

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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 EUROPACIFIC GROWTH RET ACCT; 1b Three-digit plan number (PN): 076; 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.

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.	OMB No. 1210-0110 <hr/> 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 EUROPACIFIC GROWTH RET ACCT</u>	B Three-digit plan number (PN)	<u>076</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>36-6071399</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
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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 AUSA GROUP VARIABLE ANNUITY TRUST	
b	Name of plan sponsor DEUTSCHE BANK TRUST COMPANY	c EIN-PN 13-4941247-001
a	Plan name AOW CONSTRUCTION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AOW CONSTRUCTION LLC	c EIN-PN 83-2875089-001
a	Plan name APEX BULK CARRIERS, LLC RETIREMENT PLAN	
b	Name of plan sponsor APEX BULK CARRIERS, LLC	c EIN-PN 11-3430280-001
a	Plan name APPIAN MANUFACTURING CORPORATION RETIREMENT SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor APPIAN MANUFACTURING CORPORATION	c EIN-PN 31-1314684-001
a	Plan name APPLIANCE CENTER OF TOLEDO, INC. RETIREMENT PLAN	
b	Name of plan sponsor APPLIANCE CENTER OF TOLEDO, INC.	c EIN-PN 34-0924335-777
a	Plan name ARACOR, INC. 401 (K) PLAN	
b	Name of plan sponsor ARACOR, INC.	c EIN-PN 74-1480428-002
a	Plan name CHARLES A. EVANS, M.D. 401(K) PLAN	
b	Name of plan sponsor CHARLES A. EVANS, M.D.	c EIN-PN 20-4257821-001
a	Plan name CHARLES E. THOMAS COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CHARLES E. THOMAS COMPANY, INC.	c EIN-PN 95-2280159-001
a	Plan name EATWELL 401(K) PLAN	
b	Name of plan sponsor EATWELL ENTERPRISES LP	c EIN-PN 13-3944198-001
a	Plan name ECHO INDUSTRIAL, INC. 401(K) PLAN	
b	Name of plan sponsor ECHO INDUSTRIAL, INC.	c EIN-PN 73-1686642-001
a	Plan name ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
b	Name of plan sponsor ECOLOGY SERVICES, INC.	c EIN-PN 52-1633980-001
a	Plan name EDISON MEDIA RESEARCH, INC. 401(K) PSP	
b	Name of plan sponsor EDISON MEDIA RESEARCH, INC.	c EIN-PN 22-3305873-001

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	FSP POWERTEK, INC. 401(K) PLAN	
b	Name of plan sponsor	FSP POWERTEK, INC.	c EIN-PN 45-4614696-001
a	Plan name	FULL SERVICE CONTRACTING, INC. RETIREMENT PLAN	
b	Name of plan sponsor	FULL SERVICE CONTRACTING, INC.	c EIN-PN 11-2601825-001
a	Plan name	FUSION EMPLOYER SERVICES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FUSION EMPLOYER SERVICES, LLC	c EIN-PN 13-4337327-001
a	Plan name	GALATOIRE'S RESTAURANT 401(K) PLAN	
b	Name of plan sponsor	NEW ORLEANS EQUITY, LLC	c EIN-PN 27-1326146-001
a	Plan name	GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	c EIN-PN 58-1500550-002
a	Plan name	JOE TANNER & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	JOE TANNER & ASSOCIATES, INC.	c EIN-PN 58-2339665-001
a	Plan name	JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN	
b	Name of plan sponsor	JOSEPH J. SCHIFINI MD, LTD	c EIN-PN 88-0424633-001
a	Plan name	JUDY CASEY, INC. 401(K) PLAN	
b	Name of plan sponsor	JUDY CASEY, INC.	c EIN-PN 13-3243377-001
a	Plan name	K & M DISTRIBUTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	K & M DISTRIBUTING CO., INC.	c EIN-PN 43-0863357-001
a	Plan name	KAA DESIGN GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KAA DESIGN GROUP, INC.	c EIN-PN 95-4631555-001
a	Plan name	MOBILITY CENTERS HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	MOBILITY CENTERS HOLDINGS, LLC	c EIN-PN 82-2534661-001
a	Plan name	MOORE & JACKSON, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MOORE & JACKSON, LLC	c EIN-PN 52-2336032-001

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	MOOREFIELD CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOOREFIELD CONSTRUCTION, INC.	c EIN-PN 95-3419477-002
a	Plan name	MORTENSEN FUNERAL HOME, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	MORTENSEN FUNERAL HOME, INC.	c EIN-PN 38-2420931-002
a	Plan name	PAMPALONE INSURANCE AGENCY PROFIT SHARING PLAN	
b	Name of plan sponsor	PAMPALONE INSURANCE AGENCY	c EIN-PN 35-0958304-001
a	Plan name	PATCH HAWAII 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PATCH HAWAII	c EIN-PN 99-0167464-001
a	Plan name	PBC INDUSTRIAL SUPPLIES, INC. 401(K) PLAN	
b	Name of plan sponsor	PBC INDUSTRIAL SUPPLIES, INC.	c EIN-PN 72-0833717-001
a	Plan name	PEDIATRIC MEDICINE, PLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PEDIATRIC MEDICINE, PLC	c EIN-PN 03-0230997-001
a	Plan name	SERV-U 401(K) PLAN	
b	Name of plan sponsor	SERV-U	c EIN-PN 37-1325760-002
a	Plan name	SEWON AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	SEWON AMERICA, INC.	c EIN-PN 26-1971648-001
a	Plan name	SHANGRI-LA HOTELS INTERNATIONAL, INC. U.S. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SHANGRI-LA INTERNATIONAL HOTELS, INC.	c EIN-PN 95-3876666-001
a	Plan name	TIME STRIPING, INC. 401K	
b	Name of plan sponsor	TIME STRIPING, INC.	c EIN-PN 71-0669392-333
a	Plan name	TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION RETIREMENT TRUST	
b	Name of plan sponsor	TIMOTHY C. REYNOLDS, MD A MEDICAL CORPORATION	c EIN-PN 95-4352606-001
a	Plan name	TOPAZ SYSTEMS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	TOPAZ SYSTEMS, INC.	c EIN-PN 77-0402671-002

