

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

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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 2060 TARGET DATE RETIREMENT RET ACCT; 1b Three-digit plan number (PN): 300; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 83-1098532; 2c Plan Sponsor's telephone number: 319-355-6449; 2d Business code

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 <u>01/01/2024</u> and ending <u>12/31/2024</u>	
A Name of plan <u>AMERICAN FUNDS 2060 TARGET DATE RETIREMENT RET ACCT</u>	B Three-digit plan number (PN) <u>▶</u> <u>300</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>83-1098532</u>

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

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<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	MINDFUL CHILD & FAMILY THERAPY 401(K) PLAN & TRUST	
b	Name of plan sponsor	MINDFUL CHILD & FAMILY THERAPY	c EIN-PN 83-2946180-001
a	Plan name	MJR GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MJR GROUP, LLC	c EIN-PN 38-3367945-001
a	Plan name	MONKEY WRENCH PLUMBING, HEATING & AIR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GREEN WORLD MAINTENANCE, INC.	c EIN-PN 80-0344055-001
a	Plan name	MONTESSORI INTERNATIONAL ACADEMY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MADOKA INTERNATIONAL, INC. DBA MONTESSORI INTERNATIONAL ACADEMY	c EIN-PN 27-3946841-001
a	Plan name	MR. BS BISTRO, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MR. B'S BISTRO, INC.	c EIN-PN 72-0847066-001
a	Plan name	MR. SHINE 401(K) PLAN	
b	Name of plan sponsor	MR. SHINE, LLC	c EIN-PN 47-5524199-001
a	Plan name	MVPIZZA, LLC 401(K) PLAN	
b	Name of plan sponsor	MVPIZZA, LLC	c EIN-PN 83-1018941-001
a	Plan name	NATIONAL AUTO CARE 401(K) PLAN	
b	Name of plan sponsor	NATIONAL AUTO CARE CORP.	c EIN-PN 31-1115893-001
a	Plan name	NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	NARFA	c EIN-PN 04-2279821-001
a	Plan name	NATIONS GAS TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONS GAS TECHNOLOGIES, INC.	c EIN-PN 85-0452769-001
a	Plan name	NELDON PEACOCK & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor	NELDON PEACOCK & SONS, INC.	c EIN-PN 31-0839420-001
a	Plan name	NELSON ANALYTICAL 401(K) PLAN	
b	Name of plan sponsor	NELSON ANALYTICAL, LLC	c EIN-PN 02-0527084-001

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 PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PETROLEUM EQUIPMENT INSTITUTE	c EIN-PN 73-0593344-002
a	Plan name PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PROVEN PARTNERS MANUFACTURING	c EIN-PN 20-2145505-001
a	Plan name PULMONARY PHYSICIANS OF SARATOGA LLP P/S RETIREMENT PLAN	
b	Name of plan sponsor PULMONARY PHYSICIANS OF SARATOGA	c EIN-PN 14-1750186-001
a	Plan name PURCHASING POWER 401(K) PLAN	
b	Name of plan sponsor PURCHASING POWER, LLC	c EIN-PN 90-0193342-222
a	Plan name QUARTER20, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor QUARTER20, INC.	c EIN-PN 46-5333165-001
a	Plan name R.S. MOLAR PA 401(K) PLAN	
b	Name of plan sponsor R.S. MOLAR PA	c EIN-PN 46-4421022-001
a	Plan name RACK/T&R WELDING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RACK PROCESSING COMPANY	c EIN-PN 31-0535048-002
a	Plan name RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RALPH BRENNAN RESTAURANT GROUP, L.L.C.	c EIN-PN 72-1350467-001
a	Plan name RAPTOR PETROLEUM 401(K) PLAN	
b	Name of plan sponsor RAPTOR PETROLEUM	c EIN-PN 20-5877086-001
a	Plan name TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
a	Plan name TEAMEPS LLC 401(K) PLAN	
b	Name of plan sponsor TEAMEPS LLC	c EIN-PN 20-4489290-001
a	Plan name THE BOYLAND GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor BOYLAND AUTO ORLANDO, LLC	c EIN-PN 05-0546979-001

