

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) P

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AMERICAN FUNDS GROWTH FUND OF AMERICA INV OPT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>015</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>39-0989781</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>08/21/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN FUNDS GROWTH FUND OF AMERICA INV OPT</u>	B Three-digit plan number (PN) ▶	<u>015</u>
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C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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d Entity code

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

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d Entity code

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d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BLOCK MEDICAL CENTER 401(K) PLAN	
b	Name of plan sponsor	KPB ENTERPRISES, INC.	c EIN-PN 20-2032251-001
a	Plan name	BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP 401(K) PLAN	
b	Name of plan sponsor	BLOOSTON, MORDKOFKY, DICKENS & PRENDERGAST, LLP	c EIN-PN 52-1136273-001
a	Plan name	CAMBRIDGE MOTOR CAR COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	CAMBRIDGE MOTOR CAR COMPANY, LLC	c EIN-PN 04-3351359-001
a	Plan name	CERTEX USA 401(K) PLAN	
b	Name of plan sponsor	CERTEX USA, INC.	c EIN-PN 20-1211126-001
a	Plan name	CULVER GROUP PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	THE CULVER GROUP	c EIN-PN 33-0789218-001
a	Plan name	FRAME, MATSUMOTO & COELHO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FRAME, MATSUMOTO & COELHO, LLP	c EIN-PN 77-0209411-003
a	Plan name	GOOD TIMES RESTAURANTS, INC. 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	GOOD TIMES RESTAURANTS, INC.	c EIN-PN 84-1133368-001
a	Plan name	GORMAN INDUSTRIAL SUPPLY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GORMAN INDUSTRIAL SUPPLY	c EIN-PN 74-1064184-001
a	Plan name	HTAA HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	HTAA HOLDINGS, LLC	c EIN-PN 46-3375948-001
a	Plan name	KEENO FARMS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KEENO FARMS CONSTRUCTION, INC.	c EIN-PN 30-0205931-001
a	Plan name	KENNEDY AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	KENNEDY AUTOMOTIVE GROUP, INC.	c EIN-PN 23-2545536-001
a	Plan name	MARC ALAN ASSOCIATES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MARC ALAN ASSOCIATES, INC.	c EIN-PN 22-1801653-003

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	MENGWASSER MARTIN LALL & CLARK PC PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	MENGWASSER, MARTIN, LALL, & CLARK PC
c	EIN-PN	43-1564913-001
a	Plan name	MERRITT ISLAND AIR AND HEAT, INC. 401(K)/PROFIT SHARING PLAN
b	Name of plan sponsor	MERRITT ISLAND AIR AND HEAT INC.
c	EIN-PN	81-0579482-001
a	Plan name	MESSAGE BROADCAST LLC 401(K) RETIREMENT PLAN
b	Name of plan sponsor	MESSAGEBROADCAST.COM, LLC
c	EIN-PN	77-0480271-001
a	Plan name	MOODY PRICE, LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	MOODY PRICE, LLC
c	EIN-PN	72-1044462-003
a	Plan name	NORTHEAST PENNSYLVANIA AUTO AUCTION INC. 401(K) PLAN
b	Name of plan sponsor	NORTHEAST PENNSYLVANIA AUTO AUCTION INC.
c	EIN-PN	23-3010686-001
a	Plan name	NORTHWEST EYE PHYSICIANS 401(K) PLAN
b	Name of plan sponsor	NORTHWEST EYE PHYSICIANS, P.C.
c	EIN-PN	38-1861527-002
a	Plan name	PACKAGING SPECIALTIES 401(K) PLAN
b	Name of plan sponsor	PACKAGING SPECIALTIES, LLC
c	EIN-PN	88-2479890-001
a	Plan name	PAGE & ASSOCIATES INSURANCE, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PAGE & ASSOCIATES INSURANCE, INC.
c	EIN-PN	88-1074263-001
a	Plan name	PHILIP HEACOCK BUILDER, INC. 401(K) PLAN
b	Name of plan sponsor	PHILIP HEACOCK BUILDER, INC.
c	EIN-PN	23-2557871-001
a	Plan name	PHUKET THAI 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	PHUKET THAI RESTAURANT, INC.
c	EIN-PN	99-0332429-001
a	Plan name	RIC-MAN INTERNATIONAL, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	RIC-MAN INTERNATIONAL, INC.
c	EIN-PN	59-2300398-001
a	Plan name	STEVEN NEHMER M.D. PROFIT SHARING PLAN
b	Name of plan sponsor	STEVEN NEHMER M.D.
c	EIN-PN	26-3804644-001

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 STEVENS CHILDREN'S HOME, INC. 401(K) EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor STEVENS CHILDREN'S HOME, INC.	c EIN-PN 04-2105950-002
a	Plan name TERRASAT COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor TERRASAT COMMUNICATIONS, INC.	c EIN-PN 02-0547267-001
a	Plan name THORACIC & CRITICAL CARE MEDICINE, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THORACIC & CRITICAL CARE MEDICINE, LLC	c EIN-PN 43-1893106-001
a	Plan name WULCO, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor WULCO, INC.	c EIN-PN 61-1171211-222
a	Plan name AIR GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AIR GROUP, LLC	c EIN-PN 22-3620908-001
a	Plan name ARCADIA NEUROLOGY CENTER, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ARCADIA NEUROLOGY CENTER, LLC	c EIN-PN 27-3174051-002
a	Plan name AZURE GREEN CONSULTANTS 401(K) PLAN	
b	Name of plan sponsor AZURE GREEN CONSULTANTS, LLC	c EIN-PN 20-5174912-001
a	Plan name DISHMAN DODGE 401(K) PLAN	
b	Name of plan sponsor M&G INVESTMENTS, INC. DBA DISHMAN DODGE	c EIN-PN 91-0953903-002
a	Plan name EISENBERG & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor EISENBERG & ASSOCIATES, INC.	c EIN-PN 75-1573412-001
a	Plan name EKA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EARLE KINLAW & ASSOCIATES, INC.	c EIN-PN 58-1328598-001
a	Plan name FARMER JOE'S RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FARMER JOE'S MARKETPLACE, INC.	c EIN-PN 94-3316976-001
a	Plan name FASHION CARPETS, INC. 401(K) PLAN	
b	Name of plan sponsor FASHION CARPETS, INC.	c EIN-PN 84-0714131-001

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	FREESTYLES, LLC 401(K) PLAN	
b	Name of plan sponsor	FREESTYLES, LLC	c EIN-PN 51-0357477-001
a	Plan name	GRANITE CITY FAMILY & COSMETIC DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	GRANITE CITY FAMILY & COSMETIC DENTISTRY	c EIN-PN 20-4990679-001
a	Plan name	LEADING EDGE GROUP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	LEADING EDGE GROUP, INC.	c EIN-PN 36-2679145-001
a	Plan name	MARIAN COLLEGE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MARIAN COLLEGE	c EIN-PN 95-4775118-001
a	Plan name	MARIANS CATERING 401(K) PLAN	
b	Name of plan sponsor	MARIAN HARADA ENTERPRISES, LTD.	c EIN-PN 99-0087304-002
a	Plan name	METRO FENCE CO., INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	METRO FENCE COMPANY, INC.	c EIN-PN 74-6514295-001
a	Plan name	MORRIS DISTRIBUTING 401(K) PLAN	
b	Name of plan sponsor	MORRIS DISTRIBUTING	c EIN-PN 68-0301995-001
a	Plan name	MOUNTAIN WEST SURGICAL RETIREMENT PLAN	
b	Name of plan sponsor	MOUNTAIN WEST SURGICAL	c EIN-PN 88-0418505-001
a	Plan name	NORWALK COMMUNITY HEALTH CENTER 401(K) PLAN	
b	Name of plan sponsor	NORWALK COMMUNITY HEALTH CENTER, INC.	c EIN-PN 06-1436620-001
a	Plan name	PALLO, MARKS & HERNANDEZ, P.A. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	PALLO, MARKS & HERNANDEZ, GECHIJIAN & DEMAY, P.A.	c EIN-PN 65-0746369-001
a	Plan name	PANTECH WIRELESS EMPLOYEE 401(K) PLAN	
b	Name of plan sponsor	PANTECH WIRELESS, INC.	c EIN-PN 04-3629687-001
a	Plan name	PINES PET CEMETERY, INC. 401(K) PLAN	
b	Name of plan sponsor	PINES PET CEMETARY, INC.	c EIN-PN 31-1015335-001