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	WWL INDUSTRIES, INC. EMPLOYER PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	WWL INDUSTRIES, INC.	c EIN-PN 75-2236153-001
a	Plan name	LEVITT & BOCCIO, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEVITT & BOCCIO, LLP	c EIN-PN 47-2210945-001
a	Plan name	401(K) PLAN FOR C12 CAPITAL MANAGEMENT US LP	
b	Name of plan sponsor	C12 CAPITAL MANAGEMENT US LP	c EIN-PN 27-0582841-001
a	Plan name	ABC OF IOWA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ABC OF IOWA	c EIN-PN 42-1029016-001
a	Plan name	ABILITIES FIRST, INC. UNION 401(K) P/S PLAN	
b	Name of plan sponsor	ABILITIES FIRST, INC.	c EIN-PN 14-1467427-004
a	Plan name	MPA MEDIA 401(K) PLAN	
b	Name of plan sponsor	MAXWELL PETERSEN ASSOCIATES, INC.	c EIN-PN 95-3788215-001
a	Plan name	MURPHY & HARTELIUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MURPHY & HARTELIUS UNIFORMS	c EIN-PN 94-1712886-002
a	Plan name	MY HR PROS 401(K) PLAN	
b	Name of plan sponsor	MY HR PROS	c EIN-PN 71-0772119-333
a	Plan name	AIR TREK, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	AIR TREK, INC.	c EIN-PN 59-9999998-889
a	Plan name	ALH 401(K) PLAN	
b	Name of plan sponsor	ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001
a	Plan name	ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLEVITY, INC.	c EIN-PN 94-2264491-001
a	Plan name	NEW YORK CENTER FOR REHABILITATION AND NURSING EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	NEW YORK REHABILITATION CARE MANAGEMENT, LLC DBA NY CENTER FOR REHAB	c EIN-PN 11-3626586-002

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 NEWBROOK INSURANCE AGENCY RETIREMENT PLAN	
b	Name of plan sponsor NEWBROOK INSURANCE AGENCY, INC.	c EIN-PN 11-2718154-001
a	Plan name NEWSTUDIO ARCHITECTURE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NEWSTUDIO ARCHITECTURE, LLC	c EIN-PN 45-1631448-001
a	Plan name NIAGARA LUBRICANT COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor NIAGARA LUBRICANT COMPANY, INC.	c EIN-PN 16-0570580-001
a	Plan name AT DAWN RETIREMENT PLAN	
b	Name of plan sponsor AT DAWN	c EIN-PN 13-4132349-001
a	Plan name ATLANTIC BINGO SUPPLY, INC. 401(K) PLAN	
b	Name of plan sponsor ATLANTIC BINGO SUPPLY, INC.	c EIN-PN 52-1552308-001
a	Plan name PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor PERSONAL HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	c EIN-PN 27-3841580-001
a	Plan name PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor PETROLEUM EQUIPMENT INSTITUTE	c EIN-PN 73-0593344-002
a	Plan name PETROLEUM MARKETING EQUIPMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACT EQUIPMENT SALES, INC. DBA PETROLEUM MARKETING EQUIPMENT	c EIN-PN 95-4442409-001
a	Plan name PHI RETIREMENT PLAN	
b	Name of plan sponsor PARAPROFESSIONAL HEALTHCARE INSTITUTE	c EIN-PN 13-3575492-001
a	Plan name RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name RIV-MIX, LLC 401(K) PLAN	
b	Name of plan sponsor RIV-MIX, LLC	c EIN-PN 39-1980971-001
a	Plan name RIVCRETE READY MIX LLC UNION 401(K) PLAN	
b	Name of plan sponsor RIVCRETE READY MIX LLC	c EIN-PN 81-3593378-002

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	RIVIERA FINANCE, LLC 401(K) PLAN	
b	Name of plan sponsor	RIVIERA FINANCE, LLC	c EIN-PN 95-4572313-001
a	Plan name	ROGERS & TENBROOK, INC. 401(K) PLAN	
b	Name of plan sponsor	ROGERS & TENBROOK, INC.	c EIN-PN 16-1246036-001
a	Plan name	ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ROMAR TRUCK REPAIR AND MECHANICAL SERVICES, INC.	c EIN-PN 27-2479460-001
a	Plan name	BRAUN RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor	BRAUN RESEARCH	c EIN-PN 22-3408940-001
a	Plan name	BRIGHTON ESCROW, INC. 401(K) PLAN	
b	Name of plan sponsor	BRIGHTON ESCROW, INC.	c EIN-PN 95-2886413-001
a	Plan name	BRO-TEX CO., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BRO-TEX CO., INC.	c EIN-PN 41-0801968-002
a	Plan name	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYAN CHEVROLET LLC	c EIN-PN 72-0477660-001
a	Plan name	CIPEX 401(K) PLAN	
b	Name of plan sponsor	CIPEX INTERNATIONAL, LTD.	c EIN-PN 95-3751982-001
a	Plan name	CLEAR PEO, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CLEAR PEO, LLC	c EIN-PN 35-2535759-333
a	Plan name	SHOUT! FACTORY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SHOUT! FACTORY, LLC	c EIN-PN 55-0888696-001
a	Plan name	SILC-NAKFOOR RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	JENNIFER T. SILC DDS MS, LTD.	c EIN-PN 85-1209970-001
a	Plan name	SILKEN THOMAS RESTAURANT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SILKEN THOMAS RESTAURANT	c EIN-PN 13-3827327-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CORD CONTRACTING CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CORD CONTRACTING CO., INC.	c EIN-PN 11-3194814-003
a	Plan name	CORE TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CORE TECHNOLOGY SOLUTIONS, INC.	c EIN-PN 57-0918602-001
a	Plan name	ST. JOSEPH HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	ST. JOSEPH HOLDINGS, LLC	c EIN-PN 80-0109664-001
a	Plan name	STEPHEN GUIDONE, D.D.S. 401(K) PLAN	
b	Name of plan sponsor	STEPHEN GUIDONE, D.D.S.	c EIN-PN 95-3672928-001
a	Plan name	STEPHEN PERLITSH, P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	STEPHEN M. PERLITSH, P.C.	c EIN-PN 13-3805593-001
a	Plan name	EMPIRE CONTROL ABATEMENT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	OPPENHEIMER & CO., INC.	c EIN-PN 11-2945779-001
a	Plan name	EMPLOY SOURCE, INC. 401(K) PLAN	
b	Name of plan sponsor	EMPLOY SOURCE, INC.	c EIN-PN 27-0477134-333
a	Plan name	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP 401(K) PLAN	
b	Name of plan sponsor	TOWER HEMATOLOGY ONCOLOGY MEDICAL GROUP	c EIN-PN 95-4363145-001
a	Plan name	TRI STAR SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	TRI STAR SERVICES, LLC	c EIN-PN 62-1828852-001
a	Plan name	TRINITY MANAGEMENT GROUP, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRINITY MANAGEMENT GROUP, LLC	c EIN-PN 06-1799100-001
a	Plan name	TRIUMPH HOSPITALITY GROUP PLAN	
b	Name of plan sponsor	TRIUMPH HOSPITALITY GROUP, LLC	c EIN-PN 13-4201198-001
a	Plan name	TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	TRUE NORTH CUSTOM PUBLISHING, LLC.	c EIN-PN 62-1764489-001

