

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 <h1 style="text-align: center;">2024</h1> 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 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 <u>AMERICAN FUNDS EUROPACIFIC GROWTH RET ACCT</u>	1b Three-digit plan number (PN) ▶ <u>051</u> 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) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u> <u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u>	2b Employer Identification Number (EIN) <u>83-1098532</u> 2c Plan Sponsor's telephone number <u>319-355-6449</u> 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.

SIGN HERE			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/08/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

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)
---	---

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.
---	--	---

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>051</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>	D Employer Identification Number (EIN) <u>83-1098532</u>	

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

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)
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)
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)
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)

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)

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)

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)

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)

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)

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 ARCH MANAGEMENT PROFIT SHARING PLAN	
b	Name of plan sponsor JOF, LLC	c EIN-PN 47-2674762-001
a	Plan name ARIZONA LABOR FORCE AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor ARIZONA LABOR FORCE	c EIN-PN 86-0514245-333
a	Plan name ARMBRECHT & WIERENGA ORTHODONTICS PLC 401(K) PLAN	
b	Name of plan sponsor ARMBRECHT & WIERENGA ORTHODONTICS PLC	c EIN-PN 38-2163006-001
a	Plan name ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor ARMER/NORMAN & ASSOCIATES	c EIN-PN 94-1686016-001
a	Plan name ARTISTS FIRST, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor ARTISTS FIRST, INC.	c EIN-PN 13-4120908-001
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 BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor BURGE MANAGEMENT GROUP, INC.	c EIN-PN 27-2829648-001
a	Plan name CRESCENT CITY SECURITY, INC. 401(K) PLAN	
b	Name of plan sponsor CRESCENT CITY SECURITY, INC.	c EIN-PN 35-1549160-001
a	Plan name CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CROWN CRAFTS, INC.	c EIN-PN 58-0678148-002
a	Plan name ENVIRO-TOTE, INC. 401(K) PLAN	
b	Name of plan sponsor ENVIRO-TOTE, INC.	c EIN-PN 02-0445490-001
a	Plan name ERMA MEP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor EMPLOYERS' RISK MANAGEMENT ASSOCIATION & ALLIANCE, INC.	c EIN-PN 47-2684619-001
a	Plan name ERS PLAN	
b	Name of plan sponsor UNIVERSAL SITE SERVICES	c EIN-PN 94-1602345-001

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	GLOBAL ASR CONSULTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GLOBAL ASR CONSULTING	c EIN-PN 81-4948693-001
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	INTEGRATED SUPPORT SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	NASHEVE, INC.	c EIN-PN 20-8664693-001
a	Plan name	INTEGRITY CONSTRUCTION MANAGEMENT, LLC 401K PLAN	
b	Name of plan sponsor	INTEGRITY CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 45-5124212-001
a	Plan name	INTELLIZANT, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTELLIZANT, LLC	c EIN-PN 26-0672456-002
a	Plan name	INTERNATIONAL MARKETING STRATEGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERNATIONAL MARKETING STRATEGIES	c EIN-PN 52-1523774-001
a	Plan name	LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIVEWIRE ELECTRICAL SYSTEMS, INC.	c EIN-PN 46-1006222-001
a	Plan name	LOCUS DESIGN COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	LOCUS DESIGN COLLABORATIVE	c EIN-PN 81-4796699-001
a	Plan name	LONG BEACH AREA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor	LONG BEACH AREA CHAMBER OF COMMERCE	c EIN-PN 95-0944550-001
a	Plan name	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	c EIN-PN 37-1654147-001
a	Plan name	NATIONAL CHILDREN'S CANCER SOCIETY 401(K) PLAN	
b	Name of plan sponsor	NATIONAL CHILDREN'S CANCER SOCIETY	c EIN-PN 37-1227890-001
a	Plan name	PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-001

