

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] a DFE (specify) P
B This return/report is: [] the first return/report [] the final return/report [] an amended return/report [] a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan AMERICAN FUNDS GROWTH FUND OF AMERICA RET OPT
1b Three-digit plan number (PN) 844
1c Effective date of plan
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) TRANSAMERICA LIFE INSURANCE COMPANY
6400 C ST SW CEDAR RAPIDS, IA 52404
2b Employer Identification Number (EIN) 39-0989781
2c Plan Sponsor's telephone number 319-355-6449
2d Business code (see instructions)

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

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

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes entries for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>AMERICAN FUNDS GROWTH FUND OF AMERICA RET OPT</u>	B Three-digit plan number (PN)	<u>844</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>39-0989781</u>	

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

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	BANDYS FIRE DEPARTMENT 401(K) PLAN	
b Name of plan sponsor	BANDYS CROSSROADS VOLUNTEER FIRE DEPARTMENT, INCORPORATED	c EIN-PN 56-6094194-001
a Plan name	KAYE SURETY 401(K) PLAN	
b Name of plan sponsor	KAYE ASSOCIATES LLC DBA KAYE SURETY	c EIN-PN 82-5453294-001
a Plan name	KBKC DESIGN 401(K) PLAN	
b Name of plan sponsor	KBKC DESIGN	c EIN-PN 99-3478083-001
a Plan name	ENVIROSAFE, INC. 401(K) PLAN	
b Name of plan sponsor	ENVIROSAFE, INC.	c EIN-PN 61-1247647-001
a Plan name	ENVISION FOODS 401(K) PLAN	
b Name of plan sponsor	ENVISION FOODS, LLC	c EIN-PN 20-4278964-001
a Plan name	EPPY'S DRUG 401(K)	
b Name of plan sponsor	EPPY'S DRUG STORE, INC.	c EIN-PN 55-0607772-001
a Plan name	PROGRESSIVE AIR SYSTEMS 401(K) PLAN	
b Name of plan sponsor	PROGRESSIVE AIR SYSTEMS, INC.	c EIN-PN 59-3124591-001
a Plan name	BETH HOLMES DO FAFAP 401(K) PROFIT SHARING	
b Name of plan sponsor	MICHAEL L. CARR, MD, PSC DBA BETH HOLMES DO FAFAP	c EIN-PN 61-1254374-002
a Plan name	BIG HORN WIRELINE 401(K) PLAN	
b Name of plan sponsor	BIG HORN WIRELINE, LLC	c EIN-PN 88-2234263-001
a Plan name	THE VALLEY FERTILIZER CHEMICAL CO, INC. 401K PLAN	
b Name of plan sponsor	THE VALLEY FERTILIZER CHEMICAL CO, INC.	c EIN-PN 54-0415185-002
a Plan name	FALCONE & TRUMAN PLUMBING & HEATING INC. 401(K) PLAN	
b Name of plan sponsor	FALCONE & TRUMAN PLUMBING & HEATING INC.	c EIN-PN 23-2386576-001
a Plan name	FALLBROOK FAMILY HEALTH CENTER 401(K) PLAN	
b Name of plan sponsor	FALLBROOK FAMILY HEALTH CENTER, LLC	c EIN-PN 45-2548037-001

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 PROVO LAND TITLE COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROVO LAND TITLE COMPANY	c EIN-PN 87-0274324-001
a	Plan name PSF 401(K) PLAN	
b	Name of plan sponsor PSF ACQUISITION COMPANY LLC	c EIN-PN 45-2976645-001
a	Plan name BLUEGRASS BRACING 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BLUEGRASS BRACING, INC.	c EIN-PN 61-1345696-001
a	Plan name TIMMEL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor TIMMEL ASSOCIATES LLC	c EIN-PN 27-1928755-001
a	Plan name TIMS TRUCK CAPITAL & AUTO SALES, INC. 401(K) PLAN	
b	Name of plan sponsor TIM'S TRUCK CAPITAL & AUTO SALES, INC.	c EIN-PN 02-0468466-001
a	Plan name REDHAWK COILED TUBING, LLC 401(K) PLAN	
b	Name of plan sponsor REDHAWK COILED TUBING, LLC	c EIN-PN 87-2997823-001
a	Plan name BUTLER EQUIPMENT, LLC 401(K) PLAN	
b	Name of plan sponsor BUTLER EQUIPMENT, LLC	c EIN-PN 47-1466813-001
a	Plan name BUTTERFLY DENTAL 401(K) PLAN	
b	Name of plan sponsor JIANYE CHEN DENTAL CORPORATION	c EIN-PN 27-2591884-001
a	Plan name MACROMATIC INDUSTRIAL CONTROLS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MACROMATIC INDUSTRIAL CONTROLS, INC.	c EIN-PN 20-3910631-001
a	Plan name URTHPACT, LLC 401(K) PLAN	
b	Name of plan sponsor URTHPACT, LLC	c EIN-PN 04-3339273-001
a	Plan name CANTRELL CONTRACTING LLC 401(K) PLAN	
b	Name of plan sponsor CANTRELL CONTRACTING LLC	c EIN-PN 26-1276066-001
a	Plan name GENESIS GOLD GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor GENESIS GOLD GROUP, INC.	c EIN-PN 88-4026083-001

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	MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-001
a	Plan name	MARION HILL ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MARION HILL ASSOCIATES, INC.	c EIN-PN 34-1799727-222
a	Plan name	MARLEYS MONSTERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MARLEYS MONSTERS, LLC	c EIN-PN 47-4495374-001
a	Plan name	CHARLESTON FLEET SERVICES 401(K) PLAN	
b	Name of plan sponsor	CHARLESTON FLEET SERVICES	c EIN-PN 30-0765016-001
a	Plan name	GORDON AND DESANTIS ORTHODONTICS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	GORDON AND DESANTIS ORTHODONTICS LLC	c EIN-PN 36-4513149-001
a	Plan name	ROSE ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor	ROSE ORTHODONTICS	c EIN-PN 82-2529653-001
a	Plan name	VIVINO SELECTIONS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	VIVINO SELECTIONS, INC.	c EIN-PN 46-0995789-001
a	Plan name	W & D IMPORTS, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	W & D IMPORTS, INC.	c EIN-PN 22-2148916-003
a	Plan name	CLASSIC COIL COMPANY INC. 401(K) PLAN	
b	Name of plan sponsor	CLASSIC COIL COMPANY INC.	c EIN-PN 06-1503979-001
a	Plan name	GVM LAW, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GVM LAW, LLP	c EIN-PN 47-3015704-001
a	Plan name	H&A FINANCING & SERVICES 401(K) PLAN	
b	Name of plan sponsor	H&A FINANCING & SERVICES CORP	c EIN-PN 01-0961192-001
a	Plan name	WESTCOAT SPECIALTY COATING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	WESTCOAT SPECIALTY COATING SYSTEMS	c EIN-PN 83-1500209-001

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 SHAW'S COVE ORTHOPAEDICS, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor SHAW'S COVE ORTHOPAEDICS, LLC	c EIN-PN 56-2397586-001
a	Plan name SHEN-PACO INDUSTRIES, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor SHEN-PACO INDUSTRIES, INC.	c EIN-PN 54-0972487-001
a	Plan name CONSERVATION FOUNDATION GC PLAN	
b	Name of plan sponsor CONSERVATION FOUNDATION OF THE GULF COAST	c EIN-PN 20-0345249-001
a	Plan name HERITAGE AUTO 401(K) PLAN	
b	Name of plan sponsor HERITAGE CHRYSLER DODGE JEEP RAM OF LOGAN	c EIN-PN 87-0306275-001
a	Plan name HERITAGE FORD OF VERNAL 401K PLAN	
b	Name of plan sponsor HERITAGE FORD OF VERNAL	c EIN-PN 83-3589085-001
a	Plan name HERITAGE HILL DENTAL 401(K) PLAN	
b	Name of plan sponsor HERITAGE HILL DENTAL P.C.	c EIN-PN 45-3849054-001
a	Plan name NATIONAL HANGER CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NATIONAL HANGER COMPANY, INC.	c EIN-PN 13-5582609-001
a	Plan name YE OLD STATION AUTO BODY, INC. 401(K) PLAN	
b	Name of plan sponsor YE OLD STATION AUTO BODY, INC.	c EIN-PN 06-0844760-001
a	Plan name SIMPLIFYA 401(K) PLAN	
b	Name of plan sponsor SIMPLIFYA HOLDINGS, INC.	c EIN-PN 87-1463596-001
a	Plan name HOLIDAY POOLS OF WEST FLORIDA 401(K) PLAN	
b	Name of plan sponsor HOLIDAY POOLS OF WEST FLORIDA, INC.	c EIN-PN 65-0546905-001
a	Plan name ADVANTAGE FLOORING INC. 401(K) PLAN	
b	Name of plan sponsor ADVANTAGE FLOORING, INC.	c EIN-PN 52-2030808-001
a	Plan name CORNETT ROOFING SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CORNETT ROOFING SYSTEMS	c EIN-PN 20-0482602-001

