

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 WASHINGTON MUTUAL INVESTORS RET ACCT; 1b Three-digit plan number (PN): 972; 1c Effective date of plan; 2a Plan sponsor's name: TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY; 2b Employer Identification Number (EIN): 36-6071399; 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

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

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

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**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.

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**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 \_\_\_\_\_

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**SCHEDULE D  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

**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.**

OMB No. 1210-0110

**2024**

**This Form is Open to Public Inspection.**

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

<b>A</b> Name of plan <u>AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS RET ACCT</u>		<b>B</b> Three-digit plan number (PN) ▶ <u>972</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		<b>D</b> Employer Identification Number (EIN) <u>36-6071399</u>

**Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**  
(Complete as many entries as needed to report all interests in DFEs)

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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**c** EIN-PN

**d** Entity code

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**c** EIN-PN

**d** Entity code

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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ARCHER SYSTEMS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARCHER SYSTEMS, LLC	<b>c</b> EIN-PN 82-2145883-001
<b>a</b>	Plan name	ARTHUR T. CANARIO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARTHUR T. CANARIO MD PA	<b>c</b> EIN-PN 22-3482097-003
<b>a</b>	Plan name	BUFFALO RIVER HEALTH CARE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BUFFALO RIVER HEALTH CARE, LLC	<b>c</b> EIN-PN 47-0896423-001
<b>a</b>	Plan name	CRESCENT CITY SECURITY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CRESCENT CITY SECURITY, INC.	<b>c</b> EIN-PN 35-1549160-001
<b>a</b>	Plan name	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CROWN CRAFTS, INC.	<b>c</b> EIN-PN 58-0678148-002
<b>a</b>	Plan name	CRSG CORPORATE PLAN	
<b>b</b>	Name of plan sponsor	CONSTRUCTION AND REALTY SERVICES GROUP, INC.	<b>c</b> EIN-PN 11-3552134-001
<b>a</b>	Plan name	ERMA MEP RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYERS' RISK MANAGEMENT ASSOCIATION & ALLIANCE, INC.	<b>c</b> EIN-PN 47-2684619-001
<b>a</b>	Plan name	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GHOSH CENTER FOR ONCOLOGY AND HEMATOLOGY LLC	<b>c</b> EIN-PN 45-2581371-001
<b>a</b>	Plan name	GLENWOOD ELECTRIC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GLENWOOD ELECTRIC	<b>c</b> EIN-PN 31-0913270-001
<b>a</b>	Plan name	INTEGRITY CONSTRUCTION MANAGEMENT, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY CONSTRUCTION MANAGEMENT, LLC	<b>c</b> EIN-PN 45-5124212-001
<b>a</b>	Plan name	LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LIGHTING & ELECTRICAL SALES CO., INC.	<b>c</b> EIN-PN 74-1786305-001
<b>a</b>	Plan name	NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	NARFA	<b>c</b> EIN-PN 04-2279821-001