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 TEXTILE EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-004
a	Plan name AMERICAN TEXTILE MAINTENANCE UNION 401(K) PLAN	
b	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	c EIN-PN 95-2076802-005
a	Plan name AMI DISTRIBUTORS 401(K) PLAN	
b	Name of plan sponsor AMI DISTRIBUTORS	c EIN-PN 46-5048256-001
a	Plan name ANGFIELD PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor ANGFIELD PARTNERS LLC	c EIN-PN 20-5297697-001
a	Plan name THE KENWOOD 401(K) PLAN	
b	Name of plan sponsor THE KENWOOD CONGREGATE ASSOCIATES	c EIN-PN 36-3382337-001
a	Plan name THE KING & SOMMER, PLLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor KING & SOMMER, PLLC	c EIN-PN 26-0673255-001
a	Plan name THE MASTER WALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MASTER WALL, INC.	c EIN-PN 58-1777823-002
a	Plan name THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
b	Name of plan sponsor WMOG, INC.	c EIN-PN 34-1133357-003
a	Plan name ANTEZANA & ANTEZANA LLC PROFIT SHARING PLAN	
b	Name of plan sponsor ANTEZANA & ANTEZANA LLC	c EIN-PN 52-2318393-001
a	Plan name ARCADIA DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ASHKAN SAADI, DMD, PC DBA ARCADIA DENTAL	c EIN-PN 46-4139267-001
a	Plan name ARCH MANAGEMENT PROFIT SHARING PLAN	
b	Name of plan sponsor JOF, LLC	c EIN-PN 47-2674762-001
a	Plan name ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor ARMER/NORMAN & ASSOCIATES	c EIN-PN 94-1686016-001

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 ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
b	Name of plan sponsor ASSISTED HOME RECOVERY, INC.	c EIN-PN 95-4242428-001
a	Plan name UROLOGY ASSOCIATES MEDICAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor UROLOGY ASSOCIATES MEDICAL GROUP, LLC	c EIN-PN 95-3970604-001
a	Plan name UTILITY SERVICES GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor UTILITY SERVICES GROUP, LLC	c EIN-PN 46-2870662-001
a	Plan name VAL-PAK PRODUCTS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor B&M MOLDING, INC.	c EIN-PN 95-4689280-001
a	Plan name VALENTI-HELD CONTRACTOR/DEVELOPER, INC. SAVINGS PLAN	
b	Name of plan sponsor VALENTI-HELD CONTRACTOR/DEVELOPER, INC.	c EIN-PN 35-1457294-001
a	Plan name VALLARTA SUPERMARKETS RETIREMENT PLAN	
b	Name of plan sponsor VALLARTA SUPERMARKETS	c EIN-PN 95-4704083-001
a	Plan name VANCOUVER BOLT & SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VANCOUVER BOLT & SUPPLY, INC.	c EIN-PN 91-1051191-001
a	Plan name VARIANT COLLABORATIVE, LLC 401(K) PLAN	
b	Name of plan sponsor VARIANT COLLABORATIVE, LLC	c EIN-PN 82-3666718-001
a	Plan name VECTERIS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CMC VENTURES, LLC DBA VECTERIS	c EIN-PN 27-0909494-001
a	Plan name VETERINARY PHARMACEUTICALS, INC. 401(K) PLAN	
b	Name of plan sponsor VETERINARY PHARMACEUTICALS, INC.	c EIN-PN 94-2185252-001
a	Plan name BOARDMAN, LLC 401(K) PLAN	
b	Name of plan sponsor BOARDMAN, LLC	c EIN-PN 73-1470937-003
a	Plan name BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor BOLAND MARINE & INDUSTRIAL, LLC	c EIN-PN 85-0485227-001