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	TWEEZERMAN INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	TWEEZERMAN INTERNATIONAL, LLC	c EIN-PN 20-1872710-001
a	Plan name	VALLEY HUNT CLUB FUTURE BENEFIT PLAN	
b	Name of plan sponsor	VALLEY HUNT CLUB	c EIN-PN 95-1325050-002
a	Plan name	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	c EIN-PN 94-2461685-003
a	Plan name	VINCO, INC. EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	VINCO, INC.	c EIN-PN 41-1874693-001
a	Plan name	VINERIPE SALES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VINERIPE SALES, LLC	c EIN-PN 46-2080161-001
a	Plan name	FCBI 401(K) PLAN	
b	Name of plan sponsor	FOOTHILLS COMMERCIAL BUILDERS, INC.	c EIN-PN 84-1150396-222
a	Plan name	FCSC/WALTON COUNTY 401(K) PLAN	
b	Name of plan sponsor	FCSC/WALTON COUNTY	c EIN-PN 59-2643266-001
a	Plan name	FETTE FORD 401(K) PLAN	
b	Name of plan sponsor	FETTE FORD, INC.	c EIN-PN 22-1528045-001
a	Plan name	GENTILE, BRENGEL & LIN LLP 401(K) PLAN	
b	Name of plan sponsor	GENTILE, BRENGEL & LIN LLP	c EIN-PN 11-6227632-001
a	Plan name	GILCHRIST TINGLEY, P.C. PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor	GILCHRIST TINGLEY, P.C.	c EIN-PN 10-0001062-002
a	Plan name	GMG GENERAL, INC. EE SAVINGS TRUST	
b	Name of plan sponsor	GMG GENERAL, INC.	c EIN-PN 92-0138234-001
a	Plan name	HUTCHINSON AUTOMOTIVE, INC. 401(K) PLAN	
b	Name of plan sponsor	HUTCHINSON AUTOMOTIVE, INC.	c EIN-PN 20-5463282-001

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	INFORMATION TECHNOLOGY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	INFORMATION TECHNOLOGY PARTNERS	c EIN-PN 39-1737556-001
a	Plan name	INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor	INNOVANT, INC.	c EIN-PN 45-0499207-001
a	Plan name	KAIKOR CONSTRUCTION GROUP, INC. 401(K) SAFE HARBOR PLAN (001)	
b	Name of plan sponsor	KAIKOR CONSTRUCTION GROUP, INC.	c EIN-PN 99-0242255-001
a	Plan name	KELLIHER/SAMETS, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KELLIHER/SAMETS, LTD.	c EIN-PN 03-0270393-001
a	Plan name	KIDS IN MOTION PHYSICAL THERAPY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KIDS IN MOTION PEDIATRIC THERAPY	c EIN-PN 20-2836967-001
a	Plan name	KIMBERLITE 401(K) PLAN	
b	Name of plan sponsor	KIMBERLITE CORPORATION	c EIN-PN 77-0444505-001
a	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT BENEFIT PLAN	
b	Name of plan sponsor	KINGBRIGHT COMPANY, LLC.	c EIN-PN 46-0987944-001
a	Plan name	GRAVES MCLAIN PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	GRAVES MCLAIN PLLC	c EIN-PN 27-3216591-001
a	Plan name	GROUP MANAGEMENT SERVICES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GROUP MANAGEMENT SERVICES, INC.	c EIN-PN 34-1707723-001
a	Plan name	INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NASHEVE, INC.	c EIN-PN 20-8664693-001
a	Plan name	KISTLER VINEYARDS 401(K) PLAN	
b	Name of plan sponsor	KISTLER VINEYARDS L.L.C.	c EIN-PN 26-1679456-001
a	Plan name	KOVACS SECURITY SYSTEMS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	KOVACS SECURITY SYSTEMS INC	c EIN-PN 11-2806156-001

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	KRAFT & KENNEDY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	KRAFT & KENNEDY, INC.	c EIN-PN 80-0610191-001
a	Plan name	LIFARS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LIFARS LLC	c EIN-PN 46-0875969-001
a	Plan name	LOCAL UNION 18, IBEW 401(K) PLAN	
b	Name of plan sponsor	LOCAL UNION 18, IBEW	c EIN-PN 95-0865960-001
a	Plan name	LOFTIN DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TODD A. LOFTIN DDS A DENTAL CORPORATION, INC.	c EIN-PN 45-5257377-001
a	Plan name	ABO 401(K)	
b	Name of plan sponsor	AMERICA'S BACK OFFICE	c EIN-PN 47-4975107-001
a	Plan name	ABRUZZO & KINN LLP RETIREMENT PLAN	
b	Name of plan sponsor	ABRUZZO & KINN LLP	c EIN-PN 20-4815695-001
a	Plan name	ACCENT STRIPE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACCENT STRIPE, INC.	c EIN-PN 16-1063430-001
a	Plan name	ACF WEST 401(K) PLAN	
b	Name of plan sponsor	NW GEOSYNTHETICS, INC. DBA ACF WEST, INC.	c EIN-PN 93-1052778-001
a	Plan name	N.I.T. INC. 401(K) PLAN	
b	Name of plan sponsor	NETWORK INFRASTRUCTURE TECHNOLOGIES, INC.	c EIN-PN 06-1649373-001
a	Plan name	N.V. MORAN PLUMBING SUPPLY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	N.V. MORAN PLUMBING SUPPLY, INC.	c EIN-PN 94-2641538-001
a	Plan name	NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor	NAMDHARI USAGRISEEDS, INC.	c EIN-PN 26-4558159-001
a	Plan name	NAPA VALLEY FAMILY MEDICAL GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NAPA VALLEY FAMILY MEDICAL GROUP, INC.	c EIN-PN 68-0258366-001

