1591534-001

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 CUKIERSKI & ASSOCIATES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor CUKIERSKI & ASSOCIATES, LLC	c EIN-PN 36-4239322-001
a	Plan name CYPRESS PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CYPRESS PARTNERS LLC	c EIN-PN 81-4753944-001
a	Plan name DOUBLE H LLC CASH BALANCE PENSION PLAN	
b	Name of plan sponsor DOUBLE H, LLC	c EIN-PN 01-0930386-001
a	Plan name EMCO GLADE SPRINGS HOSPITALITY, LLC 401(K) PLAN	
b	Name of plan sponsor EMCO GLADE SPRINGS HOSPITALITY, LLC	c EIN-PN 20-0976658-001
a	Plan name GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	c EIN-PN 57-1093357-001
a	Plan name GLPC 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES POTATO CHIP COMPANY, LLC	c EIN-PN 27-1435611-001
a	Plan name GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMS MINE REPAIR & MAINTENANCE, INC.	c EIN-PN 52-1908118-001
a	Plan name PAUL NAFTALI, O.D., P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL NAFTALI, O.D., P.A.	c EIN-PN 22-3361281-001
a	Plan name PRINCIPLE CHOICE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor PRINCIPLE CHOICE SOLUTIONS LLC	c EIN-PN 47-2275889-001
a	Plan name PRISM CAPITAL MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor PRISM CAPITAL MANAGEMENT, LLC	c EIN-PN 27-0125515-001
a	Plan name RAYMOND HANDLING CONSULTANTS, LC 401(K) PLAN	
b	Name of plan sponsor RAYMOND HANDLING CONSULTANTS, LC	c EIN-PN 59-3331430-001
a	Plan name RON HAMMES REFRIGERATION 401(K) PLAN	
b	Name of plan sponsor RON HAMMES REFRIGERATION CO., INC.	c EIN-PN 39-1350539-001

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	SGI 401(K) PLAN	
b	Name of plan sponsor	SGI	c EIN-PN 93-4216744-001
a	Plan name	SOUTH POINT COUNSELING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	SOUTH POINT COUNSELING SERVICES, LLC	c EIN-PN 45-3866896-001
a	Plan name	T K CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	T K CONCRETE, INC.	c EIN-PN 39-1898532-001
a	Plan name	TRAYER SOLUTIONS, LLC 401(K)	
b	Name of plan sponsor	TRAYER SOLUTIONS, LLC	c EIN-PN 46-4500573-001
a	Plan name	TRESTLEWOOD 401(K) PLAN	
b	Name of plan sponsor	CANNON STRUCTURES, INC. DBA TRESTLEWOOD	c EIN-PN 34-1112308-001
a	Plan name	ABOVE ALL CAULKING 401(K) PLAN	
b	Name of plan sponsor	ABOVE ALL CAULKING & WATERPROOFING, INC.	c EIN-PN 59-3790848-001
a	Plan name	ABSOLUTE QUALITY CARE FAMILY DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	ABSOLUTE QUALITY CARE FAMILY DENTISTRY	c EIN-PN 72-1498951-001
a	Plan name	ASCEND DENTAL SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ASCEND DENTAL SERVICES, LLC	c EIN-PN 83-2589578-001
a	Plan name	BROWN-DAUB AUTO SALES INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB AUTO SALES INC.	c EIN-PN 38-3686385-001
a	Plan name	BROWN-DAUB CHEVROLET OF NAZARETH INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB OF NAZARETH INC.	c EIN-PN 24-0864624-001
a	Plan name	BROWN-DAUB DODGE INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB DODGE, INC.	c EIN-PN 23-2970402-001
a	Plan name	CHARLES AUTO FAMILY 401(K) PLAN	
b	Name of plan sponsor	CHARLES CHEVROLET OLDSMOBILE, INC. DBA CHARLES AUTO FAMILY	c EIN-PN 34-0877679-001

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 COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name FLEETWOOD HEATING, INC. 401(K) PLAN	
b	Name of plan sponsor FLEETWOOD HEATING, INC.	c EIN-PN 46-1584949-001
a	Plan name IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001
a	Plan name KNIGHT FARMS 401(K) PLAN	
b	Name of plan sponsor KNIGHT FARMS	c EIN-PN 68-0255456-001
a	Plan name KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP 401(K) PLAN	
b	Name of plan sponsor KNUDSEN, BERKHEIMER, RICHARDSON & ENDACOTT, LLP	c EIN-PN 47-0395621-002
a	Plan name LJP ARCHITECTS PC 401(K) PLAN	
b	Name of plan sponsor LJP ARCHITECTS PC	c EIN-PN 87-2346679-001
a	Plan name LOGIC INTEGRATION 401(K) PLAN	
b	Name of plan sponsor LOGIC INTEGRATION	c EIN-PN 81-3658177-001
a	Plan name AVANTECH 401(K) PLAN	
b	Name of plan sponsor SELF GROUP USA, LLC	c EIN-PN 92-3663081-001
a	Plan name BROWN-DAUB EURO INC. 401(K) PLAN	
b	Name of plan sponsor BROWN-DAUB EURO, INC.	c EIN-PN 27-4502291-001
a	Plan name BROWN-DAUB INC. 401(K) PLAN	
b	Name of plan sponsor BROWN-DAUB, INC.	c EIN-PN 24-0535610-001
a	Plan name BROWN-DAUB OF LEHIGH VALLEY INC. 401(K) PLAN	
b	Name of plan sponsor BROWN-DAUB OF LEHIGH VALLEY, INC	c EIN-PN 27-1528308-001
a	Plan name CICERO ADAMS, LLC 401(K) PLAN	
b	Name of plan sponsor CICEROADAMS, LLC	c EIN-PN 47-2819390-001