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 BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor BRAND FUEL CO. LLC	c EIN-PN 46-4597317-001
a	Plan name BREVARD FAMILY WALK-IN CLINIC, LLC 401K PLAN	
b	Name of plan sponsor BREVARD FAMILY WALK-IN CLINIC, LLC	c EIN-PN 20-4661281-001
a	Plan name VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VIP COMMUNITY MENTAL HEALTH CENTER, INC.	c EIN-PN 30-0017808-001
a	Plan name VONMOD 401(K) PLAN	
b	Name of plan sponsor VONMOD LTD.	c EIN-PN 26-0808367-222
a	Plan name WALKER CRANE & RIGGING CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor WALKER CRANE & RIGGING CORP.	c EIN-PN 06-0664957-002
a	Plan name WAREHOUSING OF EVANSVILLE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor WAREHOUSING OF EVANSVILLE	c EIN-PN 27-3827525-001
a	Plan name WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	c EIN-PN 86-1091681-001
a	Plan name WEST COAST UTILITY SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WEST COAST UTILITY SOLUTIONS	c EIN-PN 46-5588826-001
a	Plan name WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor WEST GEORGIA EYE CARE CENTER	c EIN-PN 58-1075293-001
a	Plan name CABRILLO HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor CABRILLO HOLDINGS, LLC	c EIN-PN 35-2485780-001
a	Plan name CAMP BLUE RIDGE 401(K) PLAN	
b	Name of plan sponsor BLUE RIDGE CAMP & RESORT INC.	c EIN-PN 59-1871819-001
a	Plan name CAMPAIGN INBOX 401(K) PLAN	
b	Name of plan sponsor CAMPAIGN INBOX LLC	c EIN-PN 82-0752905-001

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 AUTO BODY 401(K) PLAN	
b	Name of plan sponsor CAPITAL AUTO BODY DBA FIX AUTO COLUMBUS	c EIN-PN 47-3943596-222
a	Plan name CRESCENT CITY PARTNERS	
b	Name of plan sponsor CRESCENT CITY PARTNERS	c EIN-PN 20-3238074-001
a	Plan name CRESCENT CITY SECURITY, INC. 401(K) PLAN	
b	Name of plan sponsor CRESCENT CITY SECURITY, INC.	c EIN-PN 35-1549160-001
a	Plan name CROWN PACKAGING CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor CROWN PACKAGING CORPORATION	c EIN-PN 31-0743880-001
a	Plan name CTI CONTROLTECH, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CTI CONTROLTECH, INC.	c EIN-PN 46-0470086-002
a	Plan name CW LAW LLP 401(K) PLAN	
b	Name of plan sponsor CW LAW LLP	c EIN-PN 85-3275179-001
a	Plan name DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DAVE ARBOGAST GROUP, INC.	c EIN-PN 31-1409301-001
a	Plan name DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001
a	Plan name DBHMS 401(K) PLAN	
b	Name of plan sponsor NEST BUILDERS, INC D/B/A DBHMS	c EIN-PN 35-2185639-001
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 DELSIGNORE COMPANIES PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor DELSIGNORE BLACKTOP PAVING, INC.	c EIN-PN 14-1657140-001
a	Plan name DIAMOND DUKES 401(K) PLAN	
b	Name of plan sponsor DIAMOND DUKES, LLC	c EIN-PN 84-3527744-001