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 NATHAN W. MOGREN, D.M.D., P.C. 401(K) PLAN	
b	Name of plan sponsor NATHAN W. MOGREN, D.M.D., P.C.	c EIN-PN 27-1009572-001
a	Plan name ALLIANCE OF THERAPY SPECIALISTS, INC. 401(K) PLAN	
b	Name of plan sponsor ALLIANCE OF THERAPY SPECIALISTS, INC.	c EIN-PN 84-1465539-001
a	Plan name ALOHA VETERINARY CENTER, LLC 401(K) RETIREMENT SAVINGS PLAN (001)	
b	Name of plan sponsor ALOHA VETERINARY CENTER, LLC	c EIN-PN 99-0304364-001
a	Plan name ALTHON MICRO, INC. 401(K) PLAN	
b	Name of plan sponsor ALTHON MICRO INC.	c EIN-PN 95-4285664-001
a	Plan name AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor AMBIOPHARM, INC.	c EIN-PN 22-3940281-222
a	Plan name NOLL-FISHER, INC. 401(K) SAFE HARBOR PLAN	
b	Name of plan sponsor NOLL-FISHER, INC.	c EIN-PN 31-1098448-001
a	Plan name NORTHROCK DENTAL 401(K) PLAN	
b	Name of plan sponsor NORTHROCK DENTAL, P.A.	c EIN-PN 48-0858037-001
a	Plan name NORTHTOWNS CARDIOLOGY, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NORTHTOWNS CARDIOLOGY, PLLC	c EIN-PN 45-1765093-001
a	Plan name AVANTE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor AVANTE GROUP, INC.	c EIN-PN 65-1033707-001
a	Plan name AVEX FUNDING, INC. 401(K) PLAN	
b	Name of plan sponsor AVEX FUNDING	c EIN-PN 87-0691651-001
a	Plan name PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name PINNACLE WALL SYSTEMS 401(K) PLAN	
b	Name of plan sponsor PINNACLE WALL SYSTEMS, INC.	c EIN-PN 26-4353827-001

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 PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PLANNED RETIREMENT CONSULTANTS & ADMINISTRATORS, LLC	c EIN-PN 22-2116608-002
a	Plan name RPM ENGINEERS, INC. 401(K) PLAN	
b	Name of plan sponsor RPM ENGINEERS, INC.	c EIN-PN 33-0725779-001
a	Plan name SAGE HEALTH SERVICES OF INDIANA, INC. 401(K) PLAN	
b	Name of plan sponsor SAGE HEALTH SERVICES OF INDIANA	c EIN-PN 35-1811450-001
a	Plan name SALINAS MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SALINAS MANAGEMENT, LLC	c EIN-PN 45-4187623-001
a	Plan name BUILDING INDUSTRY ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor BUILDING INDUSTRY ASSOCIATION OF CLARK COUNTY	c EIN-PN 91-0906923-001
a	Plan name C & M GIANT TIRE, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor C & M GIANT TIRE, LLC	c EIN-PN 61-1372158-001
a	Plan name CLEARPATH WORKFORCE MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CLEARPATH WORKFORCE MANAGEMENT, INC.	c EIN-PN 94-3374899-001
a	Plan name COLDEN ENTERPRISES INC. 401(K) PLAN	
b	Name of plan sponsor COLDEN ENTERPRISES INC.	c EIN-PN 16-1094409-001
a	Plan name COMMERCIAL ENERGY 401(K) PLAN	
b	Name of plan sponsor COMMERCIAL ENERGY OF MONTANA, INC.	c EIN-PN 84-1413218-002
a	Plan name SMALL BUSINESS RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor SMALL BUSINESS RETIREMENT PLAN EXCHANGE	c EIN-PN 45-4813650-001
a	Plan name SMART CONSULTING, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor SMART CONSULTING, INC.	c EIN-PN 65-0264973-001
a	Plan name SOFTGENETICS, LLC 401(K) PLAN	
b	Name of plan sponsor SOFTGENETICS, LLC	c EIN-PN 25-1899879-001

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	SOURCEPOINTEHR, LLC RETIREMENT PLAN	
b	Name of plan sponsor	SOURCEPOINTEHR, LLC	c EIN-PN 26-3800519-001
a	Plan name	CRAIG S. DONN, D.D.S., P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAIG S. DONN, D.D.S., P.C.	c EIN-PN 22-2735455-002
a	Plan name	CRUICKSHANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRUICKSHANK, INC.	c EIN-PN 58-1409679-001
a	Plan name	CURLEY DIRECT MAIL 401(K) AND PROFIT SHARING	
b	Name of plan sponsor	CURLEY DIRECT MAIL, LLC	c EIN-PN 04-3140055-001
a	Plan name	CUTTRISS & HAMBLETON 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CUTTRISS & HAMBLETON	c EIN-PN 94-3167262-001
a	Plan name	CVOMS RETIREMENT PLAN	
b	Name of plan sponsor	CHAMPLAIN VALLEY ORAL & MAXILLOFACIAL SURGERY, PC	c EIN-PN 47-1972385-001
a	Plan name	STONY POINT DENTAL, PC	
b	Name of plan sponsor	STONY POINT DENTAL, PC	c EIN-PN 27-2392177-002
a	Plan name	STRATEGY CORPS, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	STRATEGY CORPS	c EIN-PN 62-1872845-001
a	Plan name	STRATUS.HR RETIREMENT PLAN	
b	Name of plan sponsor	STRATUS.HR	c EIN-PN 45-3548842-333
a	Plan name	SUBURBAN PSYCHIATRIC ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor	SUBURBAN PSYCHIATRIC ASSOCIATES LLP	c EIN-PN 16-1492077-001
a	Plan name	SUCCESS ADVERTISING, INC. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUCCESS ADVERTISING, INC.	c EIN-PN 22-1919260-001
a	Plan name	EMPLOYEE BENEFIT PLAN OF SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	
b	Name of plan sponsor	SAWYER/BERSON ARCHITECTURE & LANDSCAPE ARCHITECTURE, LLP	c EIN-PN 13-4063379-777