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.)		
<b>a</b>	Plan name <b>NEALIS ENGINEERING 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEALIS ENGINEERING, INC.</b>	<b>c</b> EIN-PN <b>38-3335420-001</b>
<b>a</b>	Plan name <b>PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PETROLEUM EQUIPMENT INSTITUTE</b>	<b>c</b> EIN-PN <b>73-0593344-002</b>
<b>a</b>	Plan name <b>PGS/GS DENTISTRY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PRADKO, GALLAGHER AND SLANEC, PLLC</b>	<b>c</b> EIN-PN <b>32-0095590-001</b>
<b>a</b>	Plan name <b>417 ROYAL RESTAURANT, LLC 401 (K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>417 ROYAL RESTAURANT, LLC</b>	<b>c</b> EIN-PN <b>46-3172979-001</b>
<b>a</b>	Plan name <b>D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>D H GRIFFIN OF TEXAS INC</b>	<b>c</b> EIN-PN <b>76-0455054-001</b>
<b>a</b>	Plan name <b>DANNIBLE &amp; MCKEE, LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DANNIBLE &amp; MCKEE, LLP</b>	<b>c</b> EIN-PN <b>33-0996661-001</b>
<b>a</b>	Plan name <b>IR-G 401(K) RETIREMENT READINESS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D &amp; M INDUSTRIES, INC.</b>	<b>c</b> EIN-PN <b>62-1393238-001</b>
<b>a</b>	Plan name <b>ISLAND PALM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST</b>	
<b>b</b>	Name of plan sponsor <b>ISLAND PALM COMMUNITIES, LLC</b>	<b>c</b> EIN-PN <b>20-1108750-001</b>
<b>a</b>	Plan name <b>LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>LONSTEIN LAW OFFICE, P.C.</b>	<b>c</b> EIN-PN <b>22-2788008-001</b>
<b>a</b>	Plan name <b>LT ROSE MANAGEMENT 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LT ROSE MANAGEMENT, LLC</b>	<b>c</b> EIN-PN <b>85-2823852-001</b>
<b>a</b>	Plan name <b>LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LYMAN LAW FIRM</b>	<b>c</b> EIN-PN <b>46-5291861-001</b>
<b>a</b>	Plan name <b>NEST-FILLER RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NF BEAUTY GROUP, INC.</b>	<b>c</b> EIN-PN <b>95-4819694-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEW CANAAN MEDICAL GROUP, 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NEW CANAAN MEDICAL GROUP	<b>c</b> EIN-PN 06-0841383-002
<b>a</b>	Plan name	PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	<b>c</b> EIN-PN 84-1864152-001
<b>a</b>	Plan name	PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PILGRIM CHRISTAKIS LLP	<b>c</b> EIN-PN 26-3175990-001
<b>a</b>	Plan name	RPCS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RPCS, INC.	<b>c</b> EIN-PN 20-1751783-001
<b>a</b>	Plan name	RUTLEDGE FARMING COMPANY, INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	RUTLEDGE FARMING COMPANY, INC.	<b>c</b> EIN-PN 26-2858269-001
<b>a</b>	Plan name	SACKSTEDER WORLAND INSURANCE AGENCY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SACKSTEDER WORLAND INSURANCE AGENCY, INC.	<b>c</b> EIN-PN 31-1567830-001
<b>a</b>	Plan name	SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAGE HEALTH SERVICES OF INDIANA	<b>c</b> EIN-PN 35-1811450-001
<b>a</b>	Plan name	TBC CPAS P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEAL, BECKER & CHIARAMONTE, CPAS P.C.	<b>c</b> EIN-PN 14-1624930-001
<b>a</b>	Plan name	TBDM LAW PLLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	TBDM LAW PLLC	<b>c</b> EIN-PN 33-1623607-001
<b>a</b>	Plan name	TEAMEPS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TEAMEPS LLC	<b>c</b> EIN-PN 20-4489290-001
<b>a</b>	Plan name	TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TECHNOFLO SYSTEMS	<b>c</b> EIN-PN 77-0557580-001
<b>a</b>	Plan name	UNIVERSAL TANK & FABRICATION INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	UNIVERSAL TANK & FABRICATION INC.	<b>c</b> EIN-PN 94-4428204-001

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.)	
<b>a</b>	Plan name UPPER HUDSON VALLEY DERMATOLOGY, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor UPPER HUDSON VALLEY DERMATOLOGY, PC	<b>c</b> EIN-PN 14-1818287-004
<b>a</b>	Plan name SLS CONTROL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SLS CONTROL, INC.	<b>c</b> EIN-PN 82-2311359-001
<b>a</b>	Plan name GROWING GENERATIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor GROWING GENERATIONS	<b>c</b> EIN-PN 95-4619204-001
<b>a</b>	Plan name HEIN SCHNEIDER & BOND P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor HEIN SCHNEIDER & BOND	<b>c</b> EIN-PN 43-1696065-001
<b>a</b>	Plan name THE MEDIA CAPTAIN, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor THE MEDIA CAPTAIN, LLC	<b>c</b> EIN-PN 27-3370344-001
<b>a</b>	Plan name THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
<b>b</b>	Name of plan sponsor WMOG, INC.	<b>c</b> EIN-PN 34-1133357-003
<b>a</b>	Plan name ABC OF DELAWARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE	<b>c</b> EIN-PN 51-0101352-333
<b>a</b>	Plan name J. MILANO CO., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor J. MILANO CO., INC.	<b>c</b> EIN-PN 94-1653879-001
<b>a</b>	Plan name V & A INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor V & A INC.	<b>c</b> EIN-PN 26-3968624-001
<b>a</b>	Plan name ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	<b>c</b> EIN-PN 63-6049915-555
<b>a</b>	Plan name ALABAMA GROCERS ASSOCIATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ALABAMA GROCERS ASSOCIATION	<b>c</b> EIN-PN 63-1025911-333
<b>a</b>	Plan name ALADDIN CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALADDIN CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 64-0691303-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	KAHUA 401(K) PLAN
<b>b</b>	Name of plan sponsor	KAHUA INC. <b>c</b> EIN-PN 27-0523308-001
<b>a</b>	Plan name	W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	W. L. PETREY WHOLESALE <b>c</b> EIN-PN 63-0672324-001
<b>a</b>	Plan name	W.E. LYONS CONSTRUCTION CO 401(K) PROFIT SHARING PLAN AND TRUST
<b>b</b>	Name of plan sponsor	W.E. LYONS CONSTRUCTION CO. <b>c</b> EIN-PN 94-1450704-001
<b>a</b>	Plan name	W.L. MARKERS, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	W.L. MARKERS, INC. <b>c</b> EIN-PN 31-1657131-001
<b>a</b>	Plan name	MAP MARKETING & INCENTIVES LLC 401K PLAN
<b>b</b>	Name of plan sponsor	MAP MARKETING & INCENTIVES LLC <b>c</b> EIN-PN 13-4220408-001
<b>a</b>	Plan name	MARINE INDUSTRY RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC. <b>c</b> EIN-PN 36-2369301-333
<b>a</b>	Plan name	BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN
<b>b</b>	Name of plan sponsor	BARNUM & CELILLO ELECTRIC, INC. <b>c</b> EIN-PN 68-0227342-001
<b>a</b>	Plan name	MCLEMORE DEVELOPMENT ADVISORS LLC 401(K)
<b>b</b>	Name of plan sponsor	MCLEMORE DEVELOPMENT ADVISORS, LLC <b>c</b> EIN-PN 85-3778474-001
<b>a</b>	Plan name	CAL, INC. 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CAL, INC. <b>c</b> EIN-PN 77-0002188-001
<b>a</b>	Plan name	CALIFORNIA VISION & VISAGE MEDICAL GROUP, INC. 401(K) PLAN
<b>b</b>	Name of plan sponsor	CALIFORNIA VISION & VISAGE MEDICAL GROUP, INC. <b>c</b> EIN-PN 27-1434580-001
<b>a</b>	Plan name	CALSOFT SYSTEMS 401(K) PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CALSOFT SYSTEMS <b>c</b> EIN-PN 33-0593327-001
<b>a</b>	Plan name	CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING
<b>b</b>	Name of plan sponsor	CAMINO FEDERAL CREDIT UNION <b>c</b> EIN-PN 95-1676228-002