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 DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN 401(K) PLAN	
b	Name of plan sponsor DAMM FINE CHICKEN LLC DBA DAVE'S HOT CHICKEN	c EIN-PN 86-1240965-002
a	Plan name FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION	c EIN-PN 59-0657413-001
a	Plan name RAYNOR OVERHEAD DOORS AND GATE INC 401(K) PLAN	
b	Name of plan sponsor RAYNOR OVERHEAD DOORS AND GATE INC	c EIN-PN 47-2927611-001
a	Plan name SAARMAN CONSTRUCTION, LTD. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SAARMAN CONSTRUCTION, LTD.	c EIN-PN 94-2929210-001
a	Plan name TERRA NATIONAL REAL ESTATE GROUP 401(K) AND PROFIT SHARING	
b	Name of plan sponsor JBRS REALTY, LLC DBA TERRA NATIONAL REAL ESTATE GROUP	c EIN-PN 01-0554308-001
a	Plan name WEATHER TIGHT CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor WEATHER TIGHT CORPORATION	c EIN-PN 39-1647457-001
a	Plan name ALLSTAR PLUMBERS 401(K) PLAN	
b	Name of plan sponsor ALLSTAR PLUMBERS, INC.	c EIN-PN 26-0425473-001
a	Plan name B & G HVAC, INC. 401(K) PLAN	
b	Name of plan sponsor B & G HVAC, INC.	c EIN-PN 20-4345115-001
a	Plan name B&F CONTRACTING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor B&F CONTRACTING, INC.	c EIN-PN 86-0677300-002
a	Plan name B3T 401(K) PLAN	
b	Name of plan sponsor B3T CONSULTING, LLC	c EIN-PN 83-3470102-001
a	Plan name DANSCO ENGINEERING LLC 401(K) PLAN	
b	Name of plan sponsor DANSCO ENGINEERING LLC	c EIN-PN 04-3788074-001
a	Plan name DAVID CUSTOM ROOFING & PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAVIDS CUSTOM ROOFING & PAINTING, INC.	c EIN-PN 99-0314996-001

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	FOUNDATION TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor	FOUNDATION TECHNOLOGIES, LLC	c EIN-PN 41-1967504-001
a	Plan name	GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001
a	Plan name	JWC BUILDING SPECIALTIES, INC. 401(K) PLAN	
b	Name of plan sponsor	JWC BUILDING SPECIALTIES, INC.	c EIN-PN 39-1569926-001
a	Plan name	LRM CONCRETE & EXCAVATION SERVICES	
b	Name of plan sponsor	LRM HOLDINGS, LLC	c EIN-PN 86-1394980-001
a	Plan name	PIPE CRAFT SAVINGS PLAN	
b	Name of plan sponsor	PIPE CRAFT, INC.	c EIN-PN 83-2329549-001
a	Plan name	SAL'S BEVERAGE WORLD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAL'S BEVERAGE WORLD	c EIN-PN 36-3431038-001
a	Plan name	TEXAS SAFFIRE, LLC 401(K) PLAN	
b	Name of plan sponsor	TEXAS SAFFIRE, LLC	c EIN-PN 27-5482729-001
a	Plan name	THE 401(K) PLAN	
b	Name of plan sponsor	E.B.T., INC.	c EIN-PN 62-1714892-001
a	Plan name	TRUEMAN WELTERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRUEMAN WELTERS, INC.	c EIN-PN 41-0909356-001
a	Plan name	TUFFALOY PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	TUFFALOY PRODUCTS, INC.	c EIN-PN 38-1710357-002
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS FUNDAMENTAL INVESTORS RET OPT	B Three-digit plan number (PN) ▶ 843
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)	116594313
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	120655488
(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	116594313	120655488
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	116594312	120655488

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)	1713477	
(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)	14985217	
(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)		8791477
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		25490171

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		25490171
l Transfers of assets:			
(1) To this plan	2l(1)		14468738
(2) From this plan	2l(2)		35897733

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 _____.