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.)			
a	Plan name	EMPLOYERS RESOURCE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYERS RESOURCE	c EIN-PN 33-0688056-002
a	Plan name	ENGLANDER CONTAINER CO. 401(K) PLAN	
b	Name of plan sponsor	ENGLANDER CONTAINER CORPORATION	c EIN-PN 74-1588088-002
a	Plan name	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH PROFIT SHARING PLAN	
b	Name of plan sponsor	ENTERPRISE ROOFING & SHEET METAL CO. OF DAYTON OH	c EIN-PN 31-0569979-001
a	Plan name	ENVIRONET SYSTEMS, LLC RETIREMENT PLAN	
b	Name of plan sponsor	ENVIRONET SYSTEMS, LLC	c EIN-PN 13-3851048-001
a	Plan name	EPIC HEALTHCARE MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	EPIC HEALTHCARE MANAGEMENT, LLC	c EIN-PN 27-4757579-001
a	Plan name	TYCON COMPANIES 401(K) PLAN	
b	Name of plan sponsor	THE TYCON COMPANIES, INC.	c EIN-PN 41-1252968-001
a	Plan name	U.S. SMALL BUSINESS EXCHANGE 401(K) PLAN	
b	Name of plan sponsor	OMNIFY RETIREMENT LLC	c EIN-PN 82-2083836-333
a	Plan name	U.S. TECHNICAL CERAMICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	U.S. TECHNICAL CERAMICS, INC.	c EIN-PN 77-0333972-001
a	Plan name	U3 ADVISORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	U3 ADVISORS, INC.	c EIN-PN 46-4252021-001
a	Plan name	ULTRA POWER CORP. 401(K) PLAN	
b	Name of plan sponsor	ULTRA POWER CORP.	c EIN-PN 14-1576983-002
a	Plan name	W. BRUCE CLARK M.D. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	W. BRUCE CLARK, M.D., P.C.	c EIN-PN 14-1659231-002
a	Plan name	W.R. COLE & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	W.R. COLE & ASSOCIATES, INC.	c EIN-PN 61-0940946-002

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	WASHINGTON MEDICAL PC 401(K) PLAN	
b	Name of plan sponsor	WASHINGTON MEDICAL, P.C.	c EIN-PN 13-4323150-001
a	Plan name	FIDELITY ROOF COMPANY, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	FIDELITY ROOF COMPANY INC.	c EIN-PN 94-1326440-003
a	Plan name	FILCO INDUSTRIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FILCO INDUSTRIES, INC.	c EIN-PN 20-4431613-001
a	Plan name	FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FIREMEN'S ASSOCIATION OF THE STATE OF NEW YORK	c EIN-PN 13-5604180-002
a	Plan name	ADVANCE VALVE INC. 401(K) PLAN	
b	Name of plan sponsor	ADVANCE VALVE INC.	c EIN-PN 43-1040049-002
a	Plan name	AGC SELECT 401(K)	
b	Name of plan sponsor	AGC SELECT 401(K)	c EIN-PN 74-0490820-002
a	Plan name	AGS SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AGS SERVICES, LLC	c EIN-PN 83-2603713-001
a	Plan name	AIR SYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR SYSTEMS LLC	c EIN-PN 61-1497192-001
a	Plan name	AMIEE LYNN, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	AMIEE LYNN, INC.	c EIN-PN 65-1160566-001
a	Plan name	ANAN FAIDI MD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANAN FAIDI MD, INC.	c EIN-PN 68-0285302-001
a	Plan name	BALKAN MANUFACTURING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BALKAN MANUFACTURING, INC.	c EIN-PN 94-2574978-001
a	Plan name	BEEZLEY MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEEZLEY MANAGEMENT LLC	c EIN-PN 71-0938631-001

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	BEN'S WORKSHOP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MOREY MOTORWURKS DBA BEN'S WORKSHOP	c EIN-PN 20-8083843-001
a	Plan name	CAM 401(K) PLAN	
b	Name of plan sponsor	C&A MACHINE AND REPAIR SERVICE	c EIN-PN 74-1915871-001
a	Plan name	CANTEEN 401(K) RETIREMENT PROGRAM	
b	Name of plan sponsor	CANTEEN FOOD & VENDING OF COASTAL CA, INC.	c EIN-PN 95-3084005-001
a	Plan name	CANTON CENTER CHIROPRACTIC 401(K) PLAN	
b	Name of plan sponsor	CANTON CENTER CHIROPRACTIC CLINIC	c EIN-PN 40-0016691-001
a	Plan name	COMMUNITY FOUNDATION OF TAMPA 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	COMMUNITY FOUNDATION OF TAMPA	c EIN-PN 59-3001853-777
a	Plan name	COMPUTER EXCHANGE, LTD. 401(K) PLAN	
b	Name of plan sponsor	COMPUTER EXCHANGE, LTD.	c EIN-PN 58-1649904-003
a	Plan name	DAVIS & PLOMIN, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DAVIS & PLOMIN MECHANICAL, INC.	c EIN-PN 61-1153242-777
a	Plan name	DAYTON ROGERS MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	DAYTON ROGERS MANUFACTURING COMPANY	c EIN-PN 41-0844462-002
a	Plan name	DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	DECKER AND BEEBE, INC	c EIN-PN 06-0628355-001
a	Plan name	EPOCH SOLUTIONS GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EPOCH SOLUTIONS GROUP LLC	c EIN-PN 20-4472485-001
a	Plan name	ERC CONCEPTS CO., INC. 401(K) PLAN	
b	Name of plan sponsor	ERC CONCEPTS COMPANY	c EIN-PN 77-0344798-002
a	Plan name	EVENTS.COM 401(K) PLAN	
b	Name of plan sponsor	EVENTS.COM	c EIN-PN 80-0488603-001

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 FLOORING ENVIRONMENT, INC. 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor FLOORING ENVIRONMENT, INC.	c EIN-PN 20-1919012-001
a	Plan name GUARDIAN ENVIRONMENTAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GUARDIAN ENVIRONMENTAL SERVICES, INC.	c EIN-PN 38-2513074-001
a	Plan name HABITAT FOR HUMANITY NEW CASTLE COUNTY 401(K) PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY NEW CASTLE COUNTY	c EIN-PN 51-0294138-001
a	Plan name HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HABITAT FOR HUMANITY OF GREATER LOS ANGELES 401(K) PROFIT SHARING PL	c EIN-PN 33-0416470-222
a	Plan name HAIGHT LAW GROUP, PC 401(K) PLAN	
b	Name of plan sponsor HAIGHT LAW GROUP, PC	c EIN-PN 20-8962303-001
a	Plan name J.J.L.G. MOTORS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor J.J.L.G. MOTORS, INC.	c EIN-PN 13-4181580-001
a	Plan name JAGRO CUSTOM BROKERS 401(K) PLAN	
b	Name of plan sponsor JAGRO CUSTOM BROKERS & INTERNATIONAL FREIGHT FORWARDERS, INC.	c EIN-PN 13-3009245-002
a	Plan name JAY KNIGHT, DDS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JAY KNIGHT DDS, PLC	c EIN-PN 05-0539009-001
a	Plan name LAKHANI & JORDAN PC 401(K) PLAN	
b	Name of plan sponsor LAKHANI & JORDAN ENGINEERS, P.C.	c EIN-PN 13-3695218-003
a	Plan name LRS ARCHITECTS EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor LRS ARCHITECTS, INC.	c EIN-PN 93-1259453-001
a	Plan name LUMINUS DIAGNOSTICS, LLC 401(K) PLAN	
b	Name of plan sponsor LUMINUS DIAGNOSTICS, LLC	c EIN-PN 45-4133635-001
a	Plan name LUMUS CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor LUMUS CONSTRUCTION, INC.	c EIN-PN 04-3413392-001