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.)		
<b>a</b>	Plan name CAMPAIGN INBOX 401(K) PLAN	
<b>b</b>	Name of plan sponsor CAMPAIGN INBOX LLC	<b>c</b> EIN-PN 82-0752905-001
<b>a</b>	Plan name NEWBURY CONTRACTORS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEWBURY CONTRACTORS, LLC	<b>c</b> EIN-PN 81-3308303-001
<b>a</b>	Plan name NEWTOWN VETERINARY CLINIC, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEWTOWN VETERINARY CLINIC, INC.	<b>c</b> EIN-PN 99-0210112-002
<b>a</b>	Plan name ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.	<b>c</b> EIN-PN 38-3553403-001
<b>a</b>	Plan name CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CENTRAL PAPER STOCK CO., INC	<b>c</b> EIN-PN 43-1234352-001
<b>a</b>	Plan name CETERA 401(K) RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	<b>c</b> EIN-PN 62-1874769-025
<b>a</b>	Plan name CETERA ADVANTAGE(K) GROUP PLAN SOLUTION	
<b>b</b>	Name of plan sponsor CETERA RETIREMENT PLAN SPECIALISTS	<b>c</b> EIN-PN 94-2779761-001
<b>a</b>	Plan name CHAPCO, INC. 401(K) PROFIT SHARING AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor CHAPCO, INC.	<b>c</b> EIN-PN 06-0947088-001
<b>a</b>	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	<b>c</b> EIN-PN 59-3707284-001
<b>a</b>	Plan name PMI KYOTO 401(K) PLAN	
<b>b</b>	Name of plan sponsor PMI KYOTO PACKAGING SYSTEMS, INC.	<b>c</b> EIN-PN 36-3900736-001
<b>a</b>	Plan name DAVIDSON BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAVIDSON BROTHERS, INC.	<b>c</b> EIN-PN 25-1488298-002
<b>a</b>	Plan name PURCHASING POWER 401(K) PLAN	
<b>b</b>	Name of plan sponsor PURCHASING POWER, LLC	<b>c</b> EIN-PN 90-0193342-222