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	PROVIDENT MANAGEMENT CORPORATION 401(K) PLAN	
b	Name of plan sponsor	PROVIDENT MANAGEMENT CORPORATION	c EIN-PN 59-1870484-001
a	Plan name	PUTNAM TRUCKING, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	PUTNAM TRUCKING, INC.	c EIN-PN 37-1272751-001
a	Plan name	PVIM RETIREMENT PLAN	
b	Name of plan sponsor	PIONEER VALLEY INTERNAL MEDICINE, PC	c EIN-PN 20-4133434-001
a	Plan name	RICHARD SHAPIRO, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	RICHARD SHAPIRO DDS, C.P.	c EIN-PN 22-3464171-001
a	Plan name	SALVATORE ANGELO DMD, PC 401(K) PLAN	
b	Name of plan sponsor	SALVATORE ANGELO II DMD, PC	c EIN-PN 04-3214907-001
a	Plan name	SAN PABLO DEVELOPERS, INC. 1165(E) PLAN	
b	Name of plan sponsor	SAN PABLO DEVELOPERS, INC.	c EIN-PN 66-0493660-001
a	Plan name	STOCKTON PATHOLOGY MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STOCKTON PATHOLOGY MEDICAL GROUP	c EIN-PN 68-0005184-003
a	Plan name	STONINGTON SERVICES, LLC 401(K) PREVAILING WAGE RETIREMENT PLAN	
b	Name of plan sponsor	STONINGTON SERVICES, LLC	c EIN-PN 04-3805262-002
a	Plan name	TIMSCO INTERNATIONAL, LP 401(K) PLAN	
b	Name of plan sponsor	TIMSCO INTERNATIONAL, LP	c EIN-PN 81-5431587-001
a	Plan name	V & C ELECTRICAL CONTRACTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	V & C ELECTRICAL CONTRACTORS, INC.	c EIN-PN 62-1143477-001
a	Plan name	WAIPIO VALLEY TRADING CO. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	WAIPIO VALLEY TRADING CO.	c EIN-PN 99-0317703-001
a	Plan name	YTY LLC DBA INSURANCE PLANNING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	YTY LLC DBA INSURANCE PLANNING SERVICES	c EIN-PN 46-3641373-001

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	ZAHARONI INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001
a	Plan name	ZAWADSKI HOMES, INC. 401(K) PLAN	
b	Name of plan sponsor	ZAWADSKI HOMES, INC.	c EIN-PN 47-0885206-001
a	Plan name	3NSOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	3NSOLUTIONS, INC.	c EIN-PN 76-0732644-001
a	Plan name	A & L COORS, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	A & L COORS, INC.	c EIN-PN 84-0534580-001
a	Plan name	A & P POWER SYSTEMS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	A & P POWER SYSTEMS, LTD.	c EIN-PN 99-0230243-001
a	Plan name	ALBANY OB-GYN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALBANY OB-GYN	c EIN-PN 58-1971169-001
a	Plan name	BALEMET EMPLOYEE BENEFIT PLAN	
b	Name of plan sponsor	BALEMET RECYCLING METALS, INC.	c EIN-PN 22-2907788-001
a	Plan name	CANTEX CONTINUING CARE NETWORK EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	CANTEX CONTINUING CARE NETWORK, LLC	c EIN-PN 26-1252206-222
a	Plan name	CHARLES RIVER BOAT COMPANY 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CHARLES RIVER BOAT COMPANY, INC.	c EIN-PN 04-3084148-001
a	Plan name	CHEAHA BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CHEAHA BANK	c EIN-PN 63-1251208-001
a	Plan name	LERMAN CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LERMAN CORPORATION	c EIN-PN 38-1776786-001
a	Plan name	LESLIE T. HASKINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LESLIE T. HASKINS DBA HASKINS OLDS, INC.	c EIN-PN 04-1425210-001

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 MPCA UNI 401(K) PLAN	
b	Name of plan sponsor MITSUBISHI PENCIL CORPORATION OF AMERICA	c EIN-PN 95-3143624-001
a	Plan name OPAL SOFT, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor OPALSOFT, INC.	c EIN-PN 94-3280543-001
a	Plan name OPEN MRI OF NEW ENGLAND, INC. 401(K) PLAN	
b	Name of plan sponsor OPEN MRI OF NEW ENGLAND, INC.	c EIN-PN 05-0495348-002
a	Plan name PK ELECTRIC 401(K) RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor MAT SERVICES, INC. DBA PK ELECTRIC	c EIN-PN 91-2180582-001
a	Plan name PNG 401(K) PROFIT SHARING SAVINGS PLAN	
b	Name of plan sponsor PNG ENVIRONMENTAL, INC.	c EIN-PN 93-1203951-001
a	Plan name SAUK-SUIATTLE 401(K) PLAN	
b	Name of plan sponsor SAUK SUIATTLE INDIAN TRIBE	c EIN-PN 91-0961478-001
a	Plan name SAVANT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAVANT SYSTEMS, INC.	c EIN-PN 85-1002349-777
a	Plan name SPAULDING BRICK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SPAULDING BRICK CO., INC.	c EIN-PN 04-1203530-001
a	Plan name THE ART SOURCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE ART SOURCE, INC.	c EIN-PN 99-0280665-001
a	Plan name THE BAXTER STATE BANK PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BAXTER STATE BANK	c EIN-PN 48-0133900-001
a	Plan name THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE 401(K) PLAN	
b	Name of plan sponsor THE BOYS AND GIRLS CLUB OF GREATER HOLYOKE, INC.	c EIN-PN 04-2103792-003
a	Plan name THE CARING CENTER 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE CARING CENTER, INC.	c EIN-PN 23-2623819-001

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	TROIL ENTERPRISES, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TROIL ENTERPRISES, LLC	c EIN-PN 22-3379538-003
a	Plan name	TROY HOUSING SERVICES CORPORATION PENSION PLAN	
b	Name of plan sponsor	TROY HOUSING SERVICES CORPORATION	c EIN-PN 63-0972892-001
a	Plan name	WALLER TRUCK CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALLER TRUCK, CO., INC.	c EIN-PN 43-0910271-002
a	Plan name	A/E GRAPHICS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	A/E GRAPHICS, INC.	c EIN-PN 39-1252452-001
a	Plan name	AMERICAN PAPER CORPORATION CODA PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN PAPER CORPORATION	c EIN-PN 66-0392240-001
a	Plan name	AMERICAN SOCIETY FOR SURGERY OF THE HAND 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN SOCIETY FOR SURGERY OF THE HAND	c EIN-PN 31-6051199-001
a	Plan name	BARCLAY BRAND FERDON EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	BARCLAY BRAND CORPORATION	c EIN-PN 22-3414541-001
a	Plan name	BARNARD MANUFACTURING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	BARNARD MANUFACTURING CO., INC.	c EIN-PN 38-1842231-001
a	Plan name	CORPORATE HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	CORPORATE HOLDINGS, LP	c EIN-PN 06-1720467-001
a	Plan name	COSTA 401(K) PLAN	
b	Name of plan sponsor	COSTA FRUIT & PRODUCE COMPANY INC.	c EIN-PN 04-2076359-001
a	Plan name	ENVISION TELEPHONY, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVISION TELEPHONY, INC.	c EIN-PN 91-1661458-001
a	Plan name	FUNAMBOL 401(K) PLAN	
b	Name of plan sponsor	FUNAMBOL	c EIN-PN 42-1606939-001