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	M&J ELECTRICAL CONTRACTORS CORP. 401(K) PLAN	
b	Name of plan sponsor	M&J ELECTRICAL CONTRACTORS CORP.	c EIN-PN 11-3128856-001
a	Plan name	M&W DISTRIBUTION SERVICES, INC. TAX-FAVORED SAVINGS TRUST	
b	Name of plan sponsor	M&W DISTRIBUTION SERVICES, INC.	c EIN-PN 58-1164068-001
a	Plan name	NATIONAL PT OF NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor	NATIONAL PT OF NEW ENGLAND LLC	c EIN-PN 27-3731724-001
a	Plan name	NATIONAL RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	NATIONAL RETIREMENT PLAN EXCHANGE	c EIN-PN 45-4813651-001
a	Plan name	NEW ENGLAND WOODCRAFT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW ENGLAND WOODCRAFT, INC.	c EIN-PN 03-0265306-001
a	Plan name	OCEAN ELECTRIC CORPORATION 401(K) PLAN	
b	Name of plan sponsor	OCEAN ELECTRIC CORPORATION	c EIN-PN 11-3172942-001
a	Plan name	OHIO VALLEY EYE INSTITUTE 401(K) PLAN	
b	Name of plan sponsor	OHIO VALLEY EYE INSTITUTE, P.C.	c EIN-PN 35-1907178-001
a	Plan name	OHMEGA SOLENOID & ZENITH SCREW RETIREMENT PLAN	
b	Name of plan sponsor	OHMEGA SOLENOID	c EIN-PN 95-2498276-001
a	Plan name	POINTENORTH INSURANCE GROUP, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	POINTENORTH INSURANCE GROUP, LLC	c EIN-PN 27-4417003-001
a	Plan name	POLSINELLO FUELS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	POLSINELLO FUELS, INC.	c EIN-PN 14-1495096-002
a	Plan name	POQUET AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	POQUET AUTO SALES, INC.	c EIN-PN 41-1888983-001
a	Plan name	POWERBUILD CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	POWERBUILD CONSTRUCTION, LLC	c EIN-PN 81-1737022-001

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	SARATOGA CLINICAL RESEARCH, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	SARATOGA CLINICAL RESEARCH, LLC	c EIN-PN 54-2194372-001
a	Plan name	SAUNA360 INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAUNA360 INC.	c EIN-PN 41-1502759-001
a	Plan name	SBARRO, INC. EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SBARRO, INC.	c EIN-PN 11-2501939-001
a	Plan name	SC RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED COMPANY, LLC.	c EIN-PN 46-0992147-001
a	Plan name	SCHULTZ FORD LINCOLN MERCURY INC. & AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	SCHULTZ FORD LINCOLN MERCURY INC.	c EIN-PN 13-1730338-001
a	Plan name	SOUTHMINSTER SCHOOL 401(K) PLAN	
b	Name of plan sponsor	SOUTHMINSTER SCHOOL	c EIN-PN 76-0030225-001
a	Plan name	SPORTIME RETIREMENT PLAN	
b	Name of plan sponsor	SPORTIME CLUBS, LLC	c EIN-PN 11-3224021-222
a	Plan name	SPURLIN & SPURLIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SPURLIN & SPURLIN, LLC	c EIN-PN 58-2666339-001
a	Plan name	SUNCOOK DENTAL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	SUNCOOK FAMILY DENTISTRY DBA SUNCOOK DENTAL	c EIN-PN 02-0371806-001
a	Plan name	SY KATZ PRODUCE, INC. 401(K) PLAN	
b	Name of plan sponsor	SY KATZ PRODUCE, INC.	c EIN-PN 59-2069613-002
a	Plan name	TABNER, RYAN & KENIRY LLP 401(K) PLAN	
b	Name of plan sponsor	TABNER, RYAN & KENIRY LLP	c EIN-PN 14-1402805-001
a	Plan name	TARBELL MANAGEMENT GROUP, LLC EMPLOYEE SAVINGS PLAN AND TRUST	
b	Name of plan sponsor	TARBELL MANAGEMENT GROUP, LLC	c EIN-PN 27-3567818-002

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 US POLYCHEMICAL CORPORATION SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor US POLYCHEMICAL CORPORATION	c EIN-PN 14-1424538-001
a	Plan name USG SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor USG SERVICES, LLC	c EIN-PN 45-4658823-001
a	Plan name WESTERN INTEGRATED 401(K) PLAN	
b	Name of plan sponsor WESTERN INTEGRATED MATERIALS	c EIN-PN 26-0852608-003
a	Plan name ANCHORS, SMITH, AND GRIMSLEY, P.A. 401(K) PLAN	
b	Name of plan sponsor ANCHORS, SMITH AND GRIMSLEY, P.A.	c EIN-PN 59-1219936-001
a	Plan name ANCHORSGORDON, P.A., 401(K) PLAN	
b	Name of plan sponsor ANCHORSGORDON, P.A.	c EIN-PN 20-4084916-001
a	Plan name ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP	c EIN-PN 95-4887678-001
a	Plan name AOMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A-O-M-S PLLC	c EIN-PN 81-4839752-001
a	Plan name CENTRAL VALLEY CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor CENTRAL VALLEY CONCRETE, INC.	c EIN-PN 94-2744760-002
a	Plan name CES GROUP 401(K) PLAN	
b	Name of plan sponsor CES GROUP DBA CES, ERG AND NOVACOM	c EIN-PN 52-2356815-001
a	Plan name CETEK, INC. 401(K) PLAN	
b	Name of plan sponsor CETEK, INC.	c EIN-PN 42-1514155-001
a	Plan name CHAMPION SOLUTIONS GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor CHAMPION SOLUTIONS GROUP, INC.	c EIN-PN 59-2347579-001
a	Plan name DIXON A.C. & R. CORPORATION 401(K) PLAN	
b	Name of plan sponsor DIXON A.C. & R. CORPORATION	c EIN-PN 24-0830389-001