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.)		
<b>a</b>	Plan name PURPLE USA INC. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor PURPLE USA, INC.	<b>c</b> EIN-PN 46-4128782-001
<b>a</b>	Plan name QUAD PLUS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor QUAD PLUS LLC	<b>c</b> EIN-PN 20-2033561-001
<b>a</b>	Plan name DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor DOGWOOD SITE CONTRACTORS LLC	<b>c</b> EIN-PN 87-1345377-001
<b>a</b>	Plan name DONIGER/BURROUGHS 401(K)	
<b>b</b>	Name of plan sponsor DONIGER/BURROUGHS	<b>c</b> EIN-PN 27-4329677-001
<b>a</b>	Plan name DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DRILLING SUPPLY & MANUFACTURING	<b>c</b> EIN-PN 74-1903853-001
<b>a</b>	Plan name DRIVEN TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AEROSPACE DRIVEN TECHNOLOGIES, INC. DBA DRIVEN TECHNOLOGIES	<b>c</b> EIN-PN 72-1541186-001
<b>a</b>	Plan name SANFORD'S SERVICE CENTER, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SANFORD'S SERVICE CENTER, INC.	<b>c</b> EIN-PN 99-0209901-001
<b>a</b>	Plan name SCHRAM AUTO & TRUCK PARTS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCHRAM AUTO & TRUCK PARTS, INC.	<b>c</b> EIN-PN 38-3453628-001
<b>a</b>	Plan name F.W. ASSOCIATES, INC. SALARY DEFERRAL PLAN	
<b>b</b>	Name of plan sponsor F.W. ASSOCIATES, INC.	<b>c</b> EIN-PN 94-2841974-001
<b>a</b>	Plan name FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor FACILITIES ENGINEERING ASSOCIATES, PC	<b>c</b> EIN-PN 26-1542141-001
<b>a</b>	Plan name AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AUTISM SPECTRUM CONSULTANTS, INC.	<b>c</b> EIN-PN 20-0401114-001
<b>a</b>	Plan name AVOPACIFIC OILS, LLC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor AVOPACIFIC OILS, LLC	<b>c</b> EIN-PN 47-5047002-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AVW EQUIPMENT COMPANY INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVW EQUIPMENT COMPANY INC.	<b>c</b> EIN-PN 36-2780525-001
<b>a</b>	Plan name	MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MASTER SERVICE COMPANIES, LLC	<b>c</b> EIN-PN 26-2874958-001
<b>a</b>	Plan name	MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MEDICAL SOCIETY OF DELAWARE	<b>c</b> EIN-PN 51-0061011-333
<b>a</b>	Plan name	BEST BRANDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEST BRANDS INC.	<b>c</b> EIN-PN 62-1177514-001
<b>a</b>	Plan name	NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST EYE SPECIALISTS, PLLC	<b>c</b> EIN-PN 86-0720868-005
<b>a</b>	Plan name	NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC. 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC.	<b>c</b> EIN-PN 31-1528403-001
<b>a</b>	Plan name	CARE MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARE MANAGEMENT, INC.	<b>c</b> EIN-PN 11-3117425-001
<b>a</b>	Plan name	CAROLINA DEALERSHIPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CAROLINA DEALERSHIPS, INC.	<b>c</b> EIN-PN 20-0465434-001
<b>a</b>	Plan name	ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ORCHESTRA MANAGEMENT SOLUTIONS	<b>c</b> EIN-PN 22-3737010-001
<b>a</b>	Plan name	CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLARK BROTHERS, INC.	<b>c</b> EIN-PN 94-1572305-002
<b>a</b>	Plan name	PRECISION 2000 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRECISION 2000, INC.	<b>c</b> EIN-PN 58-2427359-001
<b>a</b>	Plan name	DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DECKER AND BEEBE, INC	<b>c</b> EIN-PN 06-0628355-001