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	FUNG ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	FUNG ASSOCIATES	c EIN-PN 45-2778165-001
a	Plan name	FXEXPRESS PUBLICATIONS, INC. EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	FXEXPRESS PUBLICATIONS, INC.	c EIN-PN 73-1691416-001
a	Plan name	GUYOUNGTECH USA, INC. 401(K) PLAN	
b	Name of plan sponsor	GUYOUNGTECH USA, INC.	c EIN-PN 20-1963180-001
a	Plan name	JOHN KENNEDY FORD JENKINTOWN 401(K) PLAN	
b	Name of plan sponsor	HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-001
a	Plan name	JOHN KENNEDY JENKINTOWN UNION 401(K) PLAN	
b	Name of plan sponsor	HOPKINS FORD, DBA JOHN KENNEDY FORD OF JENKINTOWN	c EIN-PN 23-1881816-002
a	Plan name	JOHN P. CALCATERA 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN P. CALCATERA DPM PC	c EIN-PN 26-1562402-001
a	Plan name	AAA MODERN AIR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AAA MODERN AIR INC.	c EIN-PN 59-2300160-001
a	Plan name	BASIS INTERNATIONAL LTD. 401(K) PLAN	
b	Name of plan sponsor	BASIS INTERNATIONAL LTD.	c EIN-PN 85-0327924-001
a	Plan name	BULA FORGE & MACHINE, INC. 401(K) PLAN	
b	Name of plan sponsor	BULA FORGE & MACHINE, INC.	c EIN-PN 34-1718318-001
a	Plan name	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS' ASSOCIATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BURBANK-GLENDALE-PASADENA AIRPORT AUTHORITY POLICE OFFICERS'	c EIN-PN 41-2153109-001
a	Plan name	CHIRCO TEAM LLC 401(K) PLAN	
b	Name of plan sponsor	CHIRCO TEAM LLC	c EIN-PN 26-3741789-001
a	Plan name	COSTA BROTHERS MASONRY 401(K)/PREVAILING WAGE PLAN	
b	Name of plan sponsor	COSTA BROTHERS MASONRY, INC.	c EIN-PN 04-3054314-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name DOERRE CONSTRUCTION CO., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOERRE CONSTRUCTION CO., LLC	c EIN-PN 56-2177316-001
a	Plan name DON'S TRUCK SALES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor DON'S TRUCK SALES, INC.	c EIN-PN 42-0816951-001
a	Plan name ERMAN RETIREMENT ADVISORY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor ERMAN RETIREMENT ADVISORY	c EIN-PN 95-3677994-001
a	Plan name ESPEY HARDWARE & GARDEN SUPPLY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor ESPEY HARDWARE & GARDEN SUPPLY, INC.	c EIN-PN 56-1443791-001
a	Plan name GARVEY'S CARPET & VINYL EMPORIUM 401(K)	
b	Name of plan sponsor GARVEY'S CARPET & VINYL EMPORIUM	c EIN-PN 23-2743272-001
a	Plan name H & C DBA H & C CORPORATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor H & C DBA H & C CORPORATION, INC.	c EIN-PN 57-0785805-777
a	Plan name HAAG TRANSPORT, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor HAAG TRANSPORT, INC.	c EIN-PN 35-1369387-001
a	Plan name IITC 401(K) PLAN	
b	Name of plan sponsor ISLAND INFORMATION TECHNOLOGY CONSULTANTS, INC.	c EIN-PN 20-1314597-001
a	Plan name ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS RETIREMENT PLAN	
b	Name of plan sponsor ILLINOIS COLLEGE OF EMERGENCY PHYSICIANS	c EIN-PN 23-7147401-001
a	Plan name LEVIN LEGAL GROUP, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LEVIN LEGAL GROUP, P.C.	c EIN-PN 23-2830283-001
a	Plan name LIBERTY CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor LIBERTY CHEVROLET, INC.	c EIN-PN 04-3027316-001
a	Plan name LIBERTY TRANSPORTATION & STORAGE CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LIBERTY TRANSPORTATION & STORAGE CO., INC.	c EIN-PN 22-1067680-001

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 LINENS BY ALICE PROFIT SHARING PLAN	
b	Name of plan sponsor LINENS BY ALICE, INC.	c EIN-PN 04-3068509-001
a	Plan name MUSKEGON COUNTY MUSEUM PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor MUSKEGON COUNTY MUSEUM	c EIN-PN 38-1367319-001
a	Plan name SC JOHNSON DE PR, INC. SUPPLEMENTAL RETIREMENT PLAN	
b	Name of plan sponsor SC JOHNSON DE PR, INC.	c EIN-PN 66-0290543-002
a	Plan name SCHELL COOLEY LLP CASH OR DEFERRED PROFIT SHARING PLAN	
b	Name of plan sponsor SCHELL COOLEY LLP	c EIN-PN 20-1333042-001
a	Plan name SPOLIDORO & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor SPOLIDORO & SONS, INC.	c EIN-PN 04-2642418-001
a	Plan name THE CEDAR RAPIDS DENTAL CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE CEDAR RAPIDS DENTAL CENTER	c EIN-PN 42-1012892-002
a	Plan name TRUTECH, L.L.C. 401(K) PLAN	
b	Name of plan sponsor TRUTECH, L.L.C.	c EIN-PN 82-0509464-001
a	Plan name WATSON REALTY COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WATSON REALTY COMPANY	c EIN-PN 95-3462904-001
a	Plan name ALLENS PLUMBING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALLENS PLUMBING, INC.	c EIN-PN 99-0241127-001
a	Plan name ARRASMITH, JUDD, RAPP, CHO VAN INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor ARRASMITH, JUDD, RAPP, CHO VAN INC.	c EIN-PN 16-1627907-001
a	Plan name BC2 ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor BC2 ENVIRONMENTAL, LLC	c EIN-PN 83-2585853-001
a	Plan name BEACON TECHNICAL SALES 401(K) PLAN	
b	Name of plan sponsor BEACON TECHNICAL SALES	c EIN-PN 02-0470978-001

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 BEACON TELECOMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor BEACON TELECOMMUNICATIONS ADVISORS, LLC	c EIN-PN 73-1482442-001
a	Plan name BEACON TRI-STATE SOLUTIONS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BEACON TRI-STATE SOLUTIONS, INC.	c EIN-PN 32-0277555-001
a	Plan name BOYESEN, INC 401(K) PLAN	
b	Name of plan sponsor BOYESEN, INC.	c EIN-PN 23-2749409-001
a	Plan name CIERRA PIPE, INC. RETIREMENT PLAN	
b	Name of plan sponsor CIERRA PIPE, INC.	c EIN-PN 76-0058138-777
a	Plan name CIMC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALIFORNIA INDIAN MANPOWER CONSORTIUM, INC. (CIMC)	c EIN-PN 94-2472564-001
a	Plan name DAHME HEATING AND AIR CONDITIONING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DAHME HEATING AND AIRCONDITIONING, INC.	c EIN-PN 77-0250781-001
a	Plan name DOUGLASS INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor DOUGLASS INDUSTRIES	c EIN-PN 22-1912538-002
a	Plan name DOWLING FUEL 401(K) PLAN	
b	Name of plan sponsor DOWLING FUEL COMPANY	c EIN-PN 22-1803850-001
a	Plan name DOWNEY & COMPANY, LLP 401(K) PLAN	
b	Name of plan sponsor DOWNEY & COMPANY, LLP	c EIN-PN 04-3106302-001
a	Plan name ELCO LIGHTING PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor AMP PLUS, INC. DBA ELCO LIGHTING	c EIN-PN 95-4309236-001
a	Plan name FERBER & SONS, INC. 401(K) PLAN	
b	Name of plan sponsor FERBER AND SONS, INC	c EIN-PN 59-1499209-001
a	Plan name GEIGER CONSTRUCTION PRODUCTS, INC. 401(K) PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor GEIGER CONSTRUCTION PRODUCTS, INC.	c EIN-PN 31-0734619-001

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	GEMI TRUCKING, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	GEMI TRUCKING	c EIN-PN 58-1734350-001
a	Plan name	HENSLEY LAMKIN RACHEL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HENSLEY LAMKIN RACHEL, INC.	c EIN-PN 75-2377361-001
a	Plan name	HESS SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	HESS SERVICES, INC.	c EIN-PN 48-1160099-001
a	Plan name	ILLINOIS EXPRESS VISION CENTER MATTOON 401(K) PLAN	
b	Name of plan sponsor	ILLINOIS EXPRESS VISION CENTER, INC.	c EIN-PN 36-3790912-001
a	Plan name	IMPACT INDUSTRIES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WORLD OF MOULDING	c EIN-PN 33-0327222-001
a	Plan name	LISAC'S, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	LISAC'S, INC.	c EIN-PN 81-0307699-001
a	Plan name	MARKETING SOLUTIONS INC. & DESIGN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARKETING SOLUTIONS INC. & DESIGN	c EIN-PN 46-5300350-001
a	Plan name	MARRONE'S, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor	MARRONE'S, INC.	c EIN-PN 48-0788184-001
a	Plan name	PARTRADE TRADING CO., LLC 401(K) PLAN	
b	Name of plan sponsor	PARTRADE TRADING CO., LLC	c EIN-PN 84-1662256-001
a	Plan name	POWER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	POWER SOLUTIONS, LLC.	c EIN-PN 52-2100793-222
a	Plan name	PR MANAGEMENT, CORP. RETIREMENT PLAN	
b	Name of plan sponsor	PR MANAGEMENT, CORP.	c EIN-PN 01-0757637-001
a	Plan name	PRAIRIEFIRE COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	PRAIRIEFIRE COMMUNICATIONS, INC.	c EIN-PN 26-1885084-001