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 DOCTOR & ASSOCIATES 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DOCTOR & ASSOCIATES	c EIN-PN 06-0857902-001
a	Plan name DOCUNEST EGG 401(K) PLAN	
b	Name of plan sponsor DOCUNET	c EIN-PN 41-1727273-001
a	Plan name FOREST HILL HEALTH CARE CENTER 401(K) PLAN	
b	Name of plan sponsor FOREST HILL HEALTH CARE CENTER, INC.	c EIN-PN 22-3074070-001
a	Plan name FORTRON/SOURCE CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FORTRON/SOURCE CORPORATION	c EIN-PN 94-2912689-001
a	Plan name FOUTZ & BURSUM CONSTRUCTION CO., INC. 401(K) PLAN	
b	Name of plan sponsor FOUTZ & BURSUM CONSTRUCTION CO., INC.	c EIN-PN 85-0115169-002
a	Plan name FSC ARCHITECTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FSC ARCHITECTS, LLC	c EIN-PN 27-2031552-001
a	Plan name JEFF WILSON POOL SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor JEFF WILSON POOL SERVICE, INC.	c EIN-PN 59-2596150-001
a	Plan name JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-777
a	Plan name JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor JETSON TV & APPLIANCE CENTERS, INC.	c EIN-PN 59-1508381-001
a	Plan name JIFRAM EXTRUSIONS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor JIFRAM EXTRUSIONS, INC.	c EIN-PN 39-1388044-001
a	Plan name MARONI CUISINE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARONI CUISINE	c EIN-PN 11-3585206-001
a	Plan name MASTODON DESIGN, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MASTODON DESIGN, LLC	c EIN-PN 46-3846727-001

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	OVERSEAS AIRCRAFT PARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	OVERSEAS AIRCRAFT PARTS, INC.	c EIN-PN 65-0251587-001
a	Plan name	PALADIN REALTY PARTNERS, LLC 401(K) PLAN	
b	Name of plan sponsor	PALADIN REALTY PARTNERS, LLC	c EIN-PN 13-4303956-001
a	Plan name	PALPILOT 401(K) PLAN	
b	Name of plan sponsor	PALPILOT INTERNATIONAL CORP.	c EIN-PN 77-0320008-001
a	Plan name	SCP DRILLING EMPLOYEE SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	STRUCTURAL CONCRETE PRODUCTS, LLC	c EIN-PN 54-1905754-001
a	Plan name	SEAFOOD CONNECTION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SIMMONS PACIFIC, INC. DBA SEAFOOD CONNECTION	c EIN-PN 99-0268773-001
a	Plan name	SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SELECTRODE INDUSTRIES, INC.	c EIN-PN 11-2677850-002
a	Plan name	THE GEHR GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE GEHR GROUP, INC.	c EIN-PN 80-0822974-001
a	Plan name	THE LEADER GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LEADER PROFESSIONAL SERVICES, INC. DBA THE LEADER GROUP	c EIN-PN 16-1597759-001
a	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001
a	Plan name	WILLIAM A. SMITH & SON, INC. 401(K) PLAN	
b	Name of plan sponsor	WILLIAM A. SMITH & SON, INC.	c EIN-PN 14-1433702-002
a	Plan name	WILLIAM W. LYONS, DDS, P.C., 401(K) PLAN	
b	Name of plan sponsor	WILLIAM W. LYONS, DDS, P.C.	c EIN-PN 26-3126437-001
a	Plan name	BENCHMARK ENGINEERING, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	BENCHMARK ENGINEERING, INC.	c EIN-PN 41-1752356-001

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	BENEFITS AND PAYROLL, INC. MULTIPLE EMPLOYER 401(K) PLAN	
b	Name of plan sponsor	BENEFITS AND PAYROLL, INC.	c EIN-PN 45-4965806-001
a	Plan name	BENSING AVIATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BENSING AVIATION, INC.	c EIN-PN 38-3774345-001
a	Plan name	BERK EYE CARE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BERK EYE CARE CENTER	c EIN-PN 31-1261693-001
a	Plan name	BETTINGER CO., INC. 401(K) PLAN	
b	Name of plan sponsor	BETTINGER CO., INC.	c EIN-PN 23-2536584-001
a	Plan name	DELTA METALS, INC. 401(K) PLAN	
b	Name of plan sponsor	DELTA METALS, INC.	c EIN-PN 58-0812732-001
a	Plan name	DELTA PACKAGING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DELTA PACKAGING, INC.	c EIN-PN 23-2424721-001
a	Plan name	DENNIS BETHEL AND ASSOCIATES ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DENNIS BETHEL AND ASSOCIATES ENGINEERING	c EIN-PN 95-3751455-001
a	Plan name	DENNY MACHINE 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DENNY MACHINE, LLC	c EIN-PN 92-1449880-003
a	Plan name	HARDMAN CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	HARDMAN CONSTRUCTION, INC.	c EIN-PN 38-2236416-001
a	Plan name	MACRI CONCRETE, INC. 401(K) PLAN	
b	Name of plan sponsor	MACRI CONCRETE, INC.	c EIN-PN 25-1823760-001
a	Plan name	MANITOWOC MARINA LLC 401(K) PLAN	
b	Name of plan sponsor	MANITOWOC MARINA LLC	c EIN-PN 45-3057530-001
a	Plan name	MARAN, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARAN, INC.	c EIN-PN 94-2444640-777

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.)	
a	Plan name PREMIER HOUSING MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor PREMIER HOUSING MANAGEMENT, LLC	c EIN-PN 27-3531707-001
a	Plan name PRESCOTT PERIODONTICS & IMPLANT DENTISTRY, PLLC. EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor PRESCOTT PERIODONTICS & IMPLANT DENTISTRY, PLLC	c EIN-PN 68-0511997-001
a	Plan name PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001
a	Plan name PS 260, INC. RETIREMENT PLAN	
b	Name of plan sponsor PS 260, INC.	c EIN-PN 13-3413729-777
a	Plan name TECH VALLEY TALENT LLC 401(K) PLAN	
b	Name of plan sponsor TECH VALLEY TALENT LLC	c EIN-PN 26-2582540-001
a	Plan name TEMPTED APPAREL CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEMPTED APPAREL CORP.	c EIN-PN 95-4561017-001
a	Plan name THE BENNETT GROUP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BENNETT CHRYSLER, DODGE, JEEP LLC	c EIN-PN 58-2366187-001
a	Plan name PURCHASING POWER 401(K) PLAN	
b	Name of plan sponsor PURCHASING POWER, LLC	c EIN-PN 90-0193342-222
a	Plan name PURPLE ONION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor PURPLE ONION	c EIN-PN 39-1649217-001
a	Plan name QUALITY PAYROLL & BENEFITS 401(K) PLAN	
b	Name of plan sponsor QUALITY PAYROLL & BENEFITS	c EIN-PN 35-2175330-001
a	Plan name RAPTOR PETROLEUM 401(K) PLAN	
b	Name of plan sponsor RAPTOR PETROLEUM	c EIN-PN 20-5877086-001
a	Plan name THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
b	Name of plan sponsor WMOG, INC.	c EIN-PN 34-1133357-003