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 PETE & PETE CONTAINER SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PETE & PETE CONTAINER SERVICE, INC.	c EIN-PN 31-1548571-777
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 PGS/GS DENTISTRY 401K PLAN	
b	Name of plan sponsor PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095590-001
a	Plan name PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor PHOENIX CENTER FOR REHABILITATION AND PEDIATRICS	c EIN-PN 84-1864152-001
a	Plan name ROMAK IRON WORKS PROFIT SHARING PLAN	
b	Name of plan sponsor ROMAK IRON WORKS	c EIN-PN 94-1333435-001
a	Plan name ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII 401(K) RETIREMENT	
b	Name of plan sponsor ROMAN CATHOLIC CHURCH IN THE STATE OF HAWAII	c EIN-PN 99-0222900-001
a	Plan name ROTTET STUDIO, LLC 401(K) PLAN	
b	Name of plan sponsor ROTTET STUDIO LLC	c EIN-PN 26-1648926-001
a	Plan name TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874779-001
a	Plan name TAG RAYMOND JAMES AGG RET PLAN EXCHANGE	
b	Name of plan sponsor TAG RAYMOND JAMES AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874764-001
a	Plan name TAG WEALTH ENHANCEMENT GROUP 401(K) RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG RESOURCES, LLC	c EIN-PN 62-1874774-012
a	Plan name TAX FAVORED BENEFITS, INC. RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAX FAVORED BENEFITS, INC.	c EIN-PN 48-0912395-001
a	Plan name TBC CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor TBC CONSTRUCTION INC	c EIN-PN 45-2195554-001

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 TBC CPAS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor TEAL, BECKER & CHIARAMONTE, CPAS P.C.	c EIN-PN 14-1624930-001
a	Plan name UNION RESCUE MISSION 401(K) PLAN	
b	Name of plan sponsor UNION RESCUE MISSION	c EIN-PN 95-1709293-001
a	Plan name UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor UNISOURCE SOLUTIONS, INC.	c EIN-PN 95-4117599-001
a	Plan name 417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
b	Name of plan sponsor 417 ROYAL RESTAURANT, LLC	c EIN-PN 46-3172979-001
a	Plan name A&J VINEYARD SUPPLY INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor A&J VINEYARD SUPPLY INC.	c EIN-PN 26-1669835-001
a	Plan name A. COLARUSSO & SON, INC. PROFIT SHARING / 401(K) PLAN	
b	Name of plan sponsor A. COLARUSSO & SON, INC.	c EIN-PN 14-1424400-001
a	Plan name ASSISTED HOME HEALTH AND HOSPICE 401(K) PLAN	
b	Name of plan sponsor ASSISTED HOME RECOVERY, INC.	c EIN-PN 95-4242428-001
a	Plan name ASSOCIATED CONSTRUCTION PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor ASSOCIATED CONSTRUCTION PRODUCTS, INC.	c EIN-PN 59-2692893-001
a	Plan name BUX-MONT TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor BUX-MONT TRANSPORTATION	c EIN-PN 23-1576223-001
a	Plan name C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name CAIL 401(K) PLAN	
b	Name of plan sponsor COMMONWEALTH ACCIDENT INJURY LAW, PC	c EIN-PN 47-4546366-001
a	Plan name CVIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CVIN, LLC	c EIN-PN 77-0407563-001

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	CVR ASSOCIATES, INC. 401(K)	
b	Name of plan sponsor	CVR ASSOCIATES, INC.	c EIN-PN 04-3273457-777
a	Plan name	DARRYL BURKE DDS PC PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	DARRYL BURKE DDS PC	c EIN-PN 94-3297654-001
a	Plan name	EXECUTIVE 1 HC LLC 401(K) PLAN	
b	Name of plan sponsor	EXECUTIVE 1 HC LLC	c EIN-PN 82-3076130-001
a	Plan name	GRAPE EXPECTATIONS 401(K) PLAN	
b	Name of plan sponsor	GRAPE EXPECTATIONS	c EIN-PN 94-2423490-002
a	Plan name	GREEN SABER RETIREMENT PLAN	
b	Name of plan sponsor	GREEN SABER PARTNERS	c EIN-PN 99-2696148-001
a	Plan name	IVY HAWN 401(K) PLAN	
b	Name of plan sponsor	VOLUSIA CHARTER SCHOOL OF EXCELLENCE	c EIN-PN 30-0600042-001
a	Plan name	LYMAN LAW FIRM 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LYMAN LAW FIRM	c EIN-PN 46-5291861-001
a	Plan name	MAKAI HR RETIREMENT PLAN	
b	Name of plan sponsor	KCPHI SERVICES, LLC DBA MAKAI HR	c EIN-PN 82-3809240-333
a	Plan name	NELSON ANALYTICAL 401(K) PLAN	
b	Name of plan sponsor	NELSON ANALYTICAL, LLC	c EIN-PN 02-0527084-001
a	Plan name	NEVADA ORTHOPEDIC & SPINE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEVADA ORTHOPEDIC & SPINE CENTER, LLC	c EIN-PN 88-0313907-001
a	Plan name	NEW CANAAN MEDICAL GROUP, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NEW CANAAN MEDICAL GROUP	c EIN-PN 06-0841383-002
a	Plan name	PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PILGRIM CHRISTAKIS LLP	c EIN-PN 26-3175990-001