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.)		
<b>a</b>	Plan name <b>EARLY SULLIVAN WRIGHT GIZER &amp; MCRAE, LLP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EARLY SULLIVAN</b>	<b>c</b> EIN-PN <b>27-2410239-001</b>
<b>a</b>	Plan name <b>EASTCOAST ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EASTCOAST ENTERTAINMENT, INC.</b>	<b>c</b> EIN-PN <b>54-1024623-001</b>
<b>a</b>	Plan name <b>R&amp;R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>R&amp;R DIRECT MAIL, INC.</b>	<b>c</b> EIN-PN <b>11-2467943-002</b>
<b>a</b>	Plan name <b>FAXON LAW GROUP 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FAXON LAW GROUP</b>	<b>c</b> EIN-PN <b>27-0061719-001</b>
<b>a</b>	Plan name <b>FELTON DENTAL CARE 401(K) PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>BRETT R. FELTON, DMD, PC</b>	<b>c</b> EIN-PN <b>27-0215608-001</b>
<b>a</b>	Plan name <b>FORTIN WELDING &amp; MANUFACTURING, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FORTIN WELDING &amp; MANUFACTURING, INC.</b>	<b>c</b> EIN-PN <b>31-0873755-002</b>
<b>a</b>	Plan name <b>SPECIALTY PROPERTY, LTD 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPECIALTY PROPERTY, LTD</b>	<b>c</b> EIN-PN <b>74-2938057-001</b>
<b>a</b>	Plan name <b>SPERTUS LANDES &amp; JOSEPHS, LLP 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPERTUS LANDES &amp; JOSEPHS, LLP</b>	<b>c</b> EIN-PN <b>46-1531301-001</b>
<b>a</b>	Plan name <b>SPOONER RISK CONTROL SERVICES, INC. MULTIPLE EMPLOYER 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SURETY HR, INC.</b>	<b>c</b> EIN-PN <b>82-1825780-003</b>
<b>a</b>	Plan name <b>HAMMOND ENTERPRISES, INC. EMPLOYEE SAVINGS &amp; RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAMMOND ENTERPRISES, INC.</b>	<b>c</b> EIN-PN <b>91-1757749-001</b>
<b>a</b>	Plan name <b>THE CONGRESS LAKE COMPANY 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE CONGRESS LAKE COMPANY</b>	<b>c</b> EIN-PN <b>34-0160950-001</b>
<b>a</b>	Plan name <b>THE EMPLOYEE 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CORPORATE SOLUTIONS, INC.</b>	<b>c</b> EIN-PN <b>74-2817774-333</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE FARBER COMPANIES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	FARBER SPECIALTY VEHICLES, INC.	<b>c</b> EIN-PN 41-2043544-001
<b>a</b>	Plan name	HICKAM COMMUNITIES, LLC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	HICKAM COMMUNITIES, LLC	<b>c</b> EIN-PN 45-0530100-001
<b>a</b>	Plan name	HIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIES, INC.	<b>c</b> EIN-PN 99-0307452-001
<b>a</b>	Plan name	HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGHTOWERS PETROLEUM CO.	<b>c</b> EIN-PN 31-1151689-001
<b>a</b>	Plan name	HILL COUNTRY WIND POWER, LP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HILL COUNTRY WIND POWER, LP	<b>c</b> EIN-PN 32-0291259-001
<b>a</b>	Plan name	HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	HINKLEY OPTOMETRIC CORPORATION	<b>c</b> EIN-PN 94-2419643-001
<b>a</b>	Plan name	THE VET CLINIC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE VET CLINIC	<b>c</b> EIN-PN 88-0671082-001
<b>a</b>	Plan name	THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE WORTHE REAL ESTATE GROUP, INC.	<b>c</b> EIN-PN 95-4521084-001
<b>a</b>	Plan name	ACTUM I, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ACTUM I, LLC	<b>c</b> EIN-PN 87-2890933-001
<b>a</b>	Plan name	JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFFREY A. WELLER, D.D.S., PC	<b>c</b> EIN-PN 36-4052634-777
<b>a</b>	Plan name	JELLYFISH US LIMITED 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JELLYFISH ONLINE MARKETING US LTD	<b>c</b> EIN-PN 45-5052905-001
<b>a</b>	Plan name	JERMAN FAMILY DENTISTRY, LTD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JERMAN FAMILY DENTISTRY, LTD	<b>c</b> EIN-PN 31-1731223-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JMK GROUP, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JMK GROUP, INC. DBA THE AGENCY	<b>c</b> EIN-PN 95-4133869-001
<b>a</b>	Plan name	VENERUSO & ACCINELLI PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	<b>c</b> EIN-PN 81-3879700-001
<b>a</b>	Plan name	ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ALL IN THE FAMILY DENTAL	<b>c</b> EIN-PN 35-1399233-001
<b>a</b>	Plan name	ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ALLPRO CORPORATION	<b>c</b> EIN-PN 59-3347302-001
<b>a</b>	Plan name	KIDDER LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KIDDER LAW FIRM, LLC	<b>c</b> EIN-PN 47-3161211-002
<b>a</b>	Plan name	WALKER CRANE & RIGGING CORP. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	WALKER CRANE & RIGGING CORP.	<b>c</b> EIN-PN 06-0664957-002
<b>a</b>	Plan name	ALTHON MICRO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALTHON MICRO INC.	<b>c</b> EIN-PN 95-4285664-001
<b>a</b>	Plan name	AM-TREE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	<b>c</b> EIN-PN 22-2761331-001
<b>a</b>	Plan name	AMER TECHNOLOGY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMER TECHNOLOGY, INC.	<b>c</b> EIN-PN 74-2828249-001
<b>a</b>	Plan name	AMERICA'S RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	R.E. BERLA LIMITED	<b>c</b> EIN-PN 46-0999083-002
<b>a</b>	Plan name	AXIOM MULTIPLE EMPLOYER 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	AXIOM HUMAN RESOURCE SOLUTIONS INC.	<b>c</b> EIN-PN 45-2777523-333
<b>a</b>	Plan name	BILL BRADLEY PLUMBING, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BILL BRADLEY PLUMBING, INC.	<b>c</b> EIN-PN 63-0657536-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BLIND CHILDREN'S CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BLIND CHILDREN'S CENTER, INC.	<b>c</b> EIN-PN 95-1656369-002
<b>a</b>	Plan name	CCINTEGRATION, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CCINTEGRATION, INC.	<b>c</b> EIN-PN 77-0197130-001
<b>a</b>	Plan name	EDGE CONCRETE CONSTRUCTION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EDGE CONCRETE CONSTRUCTION, LLC	<b>c</b> EIN-PN 91-2140958-001
<b>a</b>	Plan name	FINISHING EDGE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FINISHING EDGE CURB & SIDEWALK, LLC	<b>c</b> EIN-PN 91-1658323-001
<b>a</b>	Plan name	FPMA 401(K) MULTIPLE EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA PODIATRIC MEDICAL ASSOCIATION	<b>c</b> EIN-PN 59-3134492-333
<b>a</b>	Plan name	HARRY WARREN OF GEORGIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	<b>c</b> EIN-PN 65-1179808-001
<b>a</b>	Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARRY WARREN, INC.	<b>c</b> EIN-PN 59-1523664-001
<b>a</b>	Plan name	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	<b>c</b> EIN-PN 81-0373761-001
<b>a</b>	Plan name	HOSPICE OF SAN JOAQUIN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOSPICE OF SAN JOAQUIN	<b>c</b> EIN-PN 94-2777980-005
<b>a</b>	Plan name	JOHN E. FOX, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHN E. FOX, INC.	<b>c</b> EIN-PN 56-1094403-001
<b>a</b>	Plan name	KINGSTON AUTOMOTIVE, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KINGSTON AUTOMOTIVE, LLC	<b>c</b> EIN-PN 20-2954547-001
<b>a</b>	Plan name	MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MAVRIDES, MOYAL, PACKMAN, SADKIN, LLP	<b>c</b> EIN-PN 11-3481599-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MILLARD WIRE COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MILLARD WIRE CO.	<b>c</b> EIN-PN 05-0460409-001
<b>a</b>	Plan name	OHIO FACIAL PLASTICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OHIO FACIAL PLASTICS	<b>c</b> EIN-PN 81-2875464-001
<b>a</b>	Plan name	P.A. THOMPSON ENGINEERING 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	P.A. THOMPSON ENGINEERING	<b>c</b> EIN-PN 33-0541883-001
<b>a</b>	Plan name	PAKLAB 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAKLAB	<b>c</b> EIN-PN 95-4109799-001
<b>a</b>	Plan name	PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL EYE ASSOCIATES, INC.	<b>c</b> EIN-PN 58-1148820-001
<b>a</b>	Plan name	PROVEN PARTNERS MANUFACTURING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PROVEN PARTNERS MANUFACTURING	<b>c</b> EIN-PN 20-2145505-001
<b>a</b>	Plan name	RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RALPH BRENNAN RESTAURANT GROUP, L.L.C.	<b>c</b> EIN-PN 72-1350467-001
<b>a</b>	Plan name	RBK CONSTRUCTION, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RBK CONSTRUCTION INC.	<b>c</b> EIN-PN 52-2277650-001
<b>a</b>	Plan name	SHIMA SEIKI U.S.A., INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHIMA SEIKI U.S.A., INC.	<b>c</b> EIN-PN 22-2708902-001
<b>a</b>	Plan name	STALKER & ASSOCIATES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STALKER & ASSOCIATES, INC.	<b>c</b> EIN-PN 23-2756743-001
<b>a</b>	Plan name	THE FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE FIRST MEDICAL CENTER, INC.	<b>c</b> EIN-PN 33-0791088-001
<b>a</b>	Plan name	THE HRB GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRAZAK & ASSOCIATES, LLC	<b>c</b> EIN-PN 81-4386443-333