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	DISTINCT INDULGENCE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DISTINCT INDULGENCE, INC.	c EIN-PN 20-2849615-002
a	Plan name	EAR MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EAR MEDICAL GROUP, P.A.	c EIN-PN 74-2283401-001
a	Plan name	FETTE FORD 401(K) PLAN	
b	Name of plan sponsor	FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name	FILM SOLUTIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	FILM SOLUTIONS, LLC	c EIN-PN 47-4848508-001
a	Plan name	FIT CITY KIDS, LLC 401(K) PLAN	
b	Name of plan sponsor	FIT CITY KIDS, LLC	c EIN-PN 83-1387832-001
a	Plan name	FL CYCLES	
b	Name of plan sponsor	FL CYCLES	c EIN-PN 47-4856749-001
a	Plan name	FPE 401(K)	
b	Name of plan sponsor	FORKLIFT PARTS AND EQUIPMENT IMPORT & EXPORT, INC.	c EIN-PN 65-0130280-001
a	Plan name	FRESNO M, LLC 401(K) PLAN	
b	Name of plan sponsor	FRESNO M, LLC	c EIN-PN 38-4235861-001
a	Plan name	FUNDERBURK ORGANIZATION 401(K) PLAN	
b	Name of plan sponsor	FUNDERBURK MANAGEMENT COMPANY, LLC	c EIN-PN 62-1761366-001
a	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	HICKAM COMMUNITIES, LLC	c EIN-PN 45-0530100-001
a	Plan name	HIGH POINT CASH & CARRY 401(K) PLAN	
b	Name of plan sponsor	UF CORPORATION DBA HIGH POINT CASH & CARRY	c EIN-PN 26-0413638-001
a	Plan name	HMN 401(K) PLAN	
b	Name of plan sponsor	MISSOULA LAUNDRY & DRY CLEANERS COMPANY DBA MISSOULA TEXTILES	c EIN-PN 81-0229594-001

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	HOFFMAN CABINETS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOFFMAN CABINETS, INC.	c EIN-PN 75-1454441-001
a	Plan name	HOSPICE OF SAN JOAQUIN 401(K) PLAN	
b	Name of plan sponsor	HOSPICE OF SAN JOAQUIN	c EIN-PN 94-2777980-005
a	Plan name	HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
b	Name of plan sponsor	HOWARD & ASSOCIATES INTERNATIONAL, INC	c EIN-PN 72-1290834-001
a	Plan name	HUDSON CONSTRUCTION, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	HUDSON CONSTRUCTION, INC.	c EIN-PN 25-1655394-001
a	Plan name	IBP & HPI 401(K) PLAN	
b	Name of plan sponsor	ISLAND BREEZE PRODUCTIONS, INC.	c EIN-PN 99-0276955-001
a	Plan name	INNOVATIVE RENEWABLE ENERGY 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE RENEWABLE ENERGY, INC.	c EIN-PN 88-1351180-001
a	Plan name	INNOVATIVE WATER CONSULTANTS PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	INNOVATIVE WATER CONSULTANTS	c EIN-PN 81-4303138-001
a	Plan name	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT 401(K) PLAN	
b	Name of plan sponsor	INSTITUTE FOR EDUCATIONAL ACHIEVEMENT	c EIN-PN 22-3391706-001
a	Plan name	KIDS FIRST PEDIATRIC DENTISTRY, PLLC RETIREMENT PLAN	
b	Name of plan sponsor	KIDS FIRST PEDIATRIC DENTISTRY, PLLC	c EIN-PN 26-1449209-001
a	Plan name	LASSEN LAND COMPANY 401(K) PLAN	
b	Name of plan sponsor	ORLAND ALMONDS ACQUISITION COMPANY, LLC	c EIN-PN 83-2450302-001
a	Plan name	LAW OFFICE OF MARK A. VICKNESS 401K PLAN	
b	Name of plan sponsor	LAW OFFICE OF MARK A. VICKNESS	c EIN-PN 86-1126683-001
a	Plan name	LAW OFFICES OF FRED C COHEN PA 401(K) PLAN	
b	Name of plan sponsor	LAW OFFICES OF FRED C. COHEN P.A.	c EIN-PN 65-0219025-001