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	PK HOUSING 401(K) PLAN	
b	Name of plan sponsor	PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name	RUTLEDGE FARMING COMPANY, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	RUTLEDGE FARMING COMPANY, INC.	c EIN-PN 26-2858269-001
a	Plan name	S.S. WHITE EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	S.S. WHITE TECHNOLOGIES, INC.	c EIN-PN 22-2903476-001
a	Plan name	SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SACATE PELLET MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name	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	SAN DIEGO THEATRES, INC. 401(K) PLAN	
b	Name of plan sponsor	SAN DIEGO THEATRES, INC.	c EIN-PN 14-1886373-001
a	Plan name	TBDM LAW PLLC 401(K) P/S PLAN	
b	Name of plan sponsor	TBDM LAW PLLC	c EIN-PN 33-1623607-001
a	Plan name	TEAMEPS LLC 401(K) PLAN	
b	Name of plan sponsor	TEAMEPS LLC	c EIN-PN 20-4489290-001
a	Plan name	TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TECHNOFLO SYSTEMS	c EIN-PN 77-0557580-001
a	Plan name	TEKSECUTE TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor	TEKSECUTE TECHNOLOGY GROUP, LLC	c EIN-PN 01-0548119-001
a	Plan name	UNITED RECYCLING AND CONTAINER 401(K) PLAN AND TRUST	
b	Name of plan sponsor	TOPSOILS, INC. DBA UNITED RECYCLING AND CONTAINER	c EIN-PN 91-1688438-001
a	Plan name	UNIVERSAL TANK & FABRICATION INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL TANK & FABRICATION INC.	c EIN-PN 94-4428204-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FOCUS HR, INC. RETIREMENT PLAN	
b	Name of plan sponsor FOCUS HR, INC.	c EIN-PN 14-1871027-001
a	Plan name FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor FOREST HILLTOP CHIROPRACTIC ASSOCIATES, INC.	c EIN-PN 25-1603610-001
a	Plan name SLS CONTROL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SLS CONTROL, INC.	c EIN-PN 82-2311359-001
a	Plan name SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
b	Name of plan sponsor SOUTH BAY FORD	c EIN-PN 95-4451497-001
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 HALLKEEN MANAGEMENT, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HALLKEEN MANAGEMENT, INC.	c EIN-PN 04-3097814-001
a	Plan name TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TERESI TRUCKING, LLC	c EIN-PN 94-1712166-001
a	Plan name THE BERRY MAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE BERRY MAN, INC.	c EIN-PN 77-0341777-001
a	Plan name THE CONGRESS LAKE COMPANY 401(K) PLAN	
b	Name of plan sponsor THE CONGRESS LAKE COMPANY	c EIN-PN 34-0160950-001
a	Plan name HAWAII PACIFIC X-RAY CORPORATION 401(K) PLAN	
b	Name of plan sponsor HAWAII PACIFIC X-RAY CORPORATION	c EIN-PN 99-0250562-001
a	Plan name HEALTHTEC SOLUTIONS, INC. 401(K) PENSION PLAN	
b	Name of plan sponsor HEALTHTEC SOLUTIONS INC.	c EIN-PN 04-3371227-001
a	Plan name HEIN SCHNEIDER & BOND P.C. 401(K) PLAN	
b	Name of plan sponsor HEIN SCHNEIDER & BOND	c EIN-PN 43-1696065-001