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	NFOCUS 401(K) PLAN	
b	Name of plan sponsor	NFOCUS CONSULTING, INC.	c EIN-PN 31-1325229-001
a	Plan name	NHVT COMPUTER SERVICES, CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NHVT COMPUTER SERVICES	c EIN-PN 83-2677351-001
a	Plan name	NICK I. DEVANI, DDS, INC. 401K PLAN	
b	Name of plan sponsor	NICK I. DEVANI, DDS, INC.	c EIN-PN 56-2318046-001
a	Plan name	NIEHAUS FAMILY DENTISTRY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NIEHAUS FAMILY DENTISTRY LLC	c EIN-PN 82-3863698-001
a	Plan name	AMBIO INC. 401(K) PLAN	
b	Name of plan sponsor	AMBIO INC.	c EIN-PN 45-5506902-001
a	Plan name	AMBIOPHARM, INC. 401(K) PLAN	
b	Name of plan sponsor	AMBIOPHARM, INC.	c EIN-PN 22-3940281-001
a	Plan name	AMBROSE SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	AMBROSE SERVICES, LLC	c EIN-PN 46-3081985-001
a	Plan name	DAVID DAVIS ENTERPRISE, INC. T/A DAVIS ACURA 401K PLAN	
b	Name of plan sponsor	DAVID DAVIS ENTERPRISE, INC.	c EIN-PN 23-2439385-001
a	Plan name	INSTRUMEDICAL TECHNOLOGIES INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INSTRUMEDICAL TECHNOLOGIES, INC.	c EIN-PN 35-1515768-001
a	Plan name	SPIRALCOOL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SPIRALCOOL COMPANY INC.	c EIN-PN 34-1229751-001
a	Plan name	STONE GUYS OF SWFL LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	STONE GUYS OF SWFL LLC	c EIN-PN 83-3825711-001
a	Plan name	P & P SEPTIC SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	P & P SEPTIC SERVICE, INC.	c EIN-PN 03-0269006-001

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 P&C ENTERPRISES OF OHIO LLC 401(K) PLAN	
b	Name of plan sponsor P&C ENTERPRISES OF OHIO, LLC	c EIN-PN 82-4358517-001
a	Plan name P3 MARTIAL ARTS 401(K) PLAN	
b	Name of plan sponsor SCOTT BAILEY'S MARTIAL ARTS ACADEMY, INC.	c EIN-PN 47-1694447-001
a	Plan name ANACORTES PROSTHETICS & ORTHOTICS - 401(K)	
b	Name of plan sponsor ANACORTES PROSTHETICS & ORTHOTICS	c EIN-PN 47-4195495-001
a	Plan name ANDERSON PIPING COMPANY 401(K) PLAN	
b	Name of plan sponsor ANDERSON PIPING COMPANY, INC.	c EIN-PN 62-1199871-001
a	Plan name DEPENDABLE TUBE BENDING 401(K) PLAN	
b	Name of plan sponsor DEPENDABLE TUBE BENDING	c EIN-PN 20-4351581-001
a	Plan name PECK FLANNERY GREAM WARREN, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PECK FLANNERY GREAM WARREN, INC.	c EIN-PN 61-0674873-001
a	Plan name ASSEMBLY SPECIALTY PRODUCTS, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ASSEMBLY SPECIALTY PRODUCTS, INC.	c EIN-PN 34-1082183-003
a	Plan name DRIVEN TO GIVE BACK MEDIA 401(K) PLAN	
b	Name of plan sponsor DRIVEN TO GIVE BACK MEDIA, LLC	c EIN-PN 84-3674774-001
a	Plan name DRS. BLACK & BENTON PSC SAFE HARBOR EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor DRS. BLACK & BENTON, PSC	c EIN-PN 62-0853193-002
a	Plan name JESSUP CELLARS HOLDING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor JESSUP CELLARS HOLDING COMPANY, LLC	c EIN-PN 20-3071245-001
a	Plan name TALMAN CONSULTANTS, LLC 401(K) PLAN	
b	Name of plan sponsor TALMAN CONSULTANTS, LLC	c EIN-PN 81-2709261-001
a	Plan name TX TEAM REHAB, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TX TEAM REHAB, INC.	c EIN-PN 35-1565294-002

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 G.O. RODRIGUEZ TRUCKING, INC. 401(K) PLAN	
b	Name of plan sponsor G.O. RODRIGUEZ TRUCKING, INC.	c EIN-PN 26-3449865-001
a	Plan name MADISEN MAHER ARCHITECTS 401(K) PLAN	
b	Name of plan sponsor MADISEN MAHER ARCHITECTS, INC.	c EIN-PN 45-4762447-001
a	Plan name RICHWOODS ACADEMY, LLC 401(K) PLAN & TRUST	
b	Name of plan sponsor RICHWOODS ACADEMY, LLC	c EIN-PN 84-4059471-001
a	Plan name RINAUDO ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor RINAUDO ENTERPRISES, INC.	c EIN-PN 59-3384145-001
a	Plan name GF SLIDERS, INC. RETIREMENT PLAN	
b	Name of plan sponsor GF SLIDERS, INC.	c EIN-PN 80-0805440-001
a	Plan name CAREN FRANZ, DMD, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAREN FRANZ, DMD, P.C.	c EIN-PN 42-1564871-001
a	Plan name CARMEL ACADEMY 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CARMEL ACADEMY	c EIN-PN 13-4013334-002
a	Plan name MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES PROFIT SHARING 401(K) PLAN & TRUST	
b	Name of plan sponsor MARSHALLTOWN VISION, P.C. D/B/A EYECARE ASSOCIATES	c EIN-PN 20-4106052-001
a	Plan name USA WATER SKI INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor USA WATER SKI & WAKE SPORTS INC.	c EIN-PN 59-0841458-001
a	Plan name WARSHAUER WOODWARD ATKINS, LLC 401(K) PLAN	
b	Name of plan sponsor WARSHAUER WOODWARD ATKINS, LLC.	c EIN-PN 88-2972581-001
a	Plan name RUE & ZIFFRA, P.A. 401(K) PLAN	
b	Name of plan sponsor RUE & ZIFFRA, P.A.	c EIN-PN 59-3154090-001
a	Plan name CHERRY & WILLIAMS DDS, INC. 401(K) PLAN	
b	Name of plan sponsor CHERRY & WILLIAMS DDS, INC.	c EIN-PN 34-1319955-001

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 GRAPHIC WEST PACKAGING MACHINERY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRAPHIC WEST PACKAGING MACHINERY, LLC	c EIN-PN 06-1622227-001
a	Plan name GRAY, SALT & ASSOCIATES, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRAY, SALT & ASSOCIATES, LLP	c EIN-PN 45-0606931-001
a	Plan name WHITFIELD OIL CO., INC. 401(K) PLAN	
b	Name of plan sponsor WHITFIELD OIL CO., INC.	c EIN-PN 58-1275819-002
a	Plan name 101 CONCEPTS, LLC 401(K) PLAN	
b	Name of plan sponsor 101 CONCEPTS, LLC	c EIN-PN 20-2176716-001
a	Plan name 20/20 CUSTOM MOLDED PLASTICS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor 20/20 CUSTOM MOLDED PLASTICS, LLC	c EIN-PN 34-1945124-001
a	Plan name 2XE 401(K)	
b	Name of plan sponsor 2XE, LLC	c EIN-PN 85-0511624-001
a	Plan name 401(K) ADVANTAGE, 401(K) PLAN	
b	Name of plan sponsor TAG RESOURCES	c EIN-PN 62-1874771-002
a	Plan name CLOMPUS & RETO VISION ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor CLOMPUS & RETO VISION ASSOCIATES, PC	c EIN-PN 23-2586730-001
a	Plan name HALLMARK MITIGATION AND CONSTRUCTION LLC 401(K) PLAN	
b	Name of plan sponsor HALLMARK MITIGATION & CONSTRUCTION LLC	c EIN-PN 81-1421014-001
a	Plan name HI-VIEW, LLC PREVAILING WAGE PLAN	
b	Name of plan sponsor HI-VIEW, LLC	c EIN-PN 61-1048462-001
a	Plan name CONTROL ASSOCIATES, INC. PROFIT SHARING AND 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CONTROL ASSOCIATES, INC.	c EIN-PN 22-1629238-004
a	Plan name CONTROLS & WEIGHING SYSTEMS 401(K) PLAN	
b	Name of plan sponsor CONTROLS & WEIGHING SYSTEMS, INC.	c EIN-PN 59-1588191-001