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	LDC SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	LDC SERVICES, INC.	c EIN-PN 93-4769608-001
a	Plan name	LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIVEWIRE ELECTRICAL SYSTEMS, INC.	c EIN-PN 46-1006222-001
a	Plan name	LT ROSE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	LT ROSE MANAGEMENT, LLC	c EIN-PN 85-2823852-001
a	Plan name	MAK CHEMICALS, INC. 401(K) PLAN	
b	Name of plan sponsor	MAK CHEMICALS, INC.	c EIN-PN 45-4836928-001
a	Plan name	MANASWI'S ORTHOPEDIC & JOINT REPLACEMENT INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	MANASWI'S ORTHOPEDIC AND JOINT REPLACEMENT INSTITUTE PLLC	c EIN-PN 83-1463534-001
a	Plan name	INSURANCE PROFESSIONALS OF TENNESSEE, LLC 401(K) PLAN	
b	Name of plan sponsor	INSURANCE PROFESSIONALS OF TENNESSEE, LLC	c EIN-PN 20-1340121-001
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	INTEGRITY HR MANAGEMENT, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTEGRITY HR MANAGEMENT, LLC	c EIN-PN 82-0860806-001
a	Plan name	INTERNATIONAL MARKETING STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL MARKETING STRATEGIES	c EIN-PN 52-1523774-001
a	Plan name	IR-G 401(K) RETIREMENT READINESS PLAN	
b	Name of plan sponsor	D & M INDUSTRIES, INC.	c EIN-PN 62-1393238-001
a	Plan name	ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	ISLAND PALM COMMUNITIES, LLC	c EIN-PN 20-1108750-001
a	Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J. J. MAUGET COMPANY, INC.	c EIN-PN 95-1968672-002

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 J. MILANO CO., INC. 401(K) PLAN	
b	Name of plan sponsor J. MILANO CO., INC.	c EIN-PN 94-1653879-001
a	Plan name JAMES P. WALSH, LMFT, INC. RETIREMENT PLAN	
b	Name of plan sponsor JAMES P. WALSH	c EIN-PN 88-2254245-001
a	Plan name MANNING LUMBER & MARINE, LLC 401(K) PLAN	
b	Name of plan sponsor MANNING LUMBER & MARINE, LLC	c EIN-PN 45-2084718-001
a	Plan name MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor MASTER SERVICE COMPANIES, LLC	c EIN-PN 26-2874958-001
a	Plan name MASTERLUBE 401(K) PLAN	
b	Name of plan sponsor SPUR OIL, INC. DBA MASTERLUBE	c EIN-PN 81-0369842-001
a	Plan name MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name MAX SALES GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAX SALES GROUP, INC.	c EIN-PN 20-3694079-001
a	Plan name MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	c EIN-PN 47-4609056-001
a	Plan name MCCLELLAN LLC 401(K) PLAN	
b	Name of plan sponsor MCCLELLAN LLC	c EIN-PN 58-2191318-001
a	Plan name NOBLE CARE 401(K) PLAN	
b	Name of plan sponsor NOBLE CARE CONSULTING 401(K) PLAN	c EIN-PN 85-4378033-001
a	Plan name NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHWEST EYE SPECIALISTS, PLLC	c EIN-PN 86-0720868-005
a	Plan name NPE ENTERPRISE, LLC 401(K) PLAN	
b	Name of plan sponsor NPE ENTERPRISE, LLC	c EIN-PN 20-8229316-222

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 ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC PROFIT SHARING PLAN	
b	Name of plan sponsor ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC	c EIN-PN 38-2076543-001
a	Plan name OUTBOARD MOTOR SHOP 401(K) PLAN	
b	Name of plan sponsor OUTBOARD MOTOR SHOP	c EIN-PN 94-3159599-001
a	Plan name RCI 401(K) PLAN	
b	Name of plan sponsor ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-777
a	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001
a	Plan name RESA POWER, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RESA POWER, LLC	c EIN-PN 45-2810331-001
a	Plan name REVOLUTION MOTORSPORTS 401(K) PLAN	
b	Name of plan sponsor REVOLUTION MOTORSPORTS, LLC	c EIN-PN 45-3321906-001
a	Plan name RICHIES TIRE SERVICE, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor RICHIES TIRE SERVICE, INC.	c EIN-PN 22-2574771-002
a	Plan name SPITZ ELECTRIC INC. 401(K) PLAN	
b	Name of plan sponsor SPITZ ELECTRIC INC.	c EIN-PN 20-1947660-001
a	Plan name STAG INDUSTRIAL MANAGEMENT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STAG INDUSTRIAL MANAGEMENT LLC	c EIN-PN 27-3647617-001
a	Plan name STANDARD METALS, INC. PROFIT-SHARING PLAN	
b	Name of plan sponsor STANDARD METALS, INC.	c EIN-PN 06-1024348-001
a	Plan name STEPHENS FUNERAL HOME INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEPHENS FUNERAL HOME INC	c EIN-PN 23-2157394-001
a	Plan name STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STONE INSURANCE, INC.	c EIN-PN 72-0799511-001