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 THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor THE MOST WORSHIPFUL GRAND LODGE OF AF & AM OF IL	c EIN-PN 37-0154973-002
a	Plan name THE PEDIATRIC OFFICE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE PEDIATRIC OFFICE, LLC	c EIN-PN 58-2646129-001
a	Plan name THE POWER DOOR & EDWARDS EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor POWER DOOR PRODUCTS, INC.	c EIN-PN 13-2746069-001
a	Plan name BILL'S BOOKKEEPING SERVICES 401(K) PLAN	
b	Name of plan sponsor BILL'S BOOKKEEPING SERVICES, LLC	c EIN-PN 27-0420780-001
a	Plan name BK MILL & FIXTURE, INC. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BK MILL & FIXTURES	c EIN-PN 94-2366234-001
a	Plan name DOWLING CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOWLING CORPORATION	c EIN-PN 02-0395136-001
a	Plan name DOXON, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DOXON, LLC	c EIN-PN 20-8038249-001
a	Plan name DUKE MANUFACTURING 401(K) PLAN	
b	Name of plan sponsor LS INVESTMENT GROUP LLC DBA DUKE MANUFACTURING	c EIN-PN 20-5110012-002
a	Plan name DURHAM CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DURHAM CONSTRUCTION COMPANY, INC.	c EIN-PN 02-0642097-001
a	Plan name HIGH TECHNOLOGY VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIGH TECHNOLOGY VIDEO, INC.	c EIN-PN 95-4518898-001
a	Plan name HIGHROADS, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SONGY HIGHROADS, LLC	c EIN-PN 45-4485594-001
a	Plan name HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
b	Name of plan sponsor HIGHTOWERS PETROLEUM CO.	c EIN-PN 31-1151689-001

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 HIRANI ENGINEERING & LAND SURVEYING, P.C. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor HIRANI ENGINEERING & LAND SURVEYING, PC	c EIN-PN 11-3467754-001
a	Plan name HOFFMAN FORDLAND 401(K) SAVINGS PLAN	
b	Name of plan sponsor HOFFMAN FORD SALES, INC.	c EIN-PN 23-1477451-003
a	Plan name MELROSE PHARMACY, INC. 401(K) PLAN	
b	Name of plan sponsor MELROSE PHARMACY, INC.	c EIN-PN 41-2019019-001
a	Plan name MHI 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MHI	c EIN-PN 95-4336411-001
a	Plan name MICHAEL G. LORUSSO, PC. PROFIT SHARING PLAN	
b	Name of plan sponsor MICHAEL G. LORUSSO, PC.	c EIN-PN 27-0944838-002
a	Plan name BMW FRESNO 401(K) PLAN	
b	Name of plan sponsor WEBER MOTORS FRESNO, INC.	c EIN-PN 94-2519844-001
a	Plan name BRAHMAN CAPITAL EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor BRAHMAN CAPITAL	c EIN-PN 13-3542470-001
a	Plan name EASTERN ARMORED SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor EASTERN ARMORED SERVICES, INC.	c EIN-PN 22-3193394-001
a	Plan name EASYCARE 401(K) PLAN	
b	Name of plan sponsor MCGRAYEL COMPANY INC.	c EIN-PN 77-0380138-001
a	Plan name HOFMEYER PLUMBING COMPANY 401(K) PLAN	
b	Name of plan sponsor HOFMEYER PLUMBING COMPANY	c EIN-PN 31-0724144-001
a	Plan name HOME CARE SENIOR SERVICES 401(K) PLAN	
b	Name of plan sponsor HOME CARE SENIOR SERVICES	c EIN-PN 27-2041025-001
a	Plan name HR, INC. DBA SIMPLE HR 401(K) PLAN	
b	Name of plan sponsor HR, INC. DBA SIMPLE HR	c EIN-PN 81-0583874-333

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.)			
a	Plan name	HS1 MEDICAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	HS1 MEDICAL MANAGEMENT, INC.	c EIN-PN 65-0622851-001
a	Plan name	MINA METALS COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	MINA METALS COMPANY, INC.	c EIN-PN 94-2771327-001
a	Plan name	MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MISSISSIPPI MARINE CORPORATION	c EIN-PN 64-0524327-001
a	Plan name	MMR RESEARCH WORLD WIDE INC. 401(K) PLAN	
b	Name of plan sponsor	MMR RESEARCH WORLD WIDE INC.	c EIN-PN 01-0788273-001
a	Plan name	REISCHLING PRESS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	REISCHLING PRESS, INC.	c EIN-PN 91-1013222-001
a	Plan name	RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RENOWN TAG AND LABEL, INC.	c EIN-PN 11-2530597-001
a	Plan name	REPEAT BUSINESS SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	REPEAT BUSINESS SYSTEMS, INC.	c EIN-PN 14-1718228-001
a	Plan name	RICE FINANCIAL PRODUCTS L.P. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	RICE DERIVATIVE HOLDINGS, L.P.	c EIN-PN 13-3750267-001
a	Plan name	RICHARD P. STANKUS, PH.D., M.D. PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHARD P. STANKUS, PHD, MD	c EIN-PN 16-1381451-001
a	Plan name	RICHFORD HEALTH CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	RICHFORD HEALTH CENTER, INC.	c EIN-PN 03-0215982-001
a	Plan name	RICHIE & GUERINGER, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RICHIE & GUERINGER, P.C.	c EIN-PN 74-2744788-777
a	Plan name	THE RIVER LOFTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE RIVER LOFTS	c EIN-PN 20-3131152-001

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 THOMPSON TECHNOLOGIES, INC. 401(K) PLAN

b Name of plan sponsor THOMPSON TECHNOLOGIES, INC. **c** EIN-PN 58-2161727-001

a Plan name THOROUGHbred SOFTWARE INTERNATIONAL, INC. 401(K) SAVINGS PLAN

b Name of plan sponsor THOROUGHbred SOFTWARE INTERNATIONAL, INC. **c** EIN-PN 22-2427223-401

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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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.	OMB No. 1210-0110 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 EUROPACIFIC GROWTH RET ACCT	B Three-digit plan number (PN) ▶ 076
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

	(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)	38866128
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	32605100
(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	38866128	32605100
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	38866128	32605100

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A), (B), and (C).....	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1877758	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1877758

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		1877758
l Transfers of assets:			
(1) To this plan.....	2l(1)		4451265
(2) From this plan	2l(2)		12590051

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 _____.