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 CONVENTION & VISITORS BUREAU OF GREATER PORTLAND 401(K) PLAN	
b	Name of plan sponsor CONVENTION & VISITORS BUREAU OF GREATER PORTLAND	c EIN-PN 01-0384674-001
a	Plan name ACHIEVE FOR THREE DEFINED BENEFIT PLAN	
b	Name of plan sponsor ACHIEVE FOR THREE LLC	c EIN-PN 87-1356350-001
a	Plan name ACME SPRING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ACME SPRING, INC.	c EIN-PN 31-0673741-001
a	Plan name ACTION CARE, INC. 401(K) PLAN	
b	Name of plan sponsor ACTION CARE, INC. DBA HOME INSTEAD	c EIN-PN 37-1976029-001
a	Plan name NAVITURE 401(K) PLAN	
b	Name of plan sponsor NAVITURE, LLC	c EIN-PN 86-2975339-001
a	Plan name NEOPART TRANSIT, LLC EMPLOYEE PENSION & SAVINGS PLAN	
b	Name of plan sponsor NEOPART TRANSIT, LLC	c EIN-PN 36-4830017-001
a	Plan name NETS NEW ENGLAND LLC 401(K) PLAN	
b	Name of plan sponsor NETS NEW ENGLAND LLC	c EIN-PN 26-0743519-001
a	Plan name SHERWOOD TAX AND ACCOUNTING 401(K) PLAN	
b	Name of plan sponsor KRISTEN KEATS CPA, PC DBA. SHERWOOD TAX & ACCOUNTING	c EIN-PN 85-2133474-001
a	Plan name CRAIG JEFFRIES WEALTH MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor CRAIG JEFFRIES WEALTH MANAGEMENT GROUP LLC	c EIN-PN 47-2160551-001
a	Plan name CRB WORKFORCE, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor CRB WORKFORCE, LLC	c EIN-PN 83-1073844-001
a	Plan name OOMA, INC. 401(K) PLAN	
b	Name of plan sponsor OOMA, INC.	c EIN-PN 06-1713274-001
a	Plan name AMERICAN BIOTECH LABS LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN BIOTECH LABS LLC	c EIN-PN 20-3029677-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AMERICAN CLASSIC CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor	AMERICAN CLASSIC CONSTRUCTION, INC.	c EIN-PN 38-3601887-001
a	Plan name	PACIFIC DRIVE-INS LLC 401(K)	
b	Name of plan sponsor	PACIFIC DRIVE-INS LLC	c EIN-PN 46-3867535-001
a	Plan name	ANDREW CAPALDO, DMD, PC 401(K) PLAN	
b	Name of plan sponsor	ANDREW CAPALDO, DMD, PC	c EIN-PN 23-2986985-001
a	Plan name	IRA PLAN PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IRA PLAN PARTNERS LLC	c EIN-PN 46-4246162-001
a	Plan name	ITC-DILIGENCE, INC. 401(K) PLAN	
b	Name of plan sponsor	ITC-DILIGENCE, INC.	c EIN-PN 30-0134272-001
a	Plan name	J & D SNYDER EXCAVATING, LLC 401(K) PLAN	
b	Name of plan sponsor	J & D SNYDER EXCAVATING, LLC	c EIN-PN 05-0565093-001
a	Plan name	STRATEGIC ENVIRONMENTAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	STRATEGIC ENVIRONMENTAL SERVICES, INC.	c EIN-PN 04-3553212-002
a	Plan name	STREB CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	STREB CONSTRUCTION CO., INC.	c EIN-PN 42-0892646-001
a	Plan name	STUART EYE INSTITUTE, PA 401(K) PLAN	
b	Name of plan sponsor	STUART EYE INSTITUTE, P.A.	c EIN-PN 59-1980090-001
a	Plan name	STUDIO ONE PHOTOGRAPHY, INC. 401(K) PLAN	
b	Name of plan sponsor	STUDIO ONE PHOTOGRAPHY, INC.	c EIN-PN 46-5583445-001
a	Plan name	STYLECRAFT HOME COLLECTION, INC 401(K) PLAN	
b	Name of plan sponsor	STYLECRAFT HOME COLLECTION, INC.	c EIN-PN 27-0439124-001
a	Plan name	PEGASYS TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	PEGASYS TECHNOLOGIES, LLC	c EIN-PN 82-4668955-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<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	PERKINS MOTOR PLEX LLC SAFE HARBOR 401(K) PLAN
b	Name of plan sponsor	PERKINS MOTOR PLEX LLC
c	EIN-PN	26-4307208-001
a	Plan name	ATKINSON 401(K) PLAN
b	Name of plan sponsor	ATKINSON LAW P.A.
c	EIN-PN	27-0879090-001
a	Plan name	ATLANTA OFFICE TECHNOLOGIES, INC. 401(K) PLAN
b	Name of plan sponsor	ATLANTA OFFICE TECHNOLOGIES, INC.
c	EIN-PN	47-2600973-001
a	Plan name	ATLANTIC GOLF AND TURF 401(K) PLAN
b	Name of plan sponsor	ATLANTIC GOLF AND TURF LLC
c	EIN-PN	27-1400038-001
a	Plan name	ATTORNEYS TITLE GROUP, LLC 401(K) PLAN
b	Name of plan sponsor	ATTORNEYS TITLE GROUP
c	EIN-PN	47-4137488-001
a	Plan name	AUDUBON COUNTRY CLUB PROFIT SHARING PLAN
b	Name of plan sponsor	AUDUBON COUNTRY CLUB
c	EIN-PN	61-0123310-001
a	Plan name	DSI RETIREMENT PLAN
b	Name of plan sponsor	DESIGN & SOFTWARE INTERNATIONAL, INC.
c	EIN-PN	31-1435015-001
a	Plan name	DUOTECH SERVICES LLC 401(K) PLAN
b	Name of plan sponsor	DUOTECH SERVICES LLC
c	EIN-PN	59-2658665-001
a	Plan name	JEWISH ASSOCIATION FOR DEVELOPMENTAL DISABILITIES 401(K) PLAN
b	Name of plan sponsor	JEWISH ASSOCIATION FOR DEVELOPMENTAL DISABILITIES
c	EIN-PN	22-2842847-001
a	Plan name	JFR CONSULTING, INC. 401(K) PLAN
b	Name of plan sponsor	JFR CONSULTING, INC.
c	EIN-PN	01-0642667-001
a	Plan name	JKA WELL DRILLING 401(K) PLAN
b	Name of plan sponsor	JKA ENTERPRISES, INC. DBA JKA WELL DRILLING & PUMP
c	EIN-PN	91-1893642-001
a	Plan name	TBONZ STEAKHOUSES OF GA 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TMJH INCORPORATED DBA TBONZ STEAKHOUSE OF AUGUSTA
c	EIN-PN	26-3937273-001

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	BARRY, BARALL, TAYLOR & LEVESQUE, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BARRY, BARALL, TAYLOR & LEVESQUE LLC	c EIN-PN 26-3428300-001
a	Plan name	EHLEN & FULLER, DDS RETIREMENT PLAN	
b	Name of plan sponsor	EHLEN & FULLER, DDS, PLLC	c EIN-PN 27-5224563-001
a	Plan name	KEITH'S APPLIANCES 401(K) PLAN	
b	Name of plan sponsor	KEITH'S APPLIANCES	c EIN-PN 06-0973305-001
a	Plan name	THE CARLIN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	THE CARLIN COLLABORATIVE	c EIN-PN 83-2633004-001
a	Plan name	THE CONNECTME 401(K) PLAN	
b	Name of plan sponsor	MODERN HR, INC.	c EIN-PN 81-0741257-002
a	Plan name	PROJECT INDEPENDENCE 401(K) PLAN	
b	Name of plan sponsor	PROJECT INDEPENDENCE	c EIN-PN 95-3147421-001
a	Plan name	PRONK TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRONK TECHNOLOGIES, INC.	c EIN-PN 20-1891840-001
a	Plan name	PROPERTIES TITLE, LLC 401K PLAN	
b	Name of plan sponsor	PROPERTIES TITLE, LLC	c EIN-PN 82-2623090-001
a	Plan name	BIGSMILE ORTHODONTICS RETIREMENT PLAN	
b	Name of plan sponsor	H SAM TONG DDS PHD INC.	c EIN-PN 90-0288471-001
a	Plan name	BJB ELECTRIC, LP 401(K) PLAN	
b	Name of plan sponsor	BJB ELECTRIC, LP	c EIN-PN 58-2438805-002
a	Plan name	EUFORA INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor	EUFORA INTERNATIONAL	c EIN-PN 33-0617396-001
a	Plan name	LABRASCA PLASTIC SURGERY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	LABRASCA PLASTIC SURGERY, INC.	c EIN-PN 46-4013077-001

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	LAKE POINTE WELLNESS CENTER 401K PLAN	
b Name of plan sponsor	LAKE POINTE WELLNESS CENTER	c EIN-PN 83-3986869-001
a Plan name	PVA. INC 401(K) PLAN	
b Name of plan sponsor	PVA INC.	c EIN-PN 35-1313976-001
a Plan name	PWLEETSDALE EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	PWLEETSDALE CORP.	c EIN-PN 88-1751703-001
a Plan name	BONNET SPRINGS PARK, INC. 401(K) PLAN	
b Name of plan sponsor	BONNET SPRINGS PARK, INC.	c EIN-PN 81-1106879-001
a Plan name	BOXDROP SAN DIEGO INC. 401(K) PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	BOXDROP SAN DIEGO INC.	c EIN-PN 83-3516213-002
a Plan name	LEAN TECHNIQUES, INC. 401(K) PLAN	
b Name of plan sponsor	LEAN TECHNIQUES, INC.	c EIN-PN 38-3836804-001
a Plan name	TOOLMAX DESIGNING & TOOLING, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TOOLMAX DESIGNING & TOOLING, INC.	c EIN-PN 36-4625497-001
a Plan name	TOP OF TEXAS 401(K) PLAN	
b Name of plan sponsor	TOP OF TEXAS, INC.	c EIN-PN 75-2646871-001
a Plan name	TOP SHELF LOGISTICS, LLC 401(K) PLAN	
b Name of plan sponsor	TOP SHELF LOGISTICS, LLC	c EIN-PN 26-0272605-001
a Plan name	LEBLANC NETTLES LAW GROUP 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	LEBLANC NETTLES LAW LLC	c EIN-PN 46-2658554-001
a Plan name	LEE RIDDICK PLUMBING & HEATING 401(K) PLAN	
b Name of plan sponsor	LEE RIDDICK PLUMBING & HEATING INC.	c EIN-PN 46-4276258-001
a Plan name	LEGENDARY HOME SOLUTIONS 401(K) PLAN	
b Name of plan sponsor	LEGENDARY HOME SOLUTIONS LLC	c EIN-PN 83-3696034-001