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	HELPSIDE INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	HELPSIDE INC.
c	EIN-PN	87-0476353-333
a	Plan name	HERTZ, CHERSON & ROSENTHAL, P.C. PROFIT SHARING 401(K) PLAN
b	Name of plan sponsor	HERTZ, CHERSON & ROSENTHAL, P.C.
c	EIN-PN	11-3138051-004
a	Plan name	THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST
b	Name of plan sponsor	WMOG, INC.
c	EIN-PN	34-1133357-003
a	Plan name	THE PEOPLES BANK COMPANY 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	THE PEOPLES BANK COMPANY
c	EIN-PN	34-4327300-002
a	Plan name	ABC OF DELAWARE 401(K) PLAN
b	Name of plan sponsor	ASSOCIATED BUILDERS AND CONTRACTORS OF DELAWARE
c	EIN-PN	51-0101352-333
a	Plan name	ABO 401(K)
b	Name of plan sponsor	AMERICA'S BACK OFFICE
c	EIN-PN	47-4975107-001
a	Plan name	J & L WINES, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	J & L WINES, INC.
c	EIN-PN	25-1434953-001
a	Plan name	J. J. MAUGET COMPANY, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	J. J. MAUGET COMPANY, INC.
c	EIN-PN	95-1968672-002
a	Plan name	JA USA 401(K) PLAN
b	Name of plan sponsor	JUNIOR ACHIEVEMENT USA
c	EIN-PN	84-1267604-334
a	Plan name	V & A INC. 401(K) PROFIT SHARING PLAN AND TRUST
b	Name of plan sponsor	V & A INC.
c	EIN-PN	26-3968624-001
a	Plan name	VALLE MAKOFF LLP 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	VALLE MAKOFF LLP
c	EIN-PN	27-1587480-001
a	Plan name	ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN
b	Name of plan sponsor	ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.
c	EIN-PN	63-6049915-555

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 ALADDIN CONSTRUCTION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALADDIN CONSTRUCTION COMPANY, INC.	c EIN-PN 64-0691303-001
a	Plan name ALCON ENTERTAINMENT, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ALCON ENTERTAINMENT	c EIN-PN 62-1674411-001
a	Plan name ALH 401(K) PLAN	
b	Name of plan sponsor ALEXANDER LANKFORD & HIERS, INC.	c EIN-PN 75-1407510-001
a	Plan name JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	c EIN-PN 38-2380905-001
a	Plan name JYGA TECH USA 401(K) PLAN	
b	Name of plan sponsor JYGA TECH USA, INC	c EIN-PN 61-1898802-001
a	Plan name KAHUA 401(K) PLAN	
b	Name of plan sponsor KAHUA INC.	c EIN-PN 27-0523308-001
a	Plan name W. HUNTER SAUSSY, III, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SAUSSY ENGINEERING, VI, P.C. D/B/A SAUSSY ENGINEERING	c EIN-PN 58-2352698-001
a	Plan name W.L. STATON PLUMBING, HEATING & COOLING, LLC 401(K) PLAN	
b	Name of plan sponsor W.L. STATON PLUMBING, HEATING & COOLING, LLC	c EIN-PN 45-5074350-002
a	Plan name W.M. GRACE CONSTRUCTION, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor W.M. GRACE CONSTRUCTION, INC.	c EIN-PN 43-0894463-002
a	Plan name ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC. DISCRETIONARY DEFINED CONTRIBUTION / 401(K) PLAN	
b	Name of plan sponsor ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC.	c EIN-PN 95-4223153-001
a	Plan name AST/ACME, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AST/ACME, INC.	c EIN-PN 61-1278559-001
a	Plan name ATHERTON & ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor ATHERTON & ASSOCIATES LLP	c EIN-PN 94-1239084-001