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.)	
<b>a</b>	Plan name THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor JOE N. GUY COMPANY, INCORPORATED	<b>c</b> EIN-PN 58-1048254-001
<b>a</b>	Plan name THE KING & SOMMER, PLLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor KING & SOMMER, PLLC	<b>c</b> EIN-PN 26-0673255-001
<b>a</b>	Plan name VISIONSPARK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor VISIONSPARK	<b>c</b> EIN-PN 45-4202552-001
<b>a</b>	Plan name WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor WEST GEORGIA EYE CARE CENTER	<b>c</b> EIN-PN 58-1075293-001
<b>a</b>	Plan name AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor SIGN ACQUISITION LLC	<b>c</b> EIN-PN 83-3073945-001
<b>a</b>	Plan name AMERICAN TEXTILE EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AMERICAN TEXTILE MAINTENANCE COMPANY	<b>c</b> EIN-PN 95-2076802-004
<b>a</b>	Plan name AMERICARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICARE, INC.	<b>c</b> EIN-PN 11-2608743-002
<b>a</b>	Plan name BMR PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BMR PARTNERS, INC.	<b>c</b> EIN-PN 47-3763181-222
<b>a</b>	Plan name BOARDMAN, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BOARDMAN, LLC	<b>c</b> EIN-PN 73-1470937-003
<b>a</b>	Plan name BOGHOSIAN RAISIN PACKING COMPANY, INC. 401(K)	
<b>b</b>	Name of plan sponsor BOGHOSIAN RAISIN PACKING COMPANY, INC.	<b>c</b> EIN-PN 94-2175344-002
<b>a</b>	Plan name BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOLAND MARINE & INDUSTRIAL, LLC	<b>c</b> EIN-PN 85-0485227-001
<b>a</b>	Plan name ELEMENTAL MANAGEMENT GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ELEMENTAL MANAGEMENT GROUP, LLC	<b>c</b> EIN-PN 82-3203908-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ELEVATED SOLAR PERFORMANCE, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	ELEVATED SOLAR PERFORMANCE, INC.	<b>c</b> EIN-PN 81-3830390-001
<b>a</b>	Plan name	ELITE PLUMBING, INC. 401(K) & P/S	
<b>b</b>	Name of plan sponsor	ELITE PLUMBING, INC.	<b>c</b> EIN-PN 33-0595835-001
<b>a</b>	Plan name	FUNDERBURK ORGANIZATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FUNDERBURK MANAGEMENT COMPANY, LLC	<b>c</b> EIN-PN 62-1761366-001
<b>a</b>	Plan name	GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GANDEE & ASSOCIATES, INC.	<b>c</b> EIN-PN 31-1080359-001
<b>a</b>	Plan name	HOWARD & ASSOCIATES INTERNATIONAL, INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HOWARD & ASSOCIATES INTERNATIONAL, INC	<b>c</b> EIN-PN 72-1290834-001
<b>a</b>	Plan name	HUDSON COMMUNITY ENTERPRISES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUDSON COMMUNITY ENTERPRISES, INC.	<b>c</b> EIN-PN 22-1629147-001
<b>a</b>	Plan name	KTX - AMERICA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	KTX - AMERICA, INC.	<b>c</b> EIN-PN 30-0031143-001
<b>a</b>	Plan name	LA MADE CREATIVE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LA MADE CREATIVE, INC.	<b>c</b> EIN-PN 47-1699482-001
<b>a</b>	Plan name	MOCERI MANAGEMENT CO. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MOCERI MANAGEMENT CO	<b>c</b> EIN-PN 38-6175411-001
<b>a</b>	Plan name	MONARCH SALES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MONARCH SALES, LTD., INC.	<b>c</b> EIN-PN 65-0011355-001
<b>a</b>	Plan name	PAOLI LAW FIRM, P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PAOLI LAW FIRM, P.C.	<b>c</b> EIN-PN 84-1384608-001
<b>a</b>	Plan name	RESOLUTE INDEPENDENT ADVISORS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RESOLUTE INDEPENDENT ADVISORS, LLC	<b>c</b> EIN-PN 82-1263122-001