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	MANHART INSURANCE GROUP 401(K) PLAN
b	Name of plan sponsor	MANHART INSURANCE GROUP, INC.
c	EIN-PN	46-4812835-001
a	Plan name	MARC DUTTON IRRIGATION, INC. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	MARC DUTTON IRRIGATION, INC.
c	EIN-PN	38-2152186-001
a	Plan name	MOMENTUM BUILDERS 401(K)
b	Name of plan sponsor	MOMENTUM BUILDERS
c	EIN-PN	25-1413147-001
a	Plan name	NETT CONSTRUCTION COMPANY, LLC 401(K) PLAN
b	Name of plan sponsor	NETT CONSTRUCTION COMPANY, LLC
c	EIN-PN	61-1346621-001
a	Plan name	NEW DIMENSIONS FEDERAL CREDIT UNION PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	NEW DIMENSIONS FEDERAL CREDIT UNION
c	EIN-PN	01-0244585-001
a	Plan name	NORTH POINT PROPERTY MANAGEMENT 401(K) PLAN
b	Name of plan sponsor	NORTH POINT PROPERTY MANAGEMENT LLC
c	EIN-PN	26-3020121-002
a	Plan name	OUR COUNTRY HOME ENTERPRISES, INC CUSTOM RETIREMENT PLAN
b	Name of plan sponsor	OUR COUNTRY HOME ENTERPRISES, INC.
c	EIN-PN	34-1524285-001
a	Plan name	PARADYME MANAGEMENT, INC. RETIREMENT PLAN
b	Name of plan sponsor	PARADYME MANAGEMENT, INC.
c	EIN-PN	13-4271306-004
a	Plan name	PETRO-VALVE, INC. PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	PETRO-VALVE, INC.
c	EIN-PN	74-2088515-001
a	Plan name	POWELL CONSTRUCTORS 401(K) PLAN & TRUST
b	Name of plan sponsor	POWELL CONSTRUCTORS
c	EIN-PN	03-0549543-001
a	Plan name	PROSERVICE HAWAII 401(K) PLAN
b	Name of plan sponsor	PROSERVICE PACIFIC, LLC DBA PROSERVICE HAWAII
c	EIN-PN	61-1582293-001
a	Plan name	PROTREE 401(K) PLAN
b	Name of plan sponsor	HDQ ENTERPRISES, LLC DBA PROFESSIONAL TREE & TURF EQUIPMENT
c	EIN-PN	87-4654888-001

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 RESTLESS SOFTWARE 401(K) PLAN	
b	Name of plan sponsor RESTLESS SOFTWARE LLC	c EIN-PN 83-2568090-001
a	Plan name RETINA CONSULTANTS SAN DIEGO, INC 401 K SAVINGS PLAN	
b	Name of plan sponsor RETINA CONSULTANTS SAN DIEGO, INC	c EIN-PN 95-3511595-001
a	Plan name S JACOBS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor S JACOBS DBA ANNE BARGE	c EIN-PN 46-5423797-001
a	Plan name SCOBELL COMPANY, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SCOBELL COMPANY INC	c EIN-PN 25-0929359-001
a	Plan name SIGMON FAMILY INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor SIGMON FAMILY INVESTMENTS, INC.	c EIN-PN 20-3200494-001
a	Plan name SLOANE DENTAL 401(K) PLAN	
b	Name of plan sponsor 12 SOUTH DENTAL PLLC	c EIN-PN 46-1289540-001
a	Plan name STEIN LAW 401(K) PLAN	
b	Name of plan sponsor STEIN LAW PA.	c EIN-PN 46-3771978-001
a	Plan name STEM CIDERS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEM CIDERS, LLC	c EIN-PN 46-2031245-001
a	Plan name STEP UP FAMILY SERVICE LLC- 401(K)	
b	Name of plan sponsor STEP UP FAMILY SERVICES LLC	c EIN-PN 83-4093830-001
a	Plan name STEPPING STONES PEDIATRIC THERAPY 401(K) PLAN	
b	Name of plan sponsor STEPPING STONES PEDIATRIC THERAPY, PLLC	c EIN-PN 27-1777939-001
a	Plan name SUMMIT POINT 401(K) PLAN	
b	Name of plan sponsor SUMMIT POINT ROOFING, LLC	c EIN-PN 47-3363896-001
a	Plan name TED GROB CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor TED GROB CORPORATION	c EIN-PN 39-1027921-001

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	TOTAL MEDICAL COMPLIANCE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TMCC, INC DBA TOTAL MEDICAL COMPLIANCE	c EIN-PN 56-1970120-001
a	Plan name	UNIQUE FABRICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNIQUE FABRICATIONS	c EIN-PN 26-1649705-001
a	Plan name	VANDALAY 401(K) PLAN	
b	Name of plan sponsor	1126 CENTRAL RESTAURANT, LLC	c EIN-PN 47-2873563-001
a	Plan name	WATERMAN BROTHERS CONSTRUCTION, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	WATERMAN BROTHERS CONSTRUCTION, INC.	c EIN-PN 36-3713511-001
a	Plan name	WILLIAMS INSTITUTIONAL FOODS 401(K) PLAN	
b	Name of plan sponsor	WILLIAMS INSTITUTIONAL FOODS	c EIN-PN 58-1148285-001
a	Plan name	595 MIX MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor	595 MIX MANAGEMENT, LLC	c EIN-PN 81-3233918-001
a	Plan name	AFTERMAN SOFTWARE, LLC 401(K) PLAN	
b	Name of plan sponsor	AFTERMAN SOFTWARE, LLC	c EIN-PN 81-2910848-001
a	Plan name	AGNIESZKA JAMROZEK, DMD LLC DEFINED BENEFIT PENSION PLAN AND TRUST	
b	Name of plan sponsor	AGNIESZKA JAMROZEK DMD, LLC	c EIN-PN 81-1106417-001
a	Plan name	AMERICAN COATINGS CORP. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN COATINGS CORP.	c EIN-PN 31-1581806-001
a	Plan name	AMERICAN RELIANCE INDUSTRIES COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN RELIANCE INDUSTRIES COMPANY	c EIN-PN 35-2131825-001
a	Plan name	AMERICAN STRUCTURAL CONCRETE 401(K) PLAN	
b	Name of plan sponsor	AMERICAN STRUCTURAL CONCRETE	c EIN-PN 46-5535836-003
a	Plan name	APOLLO HEALTHCARE, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	APOLLO HEALTHCARE, LLC	c EIN-PN 27-3107108-002

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 APPLE CANYON LAKE PROPERTY OWNERS' ASSOCIATION RETIREMENT PLAN	
b	Name of plan sponsor APPLE CANYON LAKE PROPERTY OWNERS' ASSOCIATION	c EIN-PN 36-2752703-001
a	Plan name AUSTERE 401(K) PLAN	
b	Name of plan sponsor CARE ADVOCATE INC.	c EIN-PN 36-4567027-001
a	Plan name BAY AREA TECH WORKERS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAY AREA TECH WORKERS	c EIN-PN 94-3310364-001
a	Plan name BAYSIDE DREDGING, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BAYSIDE DREDGING LLC	c EIN-PN 88-2719169-001
a	Plan name BLAIR RETIREMENT PLAN	
b	Name of plan sponsor BLAIR ELECTRA SOUTHWEST, LLC	c EIN-PN 87-1439781-001
a	Plan name BLUE BLAZER VENTURES, INC. 401(K) PLAN	
b	Name of plan sponsor BLUE BLAZER VENTURES, INC.	c EIN-PN 85-1002874-001
a	Plan name BLUE COMMERCE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE COMMERCE INC.	c EIN-PN 47-4494129-001
a	Plan name BLUE OVAL INDUSTRIES INC. 401(K) P/S PLAN	
b	Name of plan sponsor BLUE OVAL INDUSTRIES INC.	c EIN-PN 74-3108480-777
a	Plan name BRAND VELOCITY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BRAND VELOCITY, INC.	c EIN-PN 58-2464671-001
a	Plan name BRANDPOINT SERVICES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RHOMBUS SERVICES, LLC DBA BRANDPOINT SERVICES	c EIN-PN 27-3635342-001
a	Plan name COLORADO PHYSICIAN PARTNERS 401(K) PLAN	
b	Name of plan sponsor COLORADO PHYSICIAN PARTNERS	c EIN-PN 90-0995056-001
a	Plan name COLT NECK LABS, LLC - 401(K)	
b	Name of plan sponsor COLT NECK LABS, LLC	c EIN-PN 83-4534512-001

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 COLUMBIA MARKING TOOLS, INC. EMPLOYEES PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA MARKING TOOLS, INC.	c EIN-PN 38-1659935-001
a	Plan name CRISP ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor CRISP ENTERPRISES, INC.	c EIN-PN 33-0934203-001
a	Plan name DEMAJE HOLDINGS, LLC 401K PLAN	
b	Name of plan sponsor DEMAJE HOLDINGS, LLC	c EIN-PN 26-2330844-001
a	Plan name DEMOSS ELECTRIC, INC. 401(K) PLAN	
b	Name of plan sponsor DEMOSS ELECTRIC, INC.	c EIN-PN 02-0677709-001
a	Plan name DENNIS SEAMAN CO., LPA EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor DENNIS SEAMAN CO., L.P.A.	c EIN-PN 34-1207750-001
a	Plan name DUQUENSE FENCE, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DUQUESNE FENCE, INC.	c EIN-PN 81-1483826-001
a	Plan name DWELL HOME FURNISHINGS & INTERIOR DESIGN	
b	Name of plan sponsor DWELL HOME FURNISHINGS & INTERIOR DESIGN	c EIN-PN 39-1907603-001
a	Plan name EL MOLINO DE ORO INC. RETIREMENT PLAN	
b	Name of plan sponsor EL MOLINO DE ORO INC.	c EIN-PN 45-3830780-001
a	Plan name EYNCON 401(K) PLAN	
b	Name of plan sponsor EYNCON, LLC	c EIN-PN 47-2720798-001
a	Plan name FABIAN A RAMOS MD PLLC 401(K) PLAN	
b	Name of plan sponsor FABIAN A RAMOS MD PLLC	c EIN-PN 20-1861799-001
a	Plan name FIBERGLASS SOLUTIONS LLC 401K RETIREMENT SAVINGS PLAN AND TRUST	
b	Name of plan sponsor FIBERGLASS SOLUTIONS LLC	c EIN-PN 82-4663901-001
a	Plan name FIELD SERVICES 401(K) PLAN	
b	Name of plan sponsor AGRONOMIC FIELD SERVICES, LLC DBA FIELD SERVICES LLC	c EIN-PN 68-0625733-001