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	SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-001
a	Plan name	SUPREME COLOR GRAPHICS 401(K) PLAN	
b	Name of plan sponsor	SUPREME COLOR GRAPHICS, LLC	c EIN-PN 46-4088562-001
a	Plan name	THE TAB GROUP 401(K) PLAN	
b	Name of plan sponsor	THE TAB GROUP	c EIN-PN 22-2054949-001
a	Plan name	WINTER PARK IMPORTS, INC. 401K PLAN	
b	Name of plan sponsor	WINTER PARK IMPORTS, INC.	c EIN-PN 59-2955009-001
a	Plan name	WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	LLOYD A WISE MOTOR INC	c EIN-PN 26-2658328-001
a	Plan name	YZER LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YZER LLC	c EIN-PN 82-2501890-001
a	Plan name	ZAPPONE CHRYSLER JEEP DODGE, INC. PROFIT SHARING 401 (K) PLAN	
b	Name of plan sponsor	ZAPPONE CHRYSLER JEEP DODGE, INC.	c EIN-PN 20-3142416-001
a	Plan name	ZIEHL-ABEGG, INC. 401(K) PLAN	
b	Name of plan sponsor	ZIEHL-ABEGG, INC.	c EIN-PN 20-0338305-001
a	Plan name	417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
b	Name of plan sponsor	417 ROYAL RESTAURANT, LLC	c EIN-PN 46-3172979-001
a	Plan name	A SNAILS PACE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	A SNAILS PACE, INC.	c EIN-PN 33-0667328-001
a	Plan name	A&B ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A&B ENVIRONMENTAL SERVICES, INC.	c EIN-PN 76-0261001-001
a	Plan name	ATTAWAY SERVICES CAROLINA, INC. 401(K) PLAN	
b	Name of plan sponsor	ATTAWAY SERVICE CAROLINA, INC.	c EIN-PN 82-2912532-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name B&R MOLL, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor B&R MOLL, INC.	c EIN-PN 20-0026172-001
a	Plan name BALD PEAK COLONY CLUB 401(K) PLAN	
b	Name of plan sponsor BALD PEAK COLONY CLUB	c EIN-PN 02-0210407-002
a	Plan name BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor BARNUM & CELILLO ELECTRIC, INC.	c EIN-PN 68-0227342-001
a	Plan name CETERA 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-025
a	Plan name CETERA ADVANTAGE(K) GROUP PLAN SOLUTION	
b	Name of plan sponsor CETERA RETIREMENT PLAN SPECIALISTS	c EIN-PN 94-2779761-001
a	Plan name CHAPCO, INC. 401(K) PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor CHAPCO, INC.	c EIN-PN 06-0947088-001
a	Plan name CHD PARTNERS	
b	Name of plan sponsor CHD PARTNERS	c EIN-PN 45-4169093-001
a	Plan name EDGAR R. BLECKER, M.D., P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLECKER M.D. LLC	c EIN-PN 88-1935646-001
a	Plan name EISINGER LAW 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor EISINGER, BROWN, LEWIS, FRANKEL & CHAIET	c EIN-PN 65-0642390-001
a	Plan name ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ELM MANAGEMENT SERVICES, LLC	c EIN-PN 82-2104879-001
a	Plan name EMERGENT CARE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor EMERGENT CARE ASSOCIATES, INC.	c EIN-PN 46-1336939-001
a	Plan name GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC. MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor GERMAN-AMERICAN CHAMBER OF COMMERCE OF THE MIDWEST INC.	c EIN-PN 36-2512922-001