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	RIOUX EYE CENTER, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RIOUX EYE CENTER, INC.	c EIN-PN 87-4253844-001
a	Plan name	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC. RETIREMENT PLAN	
b	Name of plan sponsor	RIVERSIDE-SAN BERNARDINO COUNTY INDIAN HEALTH, INC.	c EIN-PN 95-2846605-001
a	Plan name	SCHRYER/THOMPSON CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SCHRYER/THOMPSON CONSTRUCTION, INC.	c EIN-PN 68-0487305-001
a	Plan name	SLADE GLASS CO. 401(K) PLAN	
b	Name of plan sponsor	IMMACULATE GLASS, LLC	c EIN-PN 87-3806033-001
a	Plan name	SMC RECYCLING, INC. 401(K) PLAN	
b	Name of plan sponsor	SMC RECYCLING, INC.	c EIN-PN 62-1723264-001
a	Plan name	SUBURBAN & TRI-STATE SUBARU 401(K) PLAN	
b	Name of plan sponsor	SUBURBAN & TRI-STATE SUBARU, INC.	c EIN-PN 06-1210980-001
a	Plan name	SUMMIT HAND THERAPY, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SUMMIT HAND THERAPY, LLC	c EIN-PN 20-5860288-001
a	Plan name	THE DUNCAN COMPANIES 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THE DUNCAN COMPANIES, INC.	c EIN-PN 59-3537237-001
a	Plan name	VALLEY PLACERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY PLACERS, INC.	c EIN-PN 88-0421004-001
a	Plan name	VALLEY WIDE MASONRY, INC. 401(K) PLAN	
b	Name of plan sponsor	VALLEY WIDE MASONRY, INC.	c EIN-PN 86-0797879-001
a	Plan name	VALLEY WOOD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY WOOD, INC.	c EIN-PN 58-1869240-001
a	Plan name	VAN BUREN COMMUNITY MENTAL HEALTH PENSION PLAN	
b	Name of plan sponsor	VAN BUREN COMMUNITY MENTAL HEALTH AUTHORITY	c EIN-PN 38-1917556-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	WEATHER ENGINEERS, INC. 401(K) SAVINGS AND PROTECTION PLAN
b	Name of plan sponsor	WEATHER ENGINEERS, INC.
c	EIN-PN	59-3076169-004
a	Plan name	WECKWORTH-LANGDON 401(K) PLAN
b	Name of plan sponsor	WECKWORTH MANUFACTURING, INC.
c	EIN-PN	48-1137303-001
a	Plan name	ZELINKOFSKE AXELROD, LLC 401(K) PLAN
b	Name of plan sponsor	ZELINKOFSKE AXELROD, LLC
c	EIN-PN	23-3022325-001
a	Plan name	CDSS RETIREMENT PLAN
b	Name of plan sponsor	CENTER FOR DISEASES & SURGERY OF THE SPINE
c	EIN-PN	88-0340195-001
a	Plan name	CEAR RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	CALIFORNIA ELECTRONIC ASSET RECOVERY
c	EIN-PN	68-0443725-001
a	Plan name	LAFATA MANAGEMENT, INC. EMPLOYEES' 401(K) PLAN
b	Name of plan sponsor	LAFATA MANAGEMENT, INC.
c	EIN-PN	20-1965835-001
a	Plan name	PELL MANUFACTURING, INC. 401(K) PLAN
b	Name of plan sponsor	PELL MANUFACTURING, INC.
c	EIN-PN	04-3032603-001
a	Plan name	PENNSYLVANIA TELEPHONE ASSOCIATION 401(K)/PROFIT SHARING PLAN
b	Name of plan sponsor	PENNSYLVANIA TELEPHONE ASSOCIATION
c	EIN-PN	23-0961230-002
a	Plan name	TAG INTERNATIONAL, L.L.P. PROFIT SHARING PLAN
b	Name of plan sponsor	TAG INTERNATIONAL, L.L.P.
c	EIN-PN	74-2862644-001
a	Plan name	ACME ENGRAVING PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	ACME ENGRAVING COMPANY, INC.
c	EIN-PN	22-2136958-001
a	Plan name	CISCO SYSTEMS, INC. PUERTO RICO - SALARY DEFERRAL PLAN
b	Name of plan sponsor	CISCO SYSTEMS, INC.
c	EIN-PN	77-0473719-001
a	Plan name	CITY TILE & FLOOR COVERING CO. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	CITY TILE AND FLOOR COVERING CO., LLC
c	EIN-PN	62-1039371-001

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 GENESEE HEMATOLOGY ONCOLOGY, P.C. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GENESEE HEMATOLOGY-ONCOLOGY, P.C.	c EIN-PN 38-2278871-001
a	Plan name LOMMA CONSTRUCTION CORP. RETIREMENT PLAN	
b	Name of plan sponsor LOMMA CONSTRUCTION CORP.	c EIN-PN 11-2435487-001
a	Plan name PRECIOUS MOMENTS FOUNDATION EMPLOYEES 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor PRECIOUS MOMENTS FOUNDATION	c EIN-PN 31-1721271-001
a	Plan name PRECISION DOSE, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor PRECISION DOSE, INC.	c EIN-PN 68-0551203-001
a	Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
b	Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC.	c EIN-PN 91-2139290-001
a	Plan name ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED DERMATOLOGY & DERMATOLOGIC SURGERY, INC.	c EIN-PN 43-1550825-002
a	Plan name ADVANCED MANUFACTURING TECHNOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED MANUFACTURING TECHNOLOGY	c EIN-PN 84-1390588-001
a	Plan name PRIMO MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PRIMO MEDICAL GROUP, INC.	c EIN-PN 04-2224896-002
a	Plan name PRINCE WILLIAM CARDIOLOGY PROFIT SHARING PLAN	
b	Name of plan sponsor PRINCE WILLIAM CARDIOLOGY ASSOCIATES	c EIN-PN 54-1124027-001
a	Plan name THE ROBERTS LAW GROUP, PLLC 401(K)/NEW COMPARABILITY PLAN	
b	Name of plan sponsor THE ROBERTS LAW GROUP, PLLC	c EIN-PN 06-1701395-001
a	Plan name TOTAL ORTHOTICS & PROSTHETIC SOLUTIONS, INC 401(K) PLAN	
b	Name of plan sponsor TOTAL ORTHOTIC & PROSTHETIC SOLUTIONS, INC.	c EIN-PN 56-2405432-002
a	Plan name TOWN OF KENNETH CITY A MUNICIPAL CORP PENSION PLAN	
b	Name of plan sponsor TOWN OF KENNETH CITY	c EIN-PN 59-6033546-001