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	GATEWAY TO PREVENTION AND RECOVERY, INC. 401(K) PLAN	
b	Name of plan sponsor	GATEWAY TO PREVENTION AND RECOVERY, INC.	c EIN-PN 73-1215510-001
a	Plan name	GKBK 401(K) PLAN	
b	Name of plan sponsor	GAUNTT KOEN BINNEY & KIDD, LLP	c EIN-PN 76-0574603-001
a	Plan name	GREAT LAKES ENERGY NON-UNION 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES ENERGY COOPERATIVE, INC.	c EIN-PN 38-3321875-001
a	Plan name	GREAT LAKES ENERGY UNION 401(K) PLAN	
b	Name of plan sponsor	GREAT LAKES ENERGY COOPERATIVE, INC.	c EIN-PN 38-3321875-003
a	Plan name	HIGHWAY INN, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HIGHWAY INN, INC.	c EIN-PN 99-0249967-222
a	Plan name	HUBLER FAMILY AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor	HRH AUTOMOTIVE LLC	c EIN-PN 83-2110831-001
a	Plan name	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO 401(K) PLAN	
b	Name of plan sponsor	INTERNATIONAL UNION OF POLICE ASSOCIATIONS AFL-CIO	c EIN-PN 52-1139564-001
a	Plan name	INTERSHELL INTERNATIONAL CORP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	INTERSHELL INTERNATIONAL CORP	c EIN-PN 04-3458902-001
a	Plan name	J&M SERVICES 401(K) PLAN	
b	Name of plan sponsor	J&M SERVICES	c EIN-PN 82-4526041-001
a	Plan name	J. GREG ALLEN BUILDER INC. PROFIT SHARING 401 (K) PLAN & TRUST	
b	Name of plan sponsor	J. GREG ALLEN BUILDER, INC.	c EIN-PN 35-1686449-001
a	Plan name	JOHN KRAEMER & SONS, INC. SAVINGS & PROFIT SHARING PLAN	
b	Name of plan sponsor	JOHN KRAEMER & SONS, INC.	c EIN-PN 41-1347429-001
a	Plan name	KENNETH RICKS DDS INC. 401(K) PLAN	
b	Name of plan sponsor	KENNETH RICKS DDS INC.	c EIN-PN 47-4884440-001

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	LANDSCAPING SUN VALLEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LANDSCAPING SUN VALLEY, INC. DBA TERRA LANDSCAPES	c EIN-PN 26-2425399-001
a	Plan name	A&B MARKET, LLC 401(K) PLAN	
b	Name of plan sponsor	A&B MARKET, LLC	c EIN-PN 47-2479032-001
a	Plan name	A.I. BOERENKO PLUMBING AND PUMP LLC 401(K) PLAN	
b	Name of plan sponsor	A.I. BOERENKO PLUMBING AND PUMP LLC	c EIN-PN 51-0486026-001
a	Plan name	AJ PETERSEN HOMES, LLC 401(K) PLAN	
b	Name of plan sponsor	AJ PETERSEN HOMES, LLC	c EIN-PN 81-0872583-001
a	Plan name	BCI, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BCI, INC.	c EIN-PN 06-1308260-002
a	Plan name	BRC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BILL RISINGER CONSTRUCTION & REMODELING CO., INC.	c EIN-PN 61-1194338-001
a	Plan name	BREVARD MEDICAL DERMATOLOGY, P.A. 401(K) PLAN	
b	Name of plan sponsor	BREVARD MEDICAL DERMATOLOGY	c EIN-PN 36-4796769-001
a	Plan name	CATHOLIC CHARITIES 401(K) PLAN	
b	Name of plan sponsor	CATHOLIC CHARITIES	c EIN-PN 85-0110070-001
a	Plan name	CAUDILL, KADO & CO - DERMATOLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JENNIFER CAUDILL, MD, PLLC	c EIN-PN 45-2672063-001
a	Plan name	COMMERCIAL DOOR AND HARDWARE, INC. 401(K) PLAN	
b	Name of plan sponsor	COMMERCIAL DOOR AND HARDWARE, INC.	c EIN-PN 61-1169293-001
a	Plan name	COMMONWEALTH TRUST COMPANY 401(K) PLAN	
b	Name of plan sponsor	COMMONWEALTH TRUST COMPANY	c EIN-PN 51-0009125-001
a	Plan name	CROSSWINDS COUNSELING & WELLNESS 401(K) PLAN	
b	Name of plan sponsor	MENTAL HEALTH CENTER OF EAST CENTRAL KANSAS DBA CROSSWINDS COUNSELIN	c EIN-PN 48-0666889-001

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 DIVITO CONSTRUCTION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DIVITO CONSTRUCTION, LLC	c EIN-PN 84-1597750-001
a	Plan name DJ'S SPORTS BAR, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor DJ'S SPORTS BAR, INC.	c EIN-PN 36-3924989-001
a	Plan name ELITE PAINTING AL, LLC 401(K) PLAN	
b	Name of plan sponsor ELITE PAINTING AL, LLC	c EIN-PN 45-3025849-001
a	Plan name FIFTH WHEEL FREIGHT 401(K) PLAN	
b	Name of plan sponsor B&L SYSTEMS LLC DBA FIFTH WHEEL FREIGHT	c EIN-PN 46-1122501-001
a	Plan name FIMG 401(K) PLAN	
b	Name of plan sponsor FREEDOM INVESTMENT MANAGEMENT GROUP, INC.	c EIN-PN 27-3693949-001
a	Plan name FINK & FINK, PLLC 401(K) PLAN	
b	Name of plan sponsor FINK & FINK, PLLC	c EIN-PN 26-1687698-001
a	Plan name GLENN'S CREEK DISTILLING RETIREMENT PLAN	
b	Name of plan sponsor GLENN'S CREEK DISTILLING, LLC	c EIN-PN 46-3975494-001
a	Plan name GLOBAL RESOURCE ENGINEERING, LTD. 401(K) PLAN	
b	Name of plan sponsor GLOBAL RESOURCE ENGINEERING, LTD.	c EIN-PN 61-1843495-001
a	Plan name HARKER HEATING & COOLING, INC. 401(K) PLAN	
b	Name of plan sponsor HARKER HEATING & COOLING, INC.	c EIN-PN 39-1634801-001
a	Plan name HARMSSEN CONSTRUCTION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARMSSEN CONSTRUCTION, INC.	c EIN-PN 38-2720081-001
a	Plan name HARRISON VETERINARY CLINIC 401(K) PLAN	
b	Name of plan sponsor HARRISON VETERINARY CLINIC, PLLC	c EIN-PN 61-1272496-001
a	Plan name JACOBS & WALLACE, PLLC 401(K) PLAN	
b	Name of plan sponsor JACOBS & WALLACE, PLLC	c EIN-PN 82-2495338-001

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	KEY ENGINEERING, INC. 401(K) PLAN	
b Name of plan sponsor	KEY ENGINEERING, INC.	c EIN-PN 75-3112205-001
a Plan name	KINETIC DESIGN, INC. 401(K) PLAN	
b Name of plan sponsor	KINETIC DESIGN, INC.	c EIN-PN 82-2375904-001
a Plan name	LEO TECH, LLC RETIREMENT PLAN	
b Name of plan sponsor	LEO TECH, LLC	c EIN-PN 47-4538892-001
a Plan name	LEVENTHAL PUGA BRALEY P.C., 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	LEVENTHAL PUGA BRALEY P.C.	c EIN-PN 84-0852333-001
a Plan name	LG AUDIOLOGICAL ENTERPRISES LLC 401(K) PLAN	
b Name of plan sponsor	LG AUDIOLOGICAL ENTERPRISES LLC	c EIN-PN 26-3982693-001
a Plan name	LIBERTY UCC MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	LIBERTY UCC MANAGEMENT, LLC	c EIN-PN 81-3126287-001
a Plan name	MAYBAR MANUFACTURING CO., INC. 401(K) PLAN	
b Name of plan sponsor	MAYBAR MANUFACTURING CO., INC.	c EIN-PN 39-0842841-001
a Plan name	MOOSE INTERNATIONAL, INC. EMPLOYEES' 401(K) PLAN	
b Name of plan sponsor	MOOSE INTERNATIONAL, INC.	c EIN-PN 36-1408120-005
a Plan name	MORNSTAIR INC. 401(K) PLAN	
b Name of plan sponsor	MORNSTAIR INC.	c EIN-PN 35-2748426-001
a Plan name	MOUNTAIN BORDERS ASSOCIATES INC 401(K) PLAN	
b Name of plan sponsor	MOUNTAIN BORDERS ASSOCIATES INC	c EIN-PN 27-0189681-001
a Plan name	MOUNTAIN KIDS LOUISVILLE, LLC 401(K) PLAN	
b Name of plan sponsor	MOUNTAIN KIDS LOUISVILLE, LLC	c EIN-PN 47-2511686-001
a Plan name	MOUNTAIN STATES GLASS LLC 401(K) PLAN	
b Name of plan sponsor	MOUNTAIN STATES GLASS LLC	c EIN-PN 82-2785228-001