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	ATLAS TESTING LABORATORIES, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	ATLAS TESTING LABORATORIES, INC.	c EIN-PN 95-3729677-001
a	Plan name	MARINE INDUSTRY RETIREMENT PLAN	
b	Name of plan sponsor	NATIONAL MARINE MANUFACTURERS ASSOCIATION, INC.	c EIN-PN 36-2369301-333
a	Plan name	MARPAC CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	MARPAC CONSTRUCTION LLC	c EIN-PN 91-1678599-001
a	Plan name	BARNUM & CELILLO ELECTRIC, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	BARNUM & CELILLO ELECTRIC, INC.	c EIN-PN 68-0227342-001
a	Plan name	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	BAYSHORE HEALTH & HOMEMAKER SERVICES, INC.	c EIN-PN 59-2833315-001
a	Plan name	BEAR INDUSTRIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BEAR INDUSTRIES, INC.	c EIN-PN 72-0861682-001
a	Plan name	BEL AIR BAY CLUB 401(K) PLAN	
b	Name of plan sponsor	BEL AIR BAY CLUB, LTD	c EIN-PN 95-0537590-004
a	Plan name	MCMAHON'S OF LUXEMBURG, INC. 401(K) PLAN	
b	Name of plan sponsor	MCMAHON'S OF LUXEMBURG, INC.	c EIN-PN 39-1164634-001
a	Plan name	MCPowell MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	MCPowell MANAGEMENT INC.	c EIN-PN 27-1410013-001
a	Plan name	MEDICAL SOCIETY OF DELAWARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDICAL SOCIETY OF DELAWARE	c EIN-PN 51-0061011-333
a	Plan name	CAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAL, INC.	c EIN-PN 77-0002188-001
a	Plan name	CALIFORNIA VISION & VISAGE MEDICAL GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	CALIFORNIA VISION & VISAGE MEDICAL GROUP, INC.	c EIN-PN 27-1434580-001

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	CALSOFT SYSTEMS 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CALSOFT SYSTEMS	c EIN-PN 33-0593327-001
a Plan name	CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING	
b Name of plan sponsor	CAMINO FEDERAL CREDIT UNION	c EIN-PN 95-1676228-002
a Plan name	CAPITAL AREA TITLE, LLC 401(K) PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	CAPITAL AREA TITLE, LLC	c EIN-PN 20-4865361-001
a Plan name	NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC 401(K) PS PLAN	
b Name of plan sponsor	NEW JERSEY ORAL AND MAXILLOFACIAL SURGERY ASSOCIATES, PC DBA BARBIER	c EIN-PN 22-2918632-001
a Plan name	ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C. 401(K) PLAN	
b Name of plan sponsor	ONCOLOGY HEMATOLOGY ASSOCIATES OF SAGINAW VALLEY, P.C.	c EIN-PN 38-3553403-001
a Plan name	OPSPRO 401(K) PLAN	
b Name of plan sponsor	TDI OPERATIONS LLC DBA OPSPRO	c EIN-PN 45-5597348-001
a Plan name	CENTRAL PAPER STOCK CO., INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	CENTRAL PAPER STOCK CO., INC	c EIN-PN 43-1234352-001
a Plan name	CENTRIC 401(K) PLAN	
b Name of plan sponsor	CENTRIC CONSTRUCTION, INC.	c EIN-PN 81-0608550-001
a Plan name	CETERA 401(K) RETIREMENT PLAN EXCHANGE	
b Name of plan sponsor	ADMINISTRATIVE GROUP, LLC DBA TAG RESOURCES	c EIN-PN 62-1874769-025
a Plan name	CETERA ADVANTAGE(K) GROUP PLAN SOLUTION	
b Name of plan sponsor	CETERA RETIREMENT PLAN SPECIALISTS	c EIN-PN 94-2779761-001
a Plan name	CF & K 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	LIBERTY CASTING COMPANY, LLC	c EIN-PN 45-0508423-001
a Plan name	CHAPCO, INC. 401(K) PROFIT SHARING AND SAVINGS PLAN	
b Name of plan sponsor	CHAPCO, INC.	c EIN-PN 06-0947088-001