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 CONNECTICUT VALLEY BIOLOGICAL SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor CONNECTICUT VALLEY BIOLOGICAL SUPPLY CO., INC.	c EIN-PN 04-2322709-001
a	Plan name GREAT SOUTHERN CAPITAL CORPORATION SALARY REDUCTION PLAN	
b	Name of plan sponsor GREAT SOUTHERN CAPITAL CORPORATION	c EIN-PN 64-0604860-010
a	Plan name MARYLAND PORTABLE CONCRETE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MARYLAND PORTABLE CONCRETE, INC.	c EIN-PN 52-1207242-002
a	Plan name MASADA HOMES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MASADA HOMES	c EIN-PN 95-2479348-001
a	Plan name QUANTUM DYNAMICS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QUANTUM DYNAMICS, INC.	c EIN-PN 52-2340609-001
a	Plan name QUIK TRAVEL STAFFING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor QUIK TRAVEL STAFFING, INC.	c EIN-PN 95-4826235-001
a	Plan name ANDREWS OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANDREWS OIL CO. & GAS SERVICES, INC.	c EIN-PN 06-0812862-001
a	Plan name CRAZY HOUSE, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor CRAZY HOUSE, INC.	c EIN-PN 48-0693849-001
a	Plan name CRB MEDICAL ASSOCIATES SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor CRB MEDICAL ASSOCIATES	c EIN-PN 75-2804254-001
a	Plan name HAL HAYS CONSTRUCTION, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HAL HAYS CONSTRUCTION, INC.	c EIN-PN 54-2084366-001
a	Plan name REICHEL FOODS 401(K) PLAN	
b	Name of plan sponsor REICHEL FOODS, INC.	c EIN-PN 90-0246502-001
a	Plan name REINDL BINDERY CO., INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor REINDL BINDERY CO., INC.	c EIN-PN 39-1290695-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	RNB & K 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIPES NELSON BAGGOT & KALOBRATSOS P.C.	c EIN-PN 36-4233711-001
a	Plan name	ASC PARTNERS 401(K) PLAN	
b	Name of plan sponsor	ASC PARTNERS, LLC	c EIN-PN 71-0974497-001
a	Plan name	ASSIGN CORP. EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ASSIGN CORP.	c EIN-PN 95-4664862-001
a	Plan name	HEWITT INDUSTRIES OF L.A. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HEWITT INDUSTRIES OF L.A.	c EIN-PN 59-2672542-003
a	Plan name	HI-TECH LABELS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HI-TECH LABELS, INC.	c EIN-PN 95-3836900-001
a	Plan name	MICHIGAN STATE UTILITY WORKERS COUNCIL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHIGAN STATE UTILITY WORKERS COUNCIL	c EIN-PN 38-0830708-001
a	Plan name	MID-ATLANTIC NEUROSURGICAL ASSOC., P.A. 401(K) PLAN	
b	Name of plan sponsor	MID-ATLANTIC NEUROSURGICAL ASSOC., P.A.	c EIN-PN 52-1982174-001
a	Plan name	ATTILA WINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ATTILA WINGS, LLC	c EIN-PN 51-0393403-001
a	Plan name	AUBURN CONSTRUCTORS, INC. 401(K)/PW PLAN	
b	Name of plan sponsor	AUBURN CONSTRUCTORS, INC.	c EIN-PN 68-0230575-002
a	Plan name	DELAWARE CLAIMS PROCESSING FACILITY, LLC 401(K) PLAN	
b	Name of plan sponsor	DELAWARE CLAIMS PROCESSING FACILITY, LLC	c EIN-PN 20-5453231-001
a	Plan name	HOGE LUMBER COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOGE LUMBER COMPANY	c EIN-PN 34-1819246-002
a	Plan name	MISKO, INC. 401(K) PLAN	
b	Name of plan sponsor	MISKO, INC.	c EIN-PN 23-2506409-001

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 RSI 401(K) PLAN	
b	Name of plan sponsor RECYCLING SYSTEMS, INC.	c EIN-PN 36-4343734-001
a	Plan name VILLAGE OF WOLVERINE LAKE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VILLAGE OF WOLVERINE LAKE	c EIN-PN 38-6024587-003
a	Plan name NATIONAL PORTFOLIO NETWORK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL PORTFOLIO NETWORK	c EIN-PN 33-0288775-001
a	Plan name BEC SYSTEMS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BEC SYSTEMS LLC	c EIN-PN 88-1082676-001
a	Plan name INGRAM FINANCIAL GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor INGRAM FINANCIAL GROUP, INC. 401(K) PLAN	c EIN-PN 59-1745402-001
a	Plan name INLAND AERIAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor INLAND AERIAL, INC.	c EIN-PN 95-2694341-001
a	Plan name SCIENTIFIC CONSULTING GROUP, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor THE SCIENTIFIC CONSULTING GROUP, INC.	c EIN-PN 52-1719423-001
a	Plan name SCOOTERWORKS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SCOOTERWORKS HOLDINGS LLC	c EIN-PN 45-2033633-001
a	Plan name WEST SIDE MARKET SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor ROMEO'S INC. DBA WEST SIDE MARKET	c EIN-PN 06-1026857-001
a	Plan name WESTERN FILAMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WESTERN FILAMENT, INC.	c EIN-PN 95-3672588-001
a	Plan name SGA DESIGN GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SGA DESIGN GROUP, P.C.	c EIN-PN 73-1466773-001
a	Plan name SGF MANAGEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor SGF MANAGEMENT, INC.	c EIN-PN 34-1850857-001

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 SHADOW FINANCIAL SYSTEMS, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor SHADOW FINANCIAL SYSTEMS, INC.	c EIN-PN 22-3564167-001
a	Plan name BERGMAN, WALLS & ASSOCIATES, LTD. 401(K) PLAN	
b	Name of plan sponsor BERGMAN, WALLS & ASSOCIATES, LTD.	c EIN-PN 88-0318867-002
a	Plan name DURABOOK 401(K) PLAN	
b	Name of plan sponsor DURABOOK AMERICAS INC.	c EIN-PN 22-2820772-001
a	Plan name DURINGER LAW GROUP, PLC 401(K) PLAN	
b	Name of plan sponsor DURINGER LAW GROUP, PLC	c EIN-PN 20-2965686-001
a	Plan name E-SAFE TECHNOLOGIES, LLC 401(K) PLAN	
b	Name of plan sponsor E-SAFE TECHNOLOGIES, LLC	c EIN-PN 27-3784047-001
a	Plan name NEW ENGLAND METALFORM, INC. CASH BALANCE PLAN	
b	Name of plan sponsor NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-003
a	Plan name BR&GL CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BR&GL CONSTRUCTION LLC	c EIN-PN 81-2970140-002
a	Plan name BRATTON, RAZO & LORD, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRATTON, RAZO & LORD, INC.	c EIN-PN 84-1955100-001
a	Plan name SMITHCO MEATS, INC. 401(K) PLAN	
b	Name of plan sponsor SMITHCO MEATS, INC.	c EIN-PN 91-0923041-001
a	Plan name SMP SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SMP SERVICES, INC.	c EIN-PN 20-2816544-001
a	Plan name ETTLESON 401(K) PLAN	
b	Name of plan sponsor ETTLESON CADILLAC-BUICK-HYUNDAI, INC.	c EIN-PN 36-3420816-002
a	Plan name JOSEPH PEDOTT ADVERTISING & MARKETING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JOSEPH PEDOTT ADVERTISING & MARKETING, INC.	c EIN-PN 94-2346172-001

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 JPM DONUTS, INC. 401(K) PLAN	
b	Name of plan sponsor JPM DONUTS, INC.	c EIN-PN 02-0523315-001
a	Plan name ST. MARY'S PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor ST. MARY'S PHARMACY, INC.	c EIN-PN 25-1211032-001
a	Plan name STAFFING PLUS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor STAFFING PLUS, INC.	c EIN-PN 36-4330850-222
a	Plan name PASTERKAMP HEATING & AIR CONDITIONING COMPANY 401(K)	
b	Name of plan sponsor PASTERKAMP HEATING & AIR CONDITIONING	c EIN-PN 84-0568191-001
a	Plan name PATHFINDER SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor PATHFINDER SOFTWARE, LLC	c EIN-PN 45-1068132-001
a	Plan name PATHMARK HR, INC. 401(K) PSP	
b	Name of plan sponsor PATHMARK HR, INC.	c EIN-PN 81-4987330-001
a	Plan name PATRICK COUNTY FAMILY PRACTICE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PATRICK COUNTY FAMILY PRACTICE	c EIN-PN 54-1583691-001
a	Plan name CARRANO TRANSPORTATION AND LOGISTICS 401(K) PLAN	
b	Name of plan sponsor CARRANO TRANSPORTATION AND LOGISTICS, LLC	c EIN-PN 06-0995395-001
a	Plan name FERNANDES & CHAREST, P.C. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor FERNANDES & CHAREST, P.C.	c EIN-PN 04-3099857-001
a	Plan name KING CHIROPRACTIC RETIREMENT PLAN	
b	Name of plan sponsor KING CHIROPRACTIC INSTITUTE	c EIN-PN 52-2210480-001
a	Plan name KLEIN PRODUCTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KLEIN PRODUCTS, INC.	c EIN-PN 95-2105141-001
a	Plan name LUBY PUBLISHING, INC. PROFIT SHARING & 401(K) SAVINGS PLAN	
b	Name of plan sponsor LUBY PUBLISHING, INC.	c EIN-PN 36-1521240-002