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	GMG GENERAL, INC. EE SAVINGS TRUST	
b	Name of plan sponsor	GMG GENERAL, INC.	c EIN-PN 92-0138234-001
a	Plan name	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
a	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor	GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
a	Plan name	GREEN SABER RETIREMENT PLAN	
b	Name of plan sponsor	GREEN SABER PARTNERS	c EIN-PN 99-2696148-001
a	Plan name	JELLYFISH US LIMITED 401(K) PLAN	
b	Name of plan sponsor	JELLYFISH ONLINE MARKETING US LTD	c EIN-PN 45-5052905-001
a	Plan name	JENKINS WOODWORKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JENKINS WOODWORKING, INC.	c EIN-PN 05-0419446-001
a	Plan name	JMOR MACHINERY MOVERS 401(K) PLAN	
b	Name of plan sponsor	JMOR MACHINERY MOVERS, INC	c EIN-PN 81-1341428-001
a	Plan name	JRB ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	JRB ASSOCIATES, INC.	c EIN-PN 05-0504611-001
a	Plan name	JYGA TECH USA 401(K) PLAN	
b	Name of plan sponsor	JYGA TECH USA, INC	c EIN-PN 61-1898802-001
a	Plan name	KANWALJIT GILL, M.D., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KANWALJIT GILL, M.D., INC.	c EIN-PN 95-4883736-001
a	Plan name	MCPOWELL MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	MCPOWELL MANAGEMENT INC.	c EIN-PN 27-1410013-001
a	Plan name	MERCER THOMPSON LLC 401(K) PLAN	
b	Name of plan sponsor	MERCER THOMPSON LLC	c EIN-PN 27-0253380-222

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 MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor MERCER THOMPSON LLC	c EIN-PN 27-0253380-777
a	Plan name MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor MEYBOHM REALTORS, LLC	c EIN-PN 58-2508705-002
a	Plan name MICHEL & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MICHEL & ASSOCIATES, A PROFESSIONAL CORPORATION	c EIN-PN 27-0313611-001
a	Plan name MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MIDWAY TRAILERS, INC.	c EIN-PN 43-1204852-002
a	Plan name OX ORTHODONTIX, LLC 401(K) PLAN	
b	Name of plan sponsor OX ORTHODONTIX, LLC	c EIN-PN 52-2150566-001
a	Plan name PARAMOUNT MACHINE CO 401(K) PLAN	
b	Name of plan sponsor PARAMOUNT MACHINE COMPANY	c EIN-PN 06-0994304-002
a	Plan name PAUL SWARTZ NURSERY 401(K) PLAN	
b	Name of plan sponsor PAUL SWARTZ NURSERY & GARDEN SHOP, INC.	c EIN-PN 39-1311607-001
a	Plan name PENA AND BROMBERG, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PENA AND BROMBERG PC	c EIN-PN 38-3852466-001
a	Plan name RJ HEALTHCARE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RJ HEALTHCARE SERVICES, LLC	c EIN-PN 22-3755890-001
a	Plan name RPCS, INC. 401(K) PLAN	
b	Name of plan sponsor RPCS, INC.	c EIN-PN 20-1751783-001
a	Plan name SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SACATE PELLET MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name SACKSTEDER WORLAND INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor SACKSTEDER WORLAND INSURANCE AGENCY, INC.	c EIN-PN 31-1567830-001