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	CHAPEL OAKS RETIREMENT PLAN	
b	Name of plan sponsor	CHAPEL OAKS	c EIN-PN 43-1401339-001
a	Plan name	POLLUX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	POLLUX SYSTEMS, INC.	c EIN-PN 35-1813327-001
a	Plan name	DAVID MANCINI & SONS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID MANCINI & SONS, INC.	c EIN-PN 27-3716806-001
a	Plan name	DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor	DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001
a	Plan name	DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DE MATTEI CONSTRUCTION INC.	c EIN-PN 77-0210774-001
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	QUAD PLUS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	QUAD PLUS LLC	c EIN-PN 20-2033561-001
a	Plan name	QUARTER20, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	QUARTER20, INC.	c EIN-PN 46-5333165-001
a	Plan name	DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN	
b	Name of plan sponsor	DOGWOOD SITE CONTRACTORS LLC	c EIN-PN 87-1345377-001
a	Plan name	DONIGER/BURROUGHS 401(K)	
b	Name of plan sponsor	DONIGER/BURROUGHS	c EIN-PN 27-4329677-001
a	Plan name	DRIVEN TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AEROSPACE DRIVEN TECHNOLOGIES, INC. DBA DRIVEN TECHNOLOGIES	c EIN-PN 72-1541186-001
a	Plan name	SAUNA360 INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SAUNA360 INC.	c EIN-PN 41-1502759-001

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	SCADA PRODUCTS, LLC 401(K) PLAN	
b	Name of plan sponsor	SCADA PRODUCTS, LLC	c EIN-PN 61-1711852-001
a	Plan name	SCULLY SPORTSWEAR 401(K) PLAN	
b	Name of plan sponsor	SCULLY SPORTSWEAR, INC.	c EIN-PN 95-2240766-001
a	Plan name	F.W. ASSOCIATES, INC. SALARY DEFERRAL PLAN	
b	Name of plan sponsor	F.W. ASSOCIATES, INC.	c EIN-PN 94-2841974-001
a	Plan name	FACILITIES ENGINEERING ASSOCIATES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FACILITIES ENGINEERING ASSOCIATES, PC	c EIN-PN 26-1542141-001
a	Plan name	FALCON TRADING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FALCON TRADING COMPANY, INC.	c EIN-PN 94-2863170-001
a	Plan name	FARIA 401(K) COMMITTEE	
b	Name of plan sponsor	FARIA BEEDE INSTRUMENTS, INC.	c EIN-PN 06-0774164-001
a	Plan name	FARM PUMP AND IRRIGATION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FARM PUMP AND IRRIGATION COMPANY, INC.	c EIN-PN 95-3868044-001
a	Plan name	AUTISM SPECTRUM CONSULTANTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AUTISM SPECTRUM CONSULTANTS, INC.	c EIN-PN 20-0401114-001
a	Plan name	AVAMAR GASTROENTEROLOGY, INC. 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor	AVAMAR GASTROENTEROLOGY, INC.	c EIN-PN 34-1740051-001
a	Plan name	AVOPACIFIC OILS, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	AVOPACIFIC OILS, LLC	c EIN-PN 47-5047002-001
a	Plan name	MASSUMI + CONSOLI LLP 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-001
a	Plan name	MASSUMI + CONSOLI LLP EQUITY PARTNERS RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	MASSUMI + CONSOLI LLP	c EIN-PN 47-3294527-002

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	MASTER CRAFT FLOORS 401(K) PLAN	
b	Name of plan sponsor	MASTER CRAFT FLOORS	c EIN-PN 38-2720505-001
a	Plan name	MASTERY LOGISTICS SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor	MASTERY LOGISTICS SYSTEMS, INC.	c EIN-PN 83-1185597-001
a	Plan name	MEDICALERT 401(K) PLAN	
b	Name of plan sponsor	MEDICALERT FOUNDATION UNITED STATES, INC.	c EIN-PN 94-1494446-002
a	Plan name	MEDICOM TECHNOLOGIES RETIREMENT PLAN	
b	Name of plan sponsor	MEDICOM TECHNOLOGIES, INC	c EIN-PN 47-5342804-001
a	Plan name	MEDINA ORTHODONTICS 401(K) PLAN	
b	Name of plan sponsor	J.M. MEDINA, DMD, PA	c EIN-PN 16-1741159-001
a	Plan name	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
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	BENO J. GUNDLACH COMPANY 401(K) PLAN	
b	Name of plan sponsor	BJG INVESTMENTS COMPANY	c EIN-PN 46-1578021-002
a	Plan name	BETMGM 401(K) PLAN	
b	Name of plan sponsor	BETMGM, LLC	c EIN-PN 83-1679867-001
a	Plan name	NORTHWEST 401(K) BENEFITS GROUP	
b	Name of plan sponsor	SOUND FORD, INC	c EIN-PN 91-0906207-001
a	Plan name	NORTHWEST EYE SPECIALISTS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST EYE SPECIALISTS, PLLC	c EIN-PN 86-0720868-005
a	Plan name	NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHWEST OBSTETRICS AND GYNECOLOGY ASSOCIATES INC.	c EIN-PN 31-1528403-001