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	MOUNTZ, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MOUNTZ, INC.	c EIN-PN 94-2625117-001
a	Plan name	NORTHWEST DRAFT 401(K) PLAN	
b	Name of plan sponsor	NORTH WEST DRAUGHT TECHNICIANS, LLC NORTHWEST DRAFT TECHNICIANS	c EIN-PN 45-4915664-001
a	Plan name	NORTHWEST GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTHWEST GLASS, INC.	c EIN-PN 81-0447938-001
a	Plan name	PARIS MOUNTAIN HOSPITALITY, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARIS MOUNTAIN HOSPITALITY, LLC	c EIN-PN 47-1819250-001
a	Plan name	PARK SIDE FINANCIAL CREDIT UNION 401(K) PLAN & TRUST	
b	Name of plan sponsor	PARK SIDE FINANCIAL CREDIT UNION	c EIN-PN 23-7155544-001
a	Plan name	PARKER SQUARED AND AFFILIATED COMPANIES 401(K) PLAN	
b	Name of plan sponsor	PARKER SQUARED, INC. DBA SLEEPING BABY, INC.	c EIN-PN 27-0402271-001
a	Plan name	QUINTESSA 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	QUINTESSA	c EIN-PN 27-1561454-002
a	Plan name	THE KITCHEN, INC. 401(K) PLAN	
b	Name of plan sponsor	THE KITCHEN, INC.	c EIN-PN 38-2716204-001
a	Plan name	THE LAW OFFICE OF HEATHER A. LONG, LLC 401(K) PLAN	
b	Name of plan sponsor	THE LAW OFFICE OF HEATHER A. LONG, LLC	c EIN-PN 33-3432013-001
a	Plan name	TOYS FOR TRUCKS, INC. 401(K) PLAN	
b	Name of plan sponsor	TOYS FOR TRUCKS, INC.	c EIN-PN 39-1646646-001
a	Plan name	TQM NORTH AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	TQM NORTH AMERICA, INC.	c EIN-PN 35-2615062-001
a	Plan name	TRAFFIC SCHOOL (401 K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRAFFIC SAFETY CONSULTANTS, INC. DBA COMEDY SCHOOL ONLINE.COM	c EIN-PN 95-3312949-001

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	TRAIN'S TOWERS, INC. PROFIT SHARING PLAN
b	Name of plan sponsor	TRAIN'S TOWERS, INC.
c	EIN-PN	22-3309976-001
a	Plan name	VAUGHN WATER COMPANY 401(K) PLAN
b	Name of plan sponsor	VAUGHN WATER COMPANY
c	EIN-PN	95-1600230-002
a	Plan name	VELOCITY COMMERCIAL CAPITAL 401(K) PLAN
b	Name of plan sponsor	VELOCITY COMMERCIAL CAPITAL, LLC
c	EIN-PN	20-1193192-001
a	Plan name	VELOCITY MACHINE, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	VELOCITY MACHINE INC.
c	EIN-PN	39-1939229-001
a	Plan name	WINDOW WISE LLC 401(K) PLAN
b	Name of plan sponsor	WINDOW WISE LLC
c	EIN-PN	26-0389881-001
a	Plan name	WINSLOW CAMPUS OF CARE 401(K) PLAN
b	Name of plan sponsor	WINSLOW CONVALESCENT CENTER DBA WINSLOW CAMPUS OF CARE
c	EIN-PN	86-0320039-001
a	Plan name	WINTERS, LLP. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	WINTERS, LLP
c	EIN-PN	37-1366508-001
a	Plan name	HAWKEYE DENTAL PROSTHETIC STUDIO 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	HAWKEYE DENTAL PROSTHETIC STUDIO
c	EIN-PN	83-0958881-001
a	Plan name	HAYDON HOLDINGS, LLC AND SUBSIDIARIES PROFIT SHARING PLAN
b	Name of plan sponsor	HAYDON HOLDINGS, LLC
c	EIN-PN	06-1662614-001
a	Plan name	JADT FOOD GROUP, LLC 401(K) PLAN
b	Name of plan sponsor	JADT FOOD GROUP, LLC
c	EIN-PN	41-1891521-001
a	Plan name	JAINDL PROPERTIES LLC RETIREMENT PLAN
b	Name of plan sponsor	JAINDL PROPERTIES LLC
c	EIN-PN	20-1690137-001
a	Plan name	LIFEDECK COATING INSTALLATIONS 401(K) PLAN
b	Name of plan sponsor	PACIFIC PEBBLES INC DBA LIFEDECK COATING INSTALLATIONS
c	EIN-PN	95-3640020-001

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	MCCOLLOUGH SCHOLTEN 401(K) SAVINGS PLAN	
b	Name of plan sponsor	MCCOLLOUGH SCHOLTEN CONSTRUCTION	c EIN-PN 35-1685271-001
a	Plan name	MCCOURT EQUIPMENT, INC. SAFE HARBOR 401(K) PLAN	
b	Name of plan sponsor	MCCOURT EQUIPMENT, INC.	c EIN-PN 74-2913583-001
a	Plan name	MPX 401(K) PLAN	
b	Name of plan sponsor	MPX	c EIN-PN 01-0457729-001
a	Plan name	NOVA AMP 401(K) PLAN	
b	Name of plan sponsor	NOVA ASSOCIATION MANAGEMENT PARTNERS, LLC	c EIN-PN 83-3585159-001
a	Plan name	PARTNER VALUATION ADVISORS LLC 401(K) PLAN	
b	Name of plan sponsor	PARTNER VALUATION ADVISORS LLC	c EIN-PN 88-3351652-001
a	Plan name	PATRICK MACDONALD DDS PC 401(K) PLAN	
b	Name of plan sponsor	PATRICK MACDONALD DDS PC	c EIN-PN 20-1206683-001
a	Plan name	PAUL M. KENTOR, M.D., S.C. PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PAUL M. KENTOR, M.D., S.C.	c EIN-PN 36-3119308-001
a	Plan name	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC 401(K) PLAN	
b	Name of plan sponsor	PRESTIGE ELECTRIC CO. OF FLORIDA, LLC	c EIN-PN 82-3714094-001
a	Plan name	PRETTY PICKY PROPERTIES INC. 401(K) PLAN	
b	Name of plan sponsor	PRETTY PICKY PROPERTIES INC	c EIN-PN 47-2657890-001
a	Plan name	RABB WATER SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	RABB WATER SYSTEMS, INC.	c EIN-PN 35-1750694-001
a	Plan name	RABENI DENTAL 401(K) PLAN	
b	Name of plan sponsor	MELANIE M. RABENI, DDS PC	c EIN-PN 27-0679041-001
a	Plan name	RADD COMPANIES 401(K) PLAN	
b	Name of plan sponsor	RADD CAPITAL, LLC	c EIN-PN 82-2026337-001

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	RAMSEY & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAMSEY & ASSOCIATES INC.	c EIN-PN 61-1197581-001
a	Plan name	ROCAP LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCAP LAW FIRM, LLC	c EIN-PN 47-4618365-001
a	Plan name	SENIOR MARKET TEAM LLC 401(K) PLAN	
b	Name of plan sponsor	SENIOR MARKET TEAM LLC	c EIN-PN 46-5533414-001
a	Plan name	SONSHINE FAMILY TELEVISION CORP 401(K) PLAN	
b	Name of plan sponsor	SONSHINE FAMILY TELEVISION CORP	c EIN-PN 22-2672541-001
a	Plan name	SWC OFFICE FURNITURE OUTLET 401(K) PROFIT SHARING AND TRUST	
b	Name of plan sponsor	SWC OFFICE FURNITURE OUTLET	c EIN-PN 06-1532118-002
a	Plan name	SYDAPTIC, INC. 401(K) PLAN	
b	Name of plan sponsor	SYDAPTIC, INC.	c EIN-PN 74-2898394-001
a	Plan name	TRANSCONTINENTAL CONTRACTING, INC. SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSCONTINENTAL CONTRACTING INC.	c EIN-PN 22-3416826-001
a	Plan name	TRANSWORLD MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	CHUZ-U CONSTRUCTION INC. DBA TRANSWORLD MANAGEMENT	c EIN-PN 82-0672287-001
a	Plan name	VERADYNE ENTERPRISES, INC. 401(K) PLAN	
b	Name of plan sponsor	VERADYNE UNLIMITED, INC.	c EIN-PN 82-1987323-001
a	Plan name	VERPLANK ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	VERPLANK ELECTRIC INC.	c EIN-PN 75-3028527-001
a	Plan name	VETERINARY DENTAL SERVICES, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	VETERINARY DENTAL SERVICES, LLC	c EIN-PN 27-0225775-001
a	Plan name	VEXUS FIBER, LLC DBA VEXUS FIBER 401K PLAN	
b	Name of plan sponsor	VEXUS FIBER, LLC	c EIN-PN 75-1791082-001