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	LUCTOR INTERNATIONAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LUCTOR INTERNATIONAL, LLC D/B/A VAN GOGH IMPORTS	c EIN-PN 86-0880585-001
a	Plan name	THE LEIGH AGENCY SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	THE IDARUTH CORPORATION T/A THE LEIGH AGENCY	c EIN-PN 22-3020365-001
a	Plan name	ACSI 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ADVANCED CONTROL SOLUTIONS, INC.	c EIN-PN 34-1711260-001
a	Plan name	COLEGIO MARISTA MONEY PURCHASE THRIFT PLAN	
b	Name of plan sponsor	COLEGIO MARISTA	c EIN-PN 66-0263752-001
a	Plan name	GLENN MERCER & ASSOCIATES PROFIT SHARING PLAN	
b	Name of plan sponsor	GLENN MERCER AND ASSOCIATES	c EIN-PN 24-8843365-001
a	Plan name	GLOBAL 401(K) PLAN	
b	Name of plan sponsor	GHG HOLDINGS, INC.	c EIN-PN 46-4331213-001
a	Plan name	PRO WINE, INC. DBA JULIO'S LIQUORS 401(K) PLAN	
b	Name of plan sponsor	PRO WINE, INC. DBA JULIO'S LIQUORS	c EIN-PN 64-3526205-001
a	Plan name	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	THE SOCIETY FOR MARKETING PROFESSIONAL SERVICES	c EIN-PN 23-7433927-001
a	Plan name	ALTAONE FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	ALTAONE FEDERAL CREDIT UNION	c EIN-PN 95-1658623-222
a	Plan name	ALWAYS BETTER CARE HOME PROVIDERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALWAYS BETTER CARE HOME HEALTH PROVIDERS, INC.	c EIN-PN 95-4574440-001
a	Plan name	AM-TREE 401(K) PLAN	
b	Name of plan sponsor	AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	c EIN-PN 22-2761331-222
a	Plan name	MATOSANTOS COMMERCIAL CORP. CODA PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	MATOSANTOS COMMERCIAL CORPORATION	c EIN-PN 66-0206888-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CONSOLIDATED MANAGEMENT AGENCY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONSOLIDATED MANAGEMENT AGENCY, INC.	c EIN-PN 20-1176567-001
a	Plan name	GREENFIELD GROUP, INC. PROFIT SHARING & RETIREMENT PLAN	
b	Name of plan sponsor	THE GREENFIELD GROUP, INC.	c EIN-PN 65-0347678-001
a	Plan name	GREENWAY GROUP ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor	GREENWAY GROUP ASSOCIATES LLC	c EIN-PN 54-1899754-001
a	Plan name	TRANSPAC TECHNOLOGY 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TRANSPAC TECHNOLOGY INC.	c EIN-PN 52-2192392-001
a	Plan name	MEDI-WEIGHT LOSS CLINICS, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MEDI-WEIGHT LOSS CLINICS, LLC	c EIN-PN 20-3753744-001
a	Plan name	ANNAPOLIS JEWELRY 401(K) PLAN	
b	Name of plan sponsor	ANNAPOLIS JEWELRY & LOAN, INC.	c EIN-PN 52-2319988-001
a	Plan name	ANNIE B. JONES COMMUNITY SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	ANNIE B. JONES CIVIC ARTS CENTER	c EIN-PN 36-3883523-001
a	Plan name	ANTELOPE VALLEY 401(K) PLAN	
b	Name of plan sponsor	ANTELOPE VALLEY 401(K) PLAN	c EIN-PN 95-4056336-002
a	Plan name	HANSFORD PHARMACY SERVICES 401(K) PLAN	
b	Name of plan sponsor	HANSFORD PHARMACY SERVICES, LLC	c EIN-PN 20-0564615-001
a	Plan name	HARKRIDER, DEMYAN & RODWELL LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HARKRIDER, DEMYAN & RODWELL LLC	c EIN-PN 41-2067761-001
a	Plan name	RELIANT HEATING AND AIR CONDITIONING, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	RELIANT HEATING AND AIR CONDITIONING, INC.	c EIN-PN 75-2227744-001
a	Plan name	REMY LEATHER FASHIONS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	REMY LEATHER FASHIONS, INC.	c EIN-PN 95-2786389-001

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	UAW LOCAL 652 401(K) PLAN	
b	Name of plan sponsor	UAW LOCAL 652	c EIN-PN 38-0893147-001
a	Plan name	ASSURED CARE HOME HEALTH SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ASSURED CARE HOME HEALTH SERVICES, INC.	c EIN-PN 38-3362477-001
a	Plan name	HIGHPOINT SOLUTIONS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	HIGHPOINT SOLUTIONS, INC.	c EIN-PN 22-3462774-002
a	Plan name	HILLMAN SECURITY 401(K) PLAN	
b	Name of plan sponsor	HILLMAN SECURITY & FIRE TECHNOLOGIES	c EIN-PN 23-1996146-001
a	Plan name	MIGGYS CORP FIVE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIGGY'S CORP. FIVE	c EIN-PN 13-3305621-003
a	Plan name	RODMAN & RODMAN 401(K) PLAN	
b	Name of plan sponsor	RODMAN & RODMAN, LLC	c EIN-PN 84-1098791-001
a	Plan name	VENANGO MACHINE PRODUCTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VENANGO MACHINE PRODUCTS	c EIN-PN 25-1261324-001
a	Plan name	DELUCA HOMES, LP PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DELUCA HOMES, LP	c EIN-PN 23-1892084-001
a	Plan name	DENNIS K. STOLLER, D.D.S., LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DENNIS K. STOLLER, D.D.S., LTD.	c EIN-PN 37-1067546-003
a	Plan name	DENTISTRY FOR KIDS AND ADULTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GINA DORFMAN, DDS, A PROFESSIONAL CORPORATION	c EIN-PN 51-0501356-001
a	Plan name	HOLMAN'S OF NEVADA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLMAN'S OF NEVADA	c EIN-PN 88-0142663-001
a	Plan name	HOLMDEL FINANCIAL SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	HOLMDEL FINANCIAL SERVICES, INC.	c EIN-PN 20-0793991-001

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	VITECH 401(K) PLAN	
b	Name of plan sponsor	ZUKEN VITECH, INC.	c EIN-PN 54-1636539-001
a	Plan name	NEARTERM CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NEARTERM CORPORATION	c EIN-PN 76-0531760-001
a	Plan name	NECA 401(K) PLAN	
b	Name of plan sponsor	NATIONAL ENTERTAINMENT COLLECTIBLES ASSOCIATION, INC.	c EIN-PN 22-3479934-001
a	Plan name	NEESE 401(K)	
b	Name of plan sponsor	NEESE HEATING & AIR CONDITIONING INC.	c EIN-PN 58-2005554-001
a	Plan name	NELSON AND FROMER 401(K) PLAN	
b	Name of plan sponsor	NELSON AND FROMER	c EIN-PN 22-2907384-002
a	Plan name	BEHRMANN MEAT & PROCESSING, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	BEHRMANN MEAT & PROCESSING, INC	c EIN-PN 37-0920912-001
a	Plan name	DRS. HARPER AND GILMORE, INC. 401(K) PLAN	
b	Name of plan sponsor	DRS. HARPER AND GILMORE, INC.	c EIN-PN 34-1399603-001
a	Plan name	INTEGRITY AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor	INTEGRITY AUTOMOTIVE GROUP	c EIN-PN 34-1725656-001
a	Plan name	BIRMINGHAM PODIATRY, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIRMINGHAM PODIATRY, P.C.	c EIN-PN 63-0826296-002
a	Plan name	EARLEY & ASSOCIATES, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EARLEY & ASSOCIATES, INC.	c EIN-PN 38-3480813-001
a	Plan name	IOWA CANCER SPECIALISTS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IOWA CANCER SPECIALISTS, P.C.	c EIN-PN 06-1666841-003
a	Plan name	WINCO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BMS HOLDINGS, INC.	c EIN-PN 43-0634395-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name WINDFALL ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WINDFALL ASSOCIATES, INC.	c EIN-PN 04-3474966-001
a	Plan name BRISTOL BROADCASTING CO. INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BRISTOL BROADCASTING CO., INC.	c EIN-PN 54-0491651-001
a	Plan name BROWARD HOUSE 401(K) PLAN	
b	Name of plan sponsor BROWARD HOUSE, INC.	c EIN-PN 59-2913416-001
a	Plan name EMPIRE HYUNDAI, INC. EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor EMPIRE HYUNDAI, INC.	c EIN-PN 04-3498129-001
a	Plan name JENKINS AUTOMOTIVE, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor JENKINS AUTOMOTIVE, INC.	c EIN-PN 52-1205731-001
a	Plan name JENKINS ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JENKINS ENTERPRISES	c EIN-PN 88-0191006-001
a	Plan name JEPSEN ELECTRIC INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JEPSEN ELECTRIC, INC.	c EIN-PN 94-3393816-001
a	Plan name SOMERVILLE ACQUISITION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor SOMERVILLE ACQUISITIONS	c EIN-PN 22-2950305-001
a	Plan name C.C. CONSTRUCTION, INC. 401(K) AND PREVAILING WAGE PLAN	
b	Name of plan sponsor C.C. CONSTRUCTION, INC.	c EIN-PN 04-2903497-222
a	Plan name C.M. PEICH, INC. 401(K) PLAN	
b	Name of plan sponsor C.M. PEICH, INC.	c EIN-PN 01-0556020-001
a	Plan name EYE CARE OF MAINE PROFIT SHARING PLAN	
b	Name of plan sponsor EYE CARE OF MAINE, P.A.	c EIN-PN 01-0316462-004
a	Plan name JULIAN ELECTRIC, INC. EMPLOYEES SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor JULIAN ELECTRIC, INC.	c EIN-PN 36-2592808-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	K & K STAMPING COMPANY 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	K & K STAMPING COMPANY	c EIN-PN 38-2117903-001
a	Plan name	K4 SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	K4 SOLUTIONS, INC.	c EIN-PN 54-2041084-001
a	Plan name	P & S CONSTRUCTION CO., INC. EMPLOYEES' RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	P. & S. CONSTRUCTION CO., INC.	c EIN-PN 57-0721109-001
a	Plan name	P.J. ALBERT, INC. 401(K) PLAN	
b	Name of plan sponsor	P.J. ALBERT, INC.	c EIN-PN 04-2787609-001
a	Plan name	STARKE MACHINE COMPANY 401(K) PLAN	
b	Name of plan sponsor	STARKE MACHINE COMPANY	c EIN-PN 75-1710418-001
a	Plan name	CARVER FINANCIAL CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	CARVER FINANCIAL CORPORATION	c EIN-PN 20-0397876-001
a	Plan name	KOMET USA, LLC 401(K) PLAN	
b	Name of plan sponsor	KOMET USA, LLC	c EIN-PN 84-1719571-001
a	Plan name	FOOT AND ANKLE CENTER'S 401(K) PLAN	
b	Name of plan sponsor	FOOT AND ANKLE CENTER LLC, WASKIN	c EIN-PN 20-1334520-001
a	Plan name	CENTENNIAL TECHNOLOGIES, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	CENTENNIAL TECHNOLOGIES, INC.	c EIN-PN 38-2164329-001
a	Plan name	WHITLOCK PLUMBING AND HEATING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITLOCK PLUMBING AND HEATING, INC.	c EIN-PN 54-1282116-001
a	Plan name	WOLVERINE POWER SUPPLY COOPERATIVE, INC. NON-UNION 401(K) PLAN	
b	Name of plan sponsor	WOLVERINE POWER SUPPLY COOPERATIVE, INC.	c EIN-PN 38-1326766-002
a	Plan name	BENCOR SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	BENCOR, INC.	c EIN-PN 59-3578144-001