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 CAROLINA DEALERSHIPS, INC. 401(K) PLAN	
b	Name of plan sponsor CAROLINA DEALERSHIPS, INC.	c EIN-PN 20-0465434-001
a	Plan name CARSON & ACASIO DENTAL OFFICE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CARSON & ACASIO DENTAL PARTNERSHIP	c EIN-PN 87-3791350-001
a	Plan name ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC PROFIT SHARING PLAN	
b	Name of plan sponsor ORAL & MAXILLOFACIAL SURGERY ASSOCIATES OF MICHIGAN, PC	c EIN-PN 38-2076543-001
a	Plan name CLARK BROTHERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CLARK BROTHERS, INC.	c EIN-PN 94-1572305-002
a	Plan name PRECISION 2000 401(K) PLAN	
b	Name of plan sponsor PRECISION 2000, INC.	c EIN-PN 58-2427359-001
a	Plan name PRESIDIO EMPLOYEE CO LLC 401(K) PLAN	
b	Name of plan sponsor PRESIDIO EMPLOYEE CO LLC	c EIN-PN 82-5116779-001
a	Plan name DECKER AND BEEBE, INC., 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor DECKER AND BEEBE, INC	c EIN-PN 06-0628355-001
a	Plan name DELTA CONSTRUCTORS, LLC 401(K) PLAN	
b	Name of plan sponsor DELTA CONSTRUCTORS, LLC	c EIN-PN 37-1552952-001
a	Plan name DEPLOYED GLOBAL SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DEPLOYED GLOBAL SOLUTIONS, LLC	c EIN-PN 87-1779097-001
a	Plan name DEPLOYED SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor DEPLOYED SERVICES, LLC	c EIN-PN 84-5019630-001
a	Plan name R&R DIRECT MAIL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor R&R DIRECT MAIL, INC.	c EIN-PN 11-2467943-002
a	Plan name RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RABIN & BERDO, P.C.	c EIN-PN 52-1763604-001

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	SGCP MANAGEMENT CO., LLC 401(K) PLAN	
b	Name of plan sponsor	SGCP MANAGEMENT CO., LLC	c EIN-PN 82-4752245-001
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	FELTON DENTAL CARE 401(K) PLAN & TRUST	
b	Name of plan sponsor	BRETT R. FELTON, DMD, PC	c EIN-PN 27-0215608-001
a	Plan name	FOSTER/PREMIER, INC. 401(K) PLAN	
b	Name of plan sponsor	FOSTER/PREMIER, INC.	c EIN-PN 36-4139399-001
a	Plan name	FOUST FOUNDATIONS 401(K) PLAN	
b	Name of plan sponsor	FOUST FOUNDATIONS, INC.	c EIN-PN 39-2021879-001
a	Plan name	FOX MANAGEMENT REHABILITATION SERVICES LLC, 401(K) PLAN	
b	Name of plan sponsor	FOX MANAGEMENT REHABILITATION SERVICES, LLC	c EIN-PN 22-3729445-001
a	Plan name	FPMA 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	FLORIDA PODIATRIC MEDICAL ASSOCIATION	c EIN-PN 59-3134492-333
a	Plan name	SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SOUTHEAST PERSONNEL LEASING, INC.	c EIN-PN 59-3298197-333
a	Plan name	SPITZ ELECTRIC INC. 401(K) PLAN	
b	Name of plan sponsor	SPITZ ELECTRIC INC.	c EIN-PN 20-1947660-001
a	Plan name	HARBERSON HOLDINGS, INC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor	HARBERSON HOLDINGS INC.	c EIN-PN 56-2438638-002
a	Plan name	HIGHTOWERS PETROLEUM CO. 401(K) PLAN	
b	Name of plan sponsor	HIGHTOWERS PETROLEUM CO.	c EIN-PN 31-1151689-001
a	Plan name	HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HINKLEY OPTOMETRIC CORPORATION	c EIN-PN 94-2419643-001