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.)	
<b>a</b>	Plan name SUMMERTOWN METALS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMERTOWN METALS, LLC.	<b>c</b> EIN-PN 84-1705951-001
<b>a</b>	Plan name TOTAL RETIREMENT SOLUTIONS POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	<b>c</b> EIN-PN 85-3213245-315
<b>a</b>	Plan name WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILD, CARTER AND TIPTON A PROFESSIONAL CORP	<b>c</b> EIN-PN 94-2589967-002
<b>a</b>	Plan name WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor WILLIAMS FIRE & HAZARD, LLC	<b>c</b> EIN-PN 93-4675784-001
<b>a</b>	Plan name ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANDERSON, JULIAN & HULL, LLP	<b>c</b> EIN-PN 82-0504369-001
<b>a</b>	Plan name ANGFIELD PARTNERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANGFIELD PARTNERS LLC	<b>c</b> EIN-PN 20-5297697-001
<b>a</b>	Plan name BONDY-HANEY SERVICE, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BONDY-HANEY SERVICE, INC.	<b>c</b> EIN-PN 95-2391151-002
<b>a</b>	Plan name BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN	
<b>b</b>	Name of plan sponsor BOO-KER OIL & GAS CORP.	<b>c</b> EIN-PN 72-0750276-001
<b>a</b>	Plan name BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BOONE KARLBERG P.C.	<b>c</b> EIN-PN 81-0522567-001
<b>a</b>	Plan name BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRAND FUEL CO. LLC	<b>c</b> EIN-PN 46-4597317-001
<b>a</b>	Plan name BRAUN RESEARCH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRAUN RESEARCH	<b>c</b> EIN-PN 22-3408940-001
<b>a</b>	Plan name EMERALD ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor EMERALD ENVIRONMENTAL, INC.	<b>c</b> EIN-PN 34-1765185-001