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 VICKY RANGSUEBSIN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VICKY RANGSUEBSIN	c EIN-PN 35-2229085-001
a	Plan name WOOD CHEVROLET PLUMVILLE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WOOD CHEVROLET PLUMVILLE, INC.	c EIN-PN 25-1024311-001
a	Plan name A.W. OAKES & SON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor A.W. OAKES & SON, INC.	c EIN-PN 39-0967026-003
a	Plan name ALABAMA COLON & RECTAL INSTITUTE, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALABAMA COLON & RECTAL INSTITUTE, PC	c EIN-PN 63-0795136-001
a	Plan name ALESIG CONSULTING 401(K) PLAN	
b	Name of plan sponsor ALESIG CONSULTING	c EIN-PN 61-1591534-001
a	Plan name BEETS CATERING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor BEETS CATERING, INC.	c EIN-PN 94-6694661-001
a	Plan name BELMONT HARDWARE 401(K) PLAN	
b	Name of plan sponsor COMPLEAT BALDWIN BRASS CENTER OF CALIFORNIA	c EIN-PN 94-2724600-001
a	Plan name CENTERPOINT FELLOWSHIP CHURCH 401(K) PLAN	
b	Name of plan sponsor CENTERPOINT FELLOWSHIP CHURCH	c EIN-PN 27-1489622-001
a	Plan name CENTRAL MACHINERY COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor CENTRAL MACHINERY COMPANY, LLC DBA CEN MAC METAL WORKS	c EIN-PN 34-1943090-001
a	Plan name COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES 401(K) PLAN	
b	Name of plan sponsor COMPASS COUNSELING AND PSYCHOLOGICAL SERVICES	c EIN-PN 36-4818744-001
a	Plan name CYPRESS PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CYPRESS PARTNERS LLC	c EIN-PN 81-4753944-001
a	Plan name DORSETT AUTOMOTIVE 401(K) PLAN	
b	Name of plan sponsor DORSETT'S AUTO SALES, INC.	c EIN-PN 35-1269099-001

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 EMCO GLADE SPRINGS HOSPITALITY, LLC 401(K) PLAN	
b	Name of plan sponsor EMCO GLADE SPRINGS HOSPITALITY, LLC	c EIN-PN 20-0976658-001
a	Plan name ENERGY SERVICES OF COLORADO, INC. 401(K) PLAN	
b	Name of plan sponsor ENERGY SERVICES OF COLORADO, INC.	c EIN-PN 68-0577024-001
a	Plan name GLOBALPUNDITS INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor GLOBALPUNDITS TECHNOLOGY CONSULTANCY, INC.	c EIN-PN 57-1093357-001
a	Plan name GLPC 401(K) PLAN	
b	Name of plan sponsor GREAT LAKES POTATO CHIP COMPANY, LLC	c EIN-PN 27-1435611-001
a	Plan name GMS MINE REPAIR & MAINTENANCE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GMS MINE REPAIR & MAINTENANCE, INC.	c EIN-PN 52-1908118-001
a	Plan name MURTCO, INC. PROFIT SHARING TRUST	
b	Name of plan sponsor MURTCO, INC.	c EIN-PN 61-1127838-001
a	Plan name NUOVO SALON & SPA 401(K)PLAN	
b	Name of plan sponsor NUOVO SALON GROUP	c EIN-PN 59-2737928-001
a	Plan name OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor OASIS ANIMAL HOSPITAL OF SOUTH CAROLINA	c EIN-PN 83-3838404-001
a	Plan name PAUL NAFTALI, O.D., P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL NAFTALI, O.D., P.A.	c EIN-PN 22-3361281-001
a	Plan name PCG CAPITAL 401(K) PLAN	
b	Name of plan sponsor PCG CAPITAL	c EIN-PN 38-3885127-001
a	Plan name PRINCIPLE CHOICE SOLUTIONS, LLC 401(K) PLAN	
b	Name of plan sponsor PRINCIPLE CHOICE SOLUTIONS LLC	c EIN-PN 47-2275889-001
a	Plan name PRO BOX STORAGE 401(K) PLAN	
b	Name of plan sponsor PRO BOX PORTABLE STORAGE, LLC	c EIN-PN 35-2485775-001

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 RANGECRAFT 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor RANGECRAFT	c EIN-PN 22-3330263-001
a	Plan name RAYMOND HANDLING CONSULTANTS, LC 401(K) PLAN	
b	Name of plan sponsor RAYMOND HANDLING CONSULTANTS, LC	c EIN-PN 59-3331430-001
a	Plan name RON HAMMES REFRIGERATION 401(K) PLAN	
b	Name of plan sponsor RON HAMMES REFRIGERATION CO., INC.	c EIN-PN 39-1350539-001
a	Plan name SGI 401(K) PLAN	
b	Name of plan sponsor SGI	c EIN-PN 93-4216744-001
a	Plan name SOUTH POINT COUNSELING SERVICES RETIREMENT PLAN	
b	Name of plan sponsor SOUTH POINT COUNSELING SERVICES, LLC	c EIN-PN 45-3866896-001
a	Plan name TACTICAL SPORTS DEPOT, INC. 401(K) PLAN	
b	Name of plan sponsor TACTICAL SPORTS DEPOT, INC.	c EIN-PN 83-2481967-001
a	Plan name THE SPARROW GROUP 401(K) PLAN	
b	Name of plan sponsor THE SPARROW GROUP, INC.	c EIN-PN 46-5643850-001
a	Plan name TREASURE FIRE EQUIPMENT 401(K) PLAN	
b	Name of plan sponsor TREASURE FIRE EQUIPMENT, INC.	c EIN-PN 87-0656861-001
a	Plan name TRI-RIVERS HEALTHCARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TRI-RIVERS HEALTHCARE, PLLC	c EIN-PN 61-1357247-001
a	Plan name VISUAL WORKPLACE INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor VISUAL WORKPLACE	c EIN-PN 26-4045453-001
a	Plan name ABERDEEN CAPTIONING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ABERDEEN CAPTIONING, INC.	c EIN-PN 33-0983867-001
a	Plan name ALL GLASS & WINDOWS, LLC 401(K) PLAN	
b	Name of plan sponsor ALL GLASS & WINDOWS, LLC	c EIN-PN 36-4845255-001

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	ALL INSURANCE AGENCY 401(K) PLAN	
b	Name of plan sponsor	ALL INSURANCE AGENCY, INC.	c EIN-PN 39-1809610-001
a	Plan name	ARTHURS AND COMPANY CPA, LLC 401(K) PLAN	
b	Name of plan sponsor	ARTHURS AND COMPANY CPA, LLC	c EIN-PN 47-2006900-001
a	Plan name	BROADWAY MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BROADWAY MEDICAL GROUP, INC.	c EIN-PN 06-1542347-001
a	Plan name	BROWN-DAUB AUTO SALES INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB AUTO SALES INC.	c EIN-PN 38-3686385-001
a	Plan name	BROWN-DAUB CHEVROLET OF NAZARETH INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB OF NAZARETH INC.	c EIN-PN 24-0864624-001
a	Plan name	BROWN-DAUB DODGE INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB DODGE, INC.	c EIN-PN 23-2970402-001
a	Plan name	CET & ASSOCIATES, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CET & ASSOCIATES, LLC	c EIN-PN 80-0660613-001
a	Plan name	CHADE FASHIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	CHADE FASHIONS, INC.	c EIN-PN 36-3203528-001
a	Plan name	COMPLETELY FLOORED 401(K) PLAN	
b	Name of plan sponsor	BLAIGE CORPORATION DBA COMPLETELY FLOORED	c EIN-PN 20-3680924-001
a	Plan name	CONCRETE POLISHING & RESTORATION ACQUISITION, LLC 401(K) PLAN	
b	Name of plan sponsor	CONCRETE POLISHING & RESTORATION ACQUISITION, LLC	c EIN-PN 82-1776313-001
a	Plan name	CYPRESS RISK MANAGEMENT 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CYPRESS RISK MANAGEMENT	c EIN-PN 45-3934402-001
a	Plan name	DADELAND ORAL SURGERY ASSOCIATES, P.A. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	DADELAND ORAL SURGERY ASSOCIATES, P.A.	c EIN-PN 59-2003206-003

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	ENGLANDER & CHICOINE, P.C. RETIREMENT PLAN	
b	Name of plan sponsor	ENGLANDER & CHICOINE, P.C.	c EIN-PN 04-3220769-001
a	Plan name	ENT CLINIC OF IOWA, P.C. 401(K) PLAN	
b	Name of plan sponsor	ENT CLINIC OF IOWA, P.C.	c EIN-PN 42-1487214-002
a	Plan name	ENTHUSIAST ENTERPRISE 401(K) PLAN	
b	Name of plan sponsor	ENTHUSIAST ENTERPRISE	c EIN-PN 46-2378541-001
a	Plan name	FISTER, INC. 401 (K) PLAN	
b	Name of plan sponsor	FISTER, INC.	c EIN-PN 61-1108504-002
a	Plan name	GO PERMITS 401(K) PLAN	
b	Name of plan sponsor	GO PERMITS LLC	c EIN-PN 38-3897068-001
a	Plan name	GOGICK TECHNOLOGY CONSULTING, LLC 401(K) PLAN	
b	Name of plan sponsor	GOGICK TECHNOLOGY CONSULTING, LLC	c EIN-PN 82-3068700-001
a	Plan name	HDI RETIREMENT WELLNESS PLAN	
b	Name of plan sponsor	HOUSEWARE DISTRIBUTORS INC.	c EIN-PN 39-1433297-001
a	Plan name	HEART & HANDS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HEART & HANDS MIDWIFERY AND FAMILY HEALTHCARE	c EIN-PN 46-5257926-001
a	Plan name	IDEOLOGY PRODUCTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	IDEOLOGY PRODUCTIONS, LLC	c EIN-PN 46-4992929-001
a	Plan name	JASMINE GROUP LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JASMINE GROUP LLC	c EIN-PN 90-0346507-001
a	Plan name	KNAPP & NOVOTNY, INC. 401(K) PLAN	
b	Name of plan sponsor	KNAPP-NOVOTNY INDEPENDENT CONSULTANTS, LLC	c EIN-PN 92-0678712-001
a	Plan name	KONZEL CONSTRUCTION COMPANY, INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	KONZEL CONSTRUCTION COMPANY, INC.	c EIN-PN 45-3596434-001