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	BENDER'S HOME CARE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BENDER'S HOME CARE, INC.	c EIN-PN 43-1383071-002
a	Plan name	BLACK BEAR OIL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BLACK BEAR OIL CORPORATION	c EIN-PN 06-1669720-001
a	Plan name	BSL CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BSL CORPORATION	c EIN-PN 94-2690457-001
a	Plan name	CALIFORNIA BOX COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALIFORNIA BOX COMPANY	c EIN-PN 95-3901917-002
a	Plan name	CASA LINDA HOME CARE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CASA LINDA HOME CARE, INC.	c EIN-PN 74-2801468-001
a	Plan name	CBI REHABILITATION SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CBI REHABILITATION SERVICES, INC.	c EIN-PN 26-0894212-001
a	Plan name	CERIC FABRICATION COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	CERIC FABRICATION COMPANY, INC.	c EIN-PN 04-2838553-001
a	Plan name	CERRONE OLDS-GMC TRUCK 401(K) PLAN	
b	Name of plan sponsor	AL CERRONE'S HARRIS AUTO SALES INC.	c EIN-PN 04-2608042-001
a	Plan name	COOLING & HERBERS PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	COOLING & HERBERS, P.C.	c EIN-PN 43-1093669-001
a	Plan name	COOPERATIVA DE AHORRO Y CREDITO DE ABRAHAM ROSA 1081.01 (D) SALARY DEFERRAL RETIREMENT PLAN	
b	Name of plan sponsor	COOPERATIVA DE A/C DE ABRAHAM ROSA	c EIN-PN 66-0313974-001
a	Plan name	CRYSTALASER PROFIT SHARING PLAN	
b	Name of plan sponsor	CRYSTALASER	c EIN-PN 86-0889160-002
a	Plan name	DERMATOLOGY ALLERGY 401(K) PLAN	
b	Name of plan sponsor	DERMATOLOGY ALLERGY GENERAL PHYSICIANS OF OHIO, INC.	c EIN-PN 31-1027818-001

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 DERMATOLOGY ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DERMATOLOGY ASSOCIATES, PC	c EIN-PN 39-1896149-002
a	Plan name DSP RETIREMENT PLAN	
b	Name of plan sponsor DAVE SOLTWISCH PLUMBING, INC.	c EIN-PN 36-3485159-001
a	Plan name DUCT & VENT CLEANING OF AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor DUCT & VENT CLEANING OF AMERICA, INC.	c EIN-PN 04-3175810-001
a	Plan name EASTERN COLORADO BANK 401(K) PLAN	
b	Name of plan sponsor THE EASTERN COLORADO BANK	c EIN-PN 84-0361004-001
a	Plan name EASTERN WAREHOUSE DISTRIBUTORS, LLC 401(K) PLAN	
b	Name of plan sponsor EASTERN WAREHOUSE DISTRIBUTORS, LLC	c EIN-PN 23-2566520-001
a	Plan name EMPLOYEES OF FARRUGGIO'S AND ABLE RENTALS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FARRUGGIO'S BRISTOL & PHILADELPHIA AUTO EXPRESS, INC.	c EIN-PN 23-1922473-001
a	Plan name ENTERPRISE TITLE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor YOUR TITLE COMPANY INCORPORATED DBA ENTERPRISE TITLE	c EIN-PN 27-0047953-001
a	Plan name FAIR RADIO SALES, CO. INC. 401(K) PLAN	
b	Name of plan sponsor FAIR RADIO SALES, INC.	c EIN-PN 34-6717341-001
a	Plan name FAIRMONT DESIGNS RETIREMENT PLAN	
b	Name of plan sponsor CAMBIUM BUSINESS GROUP, INC. DBA FAIRMONT DESIGNS	c EIN-PN 94-2930113-001
a	Plan name FOSTER THOMAS RETIREMENT PLAN	
b	Name of plan sponsor FOSTER THOMAS, INC.	c EIN-PN 52-1826441-001
a	Plan name GLOBAL DISPLAY SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL DISPLAY SOLUTIONS, INC.	c EIN-PN 34-1907707-001
a	Plan name GLOBALEDGE TECHNOLOGIES, INC. SECTION 401(K) PLAN AND TRUST	
b	Name of plan sponsor GLOBALEDGE TECHNOLOGIES, INC.	c EIN-PN 20-0264454-001

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	GROSOUTH 401(K) PLAN
b	Name of plan sponsor	GROSOUTH OF ALABAMA, INC.
c	EIN-PN	63-0464231-001
a	Plan name	GSI CORPORATION 401(K) PLAN & TRUST
b	Name of plan sponsor	GSI CORPORATION
c	EIN-PN	52-0809975-001
a	Plan name	GUILFORD PAIN MANAGEMENT RETIREMENT PLAN
b	Name of plan sponsor	GUILFORD PAIN MANAGEMENT
c	EIN-PN	56-2193727-001
a	Plan name	HILLWIG-GOODROW, LLC, 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HILLWIG-GOODROW, INC.
c	EIN-PN	26-3921976-001
a	Plan name	HISTORIC FAMILY PHYSICIANS 401(K) PLAN
b	Name of plan sponsor	HISTORIC FAMILY PHYSICIANS, P.C.
c	EIN-PN	27-0357836-777
a	Plan name	HITV 401(K) PLAN
b	Name of plan sponsor	HITV OPERATING CO., INC.
c	EIN-PN	20-8485379-001
a	Plan name	HORAN BUILDING COMPANY 401(K) & PROFIT SHARING PLAN
b	Name of plan sponsor	HORAN BUILDING CO., INC.
c	EIN-PN	05-0466821-001
a	Plan name	HORIZON TILE & CARPET SOUTHEAST, INC. 401(K) PLAN
b	Name of plan sponsor	HORIZON TILE & CARPET SOUTHEAST, INC.
c	EIN-PN	47-1027113-001
a	Plan name	IROQUOIS BUILDERS, INC. 401(K) PLAN
b	Name of plan sponsor	IROQUOIS BUILDERS, INC.
c	EIN-PN	36-4390501-001
a	Plan name	ISOVOLTA, INC. 401(K) PLAN
b	Name of plan sponsor	ISOVOLTA, INC.
c	EIN-PN	13-4263768-001
a	Plan name	ISPACE, INC. 401(K) PLAN
b	Name of plan sponsor	ISPACE, INC.
c	EIN-PN	95-4833855-001
a	Plan name	JOE HURLEY 401(K) PLAN
b	Name of plan sponsor	JOE HURLEY, INC.
c	EIN-PN	22-3237676-001