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.)		
<b>a</b>	Plan name <b>GASKINS LECRAW 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOVEREIGNS ENGINEERING &amp; SURVEYING HOLDINGS INC DBA GASKINS LECRAW</b>	<b>c</b> EIN-PN <b>58-1500550-002</b>
<b>a</b>	Plan name <b>IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>IAI AMERICA, INC.</b>	<b>c</b> EIN-PN <b>33-0337859-001</b>
<b>a</b>	Plan name <b>IBP &amp; HPI 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ISLAND BREEZE PRODUCTIONS, INC.</b>	<b>c</b> EIN-PN <b>99-0276955-001</b>
<b>a</b>	Plan name <b>ICON EQUIPMENT DISTRIBUTORS, INC. 401(K) SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ICON EQUIPMENT DISTRIBUTORS, INC.</b>	<b>c</b> EIN-PN <b>22-2435580-001</b>
<b>a</b>	Plan name <b>LEGACY SENIOR LIVING, LLC 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEGACY SENIOR LIVING, LLC</b>	<b>c</b> EIN-PN <b>20-5770211-001</b>
<b>a</b>	Plan name <b>LEGAL ASSISTANCE FOR SENIORS 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LEGAL ASSISTANCE FOR SENIORS, INC.</b>	<b>c</b> EIN-PN <b>94-2941697-001</b>
<b>a</b>	Plan name <b>MONTESSORI INTERNATIONAL ACADEMY 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MADOKA INTERNATIONAL, INC. DBA MONTESSORI INTERNATIONAL ACADEMY</b>	<b>c</b> EIN-PN <b>27-3946841-001</b>
<b>a</b>	Plan name <b>MPC DAIRY SERVICE, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MPC DAIRY SERVICE, INC. DBA SAN JOAQUIN VALLEY DAIRY EQUIPMENT</b>	<b>c</b> EIN-PN <b>83-2852835-001</b>
<b>a</b>	Plan name <b>PATRICKS GLASS, INC. 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PATRICK'S GLASS, INC.</b>	<b>c</b> EIN-PN <b>27-5286958-001</b>
<b>a</b>	Plan name <b>SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SUN ENGINEERING SERVICES, INC.</b>	<b>c</b> EIN-PN <b>33-0312587-001</b>
<b>a</b>	Plan name <b>SYSTEM RESOURCES TELECOM 401(K) PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SYSTEM RESOURCES TELECOM, LLC</b>	<b>c</b> EIN-PN <b>72-1432916-001</b>
<b>a</b>	Plan name <b>TRANSMET CORPORATION 401(K) PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TRANSMET CORPORATION</b>	<b>c</b> EIN-PN <b>31-0960153-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MR. BS BISTRO, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MR. B'S BISTRO, INC.	<b>c</b> EIN-PN 72-0847066-001
<b>a</b>	Plan name	MULBERRY COLLABORATIVE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MULBERRY COLLABORATIVE CONSTRUCTION	<b>c</b> EIN-PN 82-3595383-001
<b>a</b>	Plan name	NATIONAL AUTO CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL AUTO CARE CORP.	<b>c</b> EIN-PN 31-1115893-001
<b>a</b>	Plan name	PENA AND BROMBERG, PC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PENA AND BROMBERG PC	<b>c</b> EIN-PN 38-3852466-001
<b>a</b>	Plan name	RKPL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RKPL INC.	<b>c</b> EIN-PN 34-1728279-001
<b>a</b>	Plan name	TAB SERVICES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TAB SERVICES	<b>c</b> EIN-PN 58-2655930-001
<b>a</b>	Plan name	TRIHEX ATHLETIC APPAREL LLC 401(K) P/S PLAN	
<b>b</b>	Name of plan sponsor	TRIHEX ATHLETIC APPAREL LLC	<b>c</b> EIN-PN 46-4045923-001
<b>a</b>	Plan name	TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE NORTH CUSTOM PUBLISHING, LLC.	<b>c</b> EIN-PN 62-1764489-001
<b>a</b>	Plan name	ARACOR, INC. 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	ARACOR, INC.	<b>c</b> EIN-PN 74-1480428-002
<b>a</b>	Plan name	BRIAN S. KUBO, DDS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BRIAN S. KUBO, DDS, INC.	<b>c</b> EIN-PN 99-0333085-001
<b>a</b>	Plan name	ENDURANCE BUILDING SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ENDURANCE BUILDING SYSTEMS, INC.	<b>c</b> EIN-PN 92-3467996-001
<b>a</b>	Plan name	LEIGHTON MCGINN COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEIGHTON MCGINN COMPANY	<b>c</b> EIN-PN 65-0352005-777

**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.)

<b>a</b> Plan name	LETTS PLUMBING RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	LETTS PLUMBING	<b>c</b> EIN-PN 80-8780287-001

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>a</b> Plan name		
<b>b</b> Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS RET ACCT</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>972</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>36-6071399</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	58456537
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	47992086
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	58456537	47992086
<b>Liabilities</b>			
<b>g</b> Benefit claims payable .....	<b>1g</b>		
<b>h</b> Operating payables .....	<b>1h</b>		
<b>i</b> Acquisition indebtedness .....	<b>1i</b>		
<b>j</b> Other liabilities .....	<b>1j</b>		
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j) .....	<b>1k</b>		
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	58456537	47992086

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents .....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate .....	<b>2b(5)(A)</b>		
<b>(B)</b> Other .....	<b>2b(5)(B)</b>	10572713	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		10572713

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		10572713
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		5059412
(2) From this plan .....	<b>2l(2)</b>		26096576

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.