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 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 SAMUEL P. MARTIN INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SAMUEL P. MARTIN INSURANCE AGENCY, INC.	c EIN-PN 22-2117154-001
a	Plan name SYOSSET ANIMAL HOSPITAL EMPLOYEES 401(K)/PSP	
b	Name of plan sponsor JONATHAN W GREENFIELD DVM PC DBA SYOSSET ANIMAL HOSPITAL	c EIN-PN 11-2346531-001
a	Plan name SYSTEM RESOURCES TELECOM 401(K) PLAN	
b	Name of plan sponsor SYSTEM RESOURCES TELECOM, LLC	c EIN-PN 72-1432916-001
a	Plan name TOURON LAW 401(K) PLAN	
b	Name of plan sponsor FRANCISCO TOURON III, LLC DBA TOURON LAW	c EIN-PN 26-3442183-001
a	Plan name TRINITY DESIGN BUILD, INC. 401(K) PLAN	
b	Name of plan sponsor TRINITY DESIGN BUILD, INC.	c EIN-PN 74-3111479-001
a	Plan name TRIUNITY ENGINEERING AND MANAGEMENT 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor TRIUNITY ENGINEERING AND MANAGEMENT INC.	c EIN-PN 76-0747545-001
a	Plan name ACTUM I, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACTUM I, LLC	c EIN-PN 87-2890933-001
a	Plan name ADVANCED VISION CARE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ADVANCED VISION CARE	c EIN-PN 27-3268070-001
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 ALPHA BROKERS CORPORATION 401(K) PLAN	
b	Name of plan sponsor ALPHA BROKERS CORPORATION	c EIN-PN 65-0140528-001

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	BELLINGER FAMILY, LTD 401(K) PLAN	
b	Name of plan sponsor	BELLINGER DEVELOPMENT, LTD.	c EIN-PN 74-2831468-001
a	Plan name	BEST CONTRACTING SERVICES, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEST CONTRACTING SERVICES, INC.	c EIN-PN 95-3781209-001
a	Plan name	BILL RAY NISSAN 401(K) PLAN	
b	Name of plan sponsor	DICK BAIRD, INC. DBA BILL RAY NISSAN	c EIN-PN 59-1197628-002
a	Plan name	COOK DENTAL CARE 401(K) PLAN	
b	Name of plan sponsor	COOK DENTAL CARE	c EIN-PN 46-3163364-001
a	Plan name	COUNTRY CLUB EXPRESS WASH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COUNTRY CLUB EXPRESS WASH, LLC	c EIN-PN 43-1506960-001
a	Plan name	ETHOS BEHAVIORAL HEALTH GROUP 401(K) PLAN	
b	Name of plan sponsor	ETHOS BEHAVIORAL HEALTH GROUP, LLC	c EIN-PN 84-2484878-001
a	Plan name	EVANS-NORDBY FUNERAL HOMES, INC., 401(K) PSP	
b	Name of plan sponsor	EVANS-NORDBY FUNERAL HOMES, INC.	c EIN-PN 41-1671522-001
a	Plan name	EVERGLAZE 401(K) PLAN	
b	Name of plan sponsor	EVERGLAZE LLC	c EIN-PN 45-4983440-001
a	Plan name	EVOLUTION MECHANICAL LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	EVOLUTION MECHANICAL LLC	c EIN-PN 81-4132663-001
a	Plan name	EXECUTIVE 1 HC LLC 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE 1 HC LLC	c EIN-PN 82-3076130-001
a	Plan name	F.W. ASSOCIATES, INC. SALARY DEFERRAL PLAN	
b	Name of plan sponsor	F.W. ASSOCIATES, INC.	c EIN-PN 94-2841974-001
a	Plan name	FACTORY DIRECT SUPPLY WPB, LLC 401(K) PLAN	
b	Name of plan sponsor	FACTORY DIRECT SUPPLY WPB LLC	c EIN-PN 46-2159293-001

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 2060 TARGET DATE RETIREMENT RET ACCT	B Three-digit plan number (PN) ▶ 300
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 83-1098532

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)	16079271
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	17474035
(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	16079271	17474035
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	16079271	17474035

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)	2074579	
(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		2074579

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		2074579
l Transfers of assets:			
(1) To this plan.....	2l(1)		6361678
(2) From this plan	2l(2)		7041493

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 _____.