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	LIVA EYE CENTER 401(K) PLAN	
b	Name of plan sponsor	LIVA EYE CENTER, LLC	c EIN-PN 20-0466607-002
a	Plan name	MCLEOD LAND SERVICES 401(K) PLAN 1	
b	Name of plan sponsor	MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-001
a	Plan name	MCLEOD LAND SERVICES 401(K) PLAN 2	
b	Name of plan sponsor	MCLEOD LAND & EQUIPMENT, INC.	c EIN-PN 65-0810917-002
a	Plan name	MEAD BROTHERS EXCAVATING, INC. 401(K) PLAN	
b	Name of plan sponsor	MEAD BROTHERS EXCAVATING, INC.	c EIN-PN 38-1679273-001
a	Plan name	ALLEGHENY MILLWORK 401(K) PLAN	
b	Name of plan sponsor	ALLEGHENY MILLWORK	c EIN-PN 25-1369567-002
a	Plan name	AVANTS OPERATIONS, LLC 401(K) PLAN	
b	Name of plan sponsor	AVANTS OPERATIONS, LLC	c EIN-PN 81-4997570-001
a	Plan name	BROWN-DAUB EURO INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB EURO, INC.	c EIN-PN 27-4502291-001
a	Plan name	BROWN-DAUB INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB, INC.	c EIN-PN 24-0535610-001
a	Plan name	BROWN-DAUB OF LEHIGH VALLEY INC. 401(K) PLAN	
b	Name of plan sponsor	BROWN-DAUB OF LEHIGH VALLEY, INC	c EIN-PN 27-1528308-001
a	Plan name	BRUSHFIRE TECHNOLOGY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	E-VENT SOFTWARE, INC.	c EIN-PN 42-1611993-001
a	Plan name	BSG 401(K) PLAN	
b	Name of plan sponsor	BSG 401(K)	c EIN-PN 68-0568326-001
a	Plan name	CICERO ADAMS, LLC 401(K) PLAN	
b	Name of plan sponsor	CICEROADAMS, LLC	c EIN-PN 47-2819390-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CINDERELLA DIVINE INC. RETIREMENT PLAN	
b	Name of plan sponsor	CINDERELLA DIVINE, INC.	c EIN-PN 20-4533301-002
a	Plan name	DALLESPORT FOUNDRY RETIREMENT PLAN	
b	Name of plan sponsor	DALLESPORT FOUNDRY, LLC	c EIN-PN 91-1878495-001
a	Plan name	DANGIE BROS., INC. 401(K) PLAN	
b	Name of plan sponsor	DANGIE BROS., INC.	c EIN-PN 81-1002279-001
a	Plan name	E-T-M ENTERPRISES I, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	E-T-M ENTERPRISES I, INC.	c EIN-PN 38-3457372-001
a	Plan name	E-TOWN EXTERMINATING PROFIT SHARING PLAN	
b	Name of plan sponsor	E-TOWN EXTERMINATING CO., INC.	c EIN-PN 61-0904647-002
a	Plan name	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	FLORIDA HIGH SCHOOL ATHLETIC ASSOCIATION	c EIN-PN 59-0657413-001
a	Plan name	GREENVILLE ENDODONTICS 401(K) PLAN	
b	Name of plan sponsor	GREENVILLE ENDODONTICS, LLC	c EIN-PN 82-3388235-001
a	Plan name	IN FOCUS PSYCHIATRY 401K PLAN	
b	Name of plan sponsor	IN FOCUS PSYCHIATRY	c EIN-PN 81-2638084-001
a	Plan name	JONESVILLE HEALTH CARE 401(K) PLAN	
b	Name of plan sponsor	JONESVILLE HEALTH CARE	c EIN-PN 02-0697250-001
a	Plan name	LOUISIANA OFFICE PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	LOUISIANA OFFICE PRODUCTS, INC	c EIN-PN 72-0763449-002
a	Plan name	LOUISVILLE MEDICAL GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	LOUISVILLE MEDICAL GROUP, LLC	c EIN-PN 82-4752011-001
a	Plan name	MID THUMB CONTRACTING, LLC 401(K) PLAN	
b	Name of plan sponsor	MID THUMB CONTRACTING	c EIN-PN 32-0337517-001

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	OBJECTIVE GROUP OF COMPANIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	OBJECTIVE GROUP OF COMPANIES	c EIN-PN 81-0806963-333
a	Plan name	OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS 401(K) PLAN	
b	Name of plan sponsor	THE OHIO SOCIETY OF CERTIFIED PUBLIC ACCOUNTANTS	c EIN-PN 31-4378053-002
a	Plan name	RC FURNITURE, INC. 401(K) PLAN	
b	Name of plan sponsor	RC FURNITURE, INC.	c EIN-PN 95-4033862-001
a	Plan name	SOUTHERN MONTANA OPTOMETRIC CENTER 401(K) PLAN	
b	Name of plan sponsor	SOUTHERN MONTANA OPTOMETRIC CENTER	c EIN-PN 81-0501277-001
a	Plan name	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHWEST EMERGENCY PHYSICIANS, L.L.C.	c EIN-PN 87-0545902-001
a	Plan name	TELEPATHY NETWORKS, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	TELEPATHY NETWORKS LLC	c EIN-PN 27-0056105-001
a	Plan name	WEISS LOPRESTI CAPITAL MANAGEMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WEISS LOPRESTI CAPITAL MANAGEMENT, LLC	c EIN-PN 47-2703972-001
a	Plan name	ALPHAONE AMBULANCE 401(K) PLAN	
b	Name of plan sponsor	ALPHAONE AMBULANCE MEDICAL SERVICES, INC.	c EIN-PN 27-3266402-001
a	Plan name	B&F CONTRACTING 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	B&F CONTRACTING, INC.	c EIN-PN 86-0677300-002
a	Plan name	CITYWIDE HOME HEALTH SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	CITYWIDE HOME HEALTH SERVICES, INC.	c EIN-PN 26-1920951-001
a	Plan name	DANSCO ENGINEERING LLC 401(K) PLAN	
b	Name of plan sponsor	DANSCO ENGINEERING LLC	c EIN-PN 04-3788074-001
a	Plan name	DAVE'S ELECTRIC, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVE'S ELECTRIC, INC.	c EIN-PN 39-1380712-001

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 DAVID CUSTOM ROOFING & PAINTING INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DAVIDS CUSTOM ROOFING & PAINTING, INC.	c EIN-PN 99-0314996-001
a	Plan name EASTERN CONNECTOR SPECIALTY CORP 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor EASTERN CONNECTOR SPECIALTY CORPORATION	c EIN-PN 06-1384769-001
a	Plan name FOUR STAR MECHANICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOUR STAR MECHANICAL, INC.	c EIN-PN 31-1590413-001
a	Plan name FRANK W. NEAL & ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor FRANK W. NEAL & ASSOCIATES, INC.	c EIN-PN 75-2208740-001
a	Plan name GRIFFITHS MECHANICAL CONTRACTING, INC. 401(K) PLAN	
b	Name of plan sponsor GRIFFITHS MECHANICAL CONTRACTING, INC.	c EIN-PN 38-2622118-001
a	Plan name GRIMES HAWKINS GLADFELTER & GALVANO, P.L. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRIMES HAWKINS GLADFELTER & GALVANO, P.L.	c EIN-PN 92-0185518-001
a	Plan name JOURNEYS INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor JOURNEYS INC.	c EIN-PN 46-3936603-001
a	Plan name LRM CONCRETE & EXCAVATION SERVICES	
b	Name of plan sponsor LRM HOLDINGS, LLC	c EIN-PN 86-1394980-001
a	Plan name PIES & PINTS 401(K) PLAN	
b	Name of plan sponsor PIES & PINTS MANAGEMENT COMPANY, LLC	c EIN-PN 46-0800537-001
a	Plan name PIPE RENEWAL SERVICE MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PIPE RENEWAL SERVICE MANAGEMENT, INC.	c EIN-PN 87-0412647-001
a	Plan name SAIGE PARTNERS 401(K) PLAN	
b	Name of plan sponsor SAIGE PARTNERS	c EIN-PN 81-4464766-001
a	Plan name THE 401(K) PLAN	
b	Name of plan sponsor E.B.T., INC.	c EIN-PN 62-1714892-001

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	TRUEMAN WELTERS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TRUEMAN WELTERS, INC.	c EIN-PN 41-0909356-001

a Plan name	TUFFALOY PRODUCTS 401(K) PLAN	
b Name of plan sponsor	TUFFALOY PRODUCTS, INC.	c EIN-PN 38-1710357-002

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

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

a Plan name		
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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.	<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 RET OPT	B Three-digit plan number (PN) ▶ 844
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)	206150543
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	234563741
(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	206150543	234563741
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	1	1
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	1	1
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	206150542	234563740

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)	1575983	
(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)	36555797	
(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)		18499531
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		56631311

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		56631311
l Transfers of assets:			
(1) To this plan.....	2l(1)		29470524
(2) From this plan	2l(2)		57688637

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 _____.