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 KAPOOR ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor KAPOOR ENTERPRISES, INC.	c EIN-PN 77-0374359-001
a	Plan name KEEL ENTERPRISES OF LA LLC 401(K) PLAN	
b	Name of plan sponsor KEEL ENTERPRISES OF LA LLC	c EIN-PN 72-1158560-001
a	Plan name KOSTER INSURANCE AGENCY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor KOSTER INSURANCE AGENCY, INC.	c EIN-PN 04-3244788-001
a	Plan name LASHUA RETIREMENT PLAN	
b	Name of plan sponsor LASHUA-LACHANCE & POLIKS INSURANCE AGENCY, INC.	c EIN-PN 04-2687189-001
a	Plan name LATITUDE 33 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor LATITUDE 33 PLANNING & ENGINEERING	c EIN-PN 33-0582561-001
a	Plan name LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC. 401(K) PLAN	
b	Name of plan sponsor LUZERNE/SCHUYLKILL WORKFORCE INVESTMENT BOARD, INC.	c EIN-PN 36-4594126-001
a	Plan name LYNXSPRING, INC. 401(K) PLAN	
b	Name of plan sponsor LYNXSPRING, INC.	c EIN-PN 47-0867589-001
a	Plan name MANUFACTURING SOLUTIONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANUFACTURING SOLUTIONS, INC.	c EIN-PN 48-1180359-001
a	Plan name MAYS OCHOA RETIREMENT PLAN	
b	Name of plan sponsor MAYS CHEMICAL COMPANY OF PUERTO RICO, INC.	c EIN-PN 98-0215646-001
a	Plan name NEW DIRECTIONS FOR YOUTH, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor NEW DIRECTIONS FOR YOUTH, INC.	c EIN-PN 95-2973008-001
a	Plan name NEW ENGLAND METALFORM, INC. 401(K) PLAN	
b	Name of plan sponsor NEW ENGLAND METALFORM, INC.	c EIN-PN 04-3100110-002
a	Plan name NOBLE BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOBLE BANK & TRUST	c EIN-PN 20-3340543-001

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	OMNIPATH, INC. 401(K) PLAN	
b	Name of plan sponsor	OMNIPATH, INC.	c EIN-PN 31-1639546-002
a	Plan name	P.S. GREETINGS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	P.S. GREETINGS, INC.	c EIN-PN 36-2995710-001
a	Plan name	PACIFIC BRIDGE INSURANCE SERVICES, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	PACIFIC BRIDGE INSURANCE SERVICES, INC.	c EIN-PN 95-4618495-001
a	Plan name	PBHK, INC. RETIREMENT PLAN	
b	Name of plan sponsor	PBHK, INC.	c EIN-PN 99-0306811-001
a	Plan name	PFDA ARCHITECTS, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	PFDA ARCHITECTS, INC.	c EIN-PN 36-2929057-002
a	Plan name	PROFESSIONAL PAINT CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL PAINT CENTER, INC.	c EIN-PN 94-1731587-001
a	Plan name	PROGRAM PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	PROGRAM PARTNERS, INC.	c EIN-PN 43-2037515-001
a	Plan name	PROGRESSIVE TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	PROGRESSIVE TECHNOLOGY, INC.	c EIN-PN 68-0229180-001
a	Plan name	RESTWELL MATTRESS COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RESTWELL MATTRESS COMPANY	c EIN-PN 41-1672945-002
a	Plan name	RYAN'S GRAPHICS CORPORATION 401(K) PLAN	
b	Name of plan sponsor	RYAN'S GRAPHICS CORPORATION	c EIN-PN 99-0167906-001
a	Plan name	S4, INC. 401(K) PLAN	
b	Name of plan sponsor	S4 INC.	c EIN-PN 04-3309384-001
a	Plan name	SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY 401(K) PLAN	
b	Name of plan sponsor	SENIOR ADULT ACTIVITIES CENTER OF MONTGOMERY COUNTY	c EIN-PN 23-1659451-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	SEQUEL CONTRACTORS INC. FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor	SEQUEL CONTRACTORS, INC.	c EIN-PN 95-4301424-002
a	Plan name	SIERRA REHABILITATION SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SIERRA REHABILITATION SERVICES	c EIN-PN 88-0302345-001
a	Plan name	SOUTH TEXAS COMMUNITY LIVING CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SOUTH TEXAS COMMUNITY LIVING CORPORATION	c EIN-PN 76-0364678-001
a	Plan name	STERLING BV, INC. 401(K) PLAN	
b	Name of plan sponsor	STERLING BV, INC.	c EIN-PN 81-1791939-001
a	Plan name	T.M.C. POWER EQUIPMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T.M.C. POWER EQUIPMENT, INC.	c EIN-PN 95-2862221-001
a	Plan name	TECO, INC. 401(K) PLAN	
b	Name of plan sponsor	TECO, INC.	c EIN-PN 52-2038001-001
a	Plan name	TELCO COMMUNICATIONS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TCI INTERNATIONAL, INC.	c EIN-PN 05-0380899-001
a	Plan name	AD-IN, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	AD-IN, INC.	c EIN-PN 94-2546440-002
a	Plan name	ADAX MACHINE CO., INC. 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	ADAX MACHINE CO., INC.	c EIN-PN 04-3138263-001
a	Plan name	AERO GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AERO CHARTER, INC.	c EIN-PN 43-1133102-002
a	Plan name	AGUA CALIENTE BAND OF CAHUILLA INDIANS/SPA HOTEL & CASINO 401(K) PLAN	
b	Name of plan sponsor	AGUA CALIENTE BAND OF CAHUILLA INDIANS	c EIN-PN 95-2549724-001
a	Plan name	TREE OF LIFE NURSERY PROFIT SHARING 401(K) SAVINGS PLAN	
b	Name of plan sponsor	TREE OF LIFE NURSERY	c EIN-PN 33-0940948-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	TRI-AGG, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	TRI-AGG, INC.	c EIN-PN 93-0896445-001
a	Plan name	AMERICAN HXSYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN HXSYSTEMS LLC	c EIN-PN 93-4817220-001
a	Plan name	UNICORN HRO LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	UNICORN HRO LLC	c EIN-PN 27-1441892-001
a	Plan name	APANTEC, LLC 401(K) PLAN	
b	Name of plan sponsor	APANTEC, LLC	c EIN-PN 20-2119506-001
a	Plan name	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C. 1165(E) PLAN	
b	Name of plan sponsor	VEOLIA ES TECHNICAL SOLUTIONS, L.L.C	c EIN-PN 36-4287998-001
a	Plan name	VERMONT AEROSPACE 401(K) PLAN	
b	Name of plan sponsor	VERMONT AEROSPACE INDUSTRIES, LLC	c EIN-PN 03-3582117-001
a	Plan name	VERTICAL SYSTEMS, LLC 401(K) / PROFIT SHARING PLAN	
b	Name of plan sponsor	VERTICAL SYSTEMS, LLC	c EIN-PN 20-0215495-001
a	Plan name	ATLANTIC AND PACIFIC FREIGHTWAYS, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC AND PACIFIC FREIGHTWAYS, INC.	c EIN-PN 93-0984994-001
a	Plan name	ATLANTIC CORRUGATED BOX, INC. 401(K) PLAN	
b	Name of plan sponsor	ATLANTIC CORRUGATED BOX, INC.	c EIN-PN 54-1297441-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan AMERICAN FUNDS GROWTH FUND OF AMERICA INV OPT	B Three-digit plan number (PN) ▶ 015
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 39-0989781

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

	(a) Beginning of Year	(b) End of Year
Assets		
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)	86862282
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	83891985
(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	86862282	83891985
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	86862282	83891985

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)	69815	
(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)	14097916	
(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)		7048851
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		21216582

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		21216582
l Transfers of assets:			
(1) To this plan	2l(1)		4754536
(2) From this plan	2l(2)		28941415

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 _____.