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 THE SCHUMACHER CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE SCHUMACHER CONSTRUCTION COMPANY	c EIN-PN 34-1091859-001
a	Plan name THE VET CLINIC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE VET CLINIC	c EIN-PN 88-0671082-001
a	Plan name THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE WORTHE REAL ESTATE GROUP, INC.	c EIN-PN 95-4521084-001
a	Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a	Plan name ACTECH RETIREMENT PLAN	
b	Name of plan sponsor ADVANCED CRUSHER TECHNOLOGIES, INC. DBA ACTECH, INC.	c EIN-PN 91-1910674-001
a	Plan name ADC LTD NM 401(K) PLAN	
b	Name of plan sponsor ADC LTD NM	c EIN-PN 85-0464911-001
a	Plan name ADC LTD NM UNION 401(K) PLAN	
b	Name of plan sponsor ADC LTD NM	c EIN-PN 85-0464911-003
a	Plan name ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor ADVANCED AESTHETIC & RECONSTRUCTIVE SURGERY, INC.	c EIN-PN 31-1456649-001
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 JMK GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor JMK GROUP, INC. DBA THE AGENCY	c EIN-PN 95-4133869-001
a	Plan name VENERUSO & ACCINELLI PROFIT SHARING PLAN	
b	Name of plan sponsor VENERUSO & ACCINELLI, ATTORNEYS AT LAW, LLP	c EIN-PN 81-3879700-001
a	Plan name VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002

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	ALLEGEANT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ALLEGEANT LLC	c EIN-PN 64-0955384-001
a	Plan name	ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLEGRO CONSULTANTS, INC.	c EIN-PN 94-2932628-002
a	Plan name	KENTUCKY MACHINE AND TOOL INC. 401(K) PLAN	
b	Name of plan sponsor	KENTUCKY MACHINE AND TOOL INC.	c EIN-PN 61-0720003-001
a	Plan name	KEVIN J. ROBERTSON, D.D.S., INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ROBERTSON FAMILY DENTISTRY, INC.	c EIN-PN 34-1959064-001
a	Plan name	WALSH MECHANICAL 401(K) PLAN	
b	Name of plan sponsor	LEBEL INC. DBA WALSH MECHANICAL	c EIN-PN 04-2997565-001
a	Plan name	WALTON ISAACSON 401(K) PLAN	
b	Name of plan sponsor	WALTON ISAACSON LLC	c EIN-PN 20-3735704-001
a	Plan name	WAREHOUSING OF EVANSVILLE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	WAREHOUSING OF EVANSVILLE	c EIN-PN 27-3827525-001
a	Plan name	WASEYABEK DEVELOPMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	WASEYABEK DEVELOPMENT COMPANY, LLC	c EIN-PN 45-2425291-001
a	Plan name	ADVANCED TEXTILES ASSOCIATION	
b	Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	c EIN-PN 41-0434683-001
a	Plan name	ADVANCED VISION CARE 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ADVANCED VISION CARE	c EIN-PN 27-3268070-001
a	Plan name	AICUO 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ASSOCIATION OF INDEPENDENT COLLEGES AND UNIVERSITIES OF OHIO	c EIN-PN 31-0746875-001
a	Plan name	ALTHON MICRO, INC. 401(K) PLAN	
b	Name of plan sponsor	ALTHON MICRO INC.	c EIN-PN 95-4285664-001

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 AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMARILLO PEDIATRIC DENTISTRY AND ORTHODONTICS, PA	c EIN-PN 75-2779027-001
a	Plan name AMERICA'S HR DEPT. 401(K) PLAN	
b	Name of plan sponsor AMERICA'S HR DEPT. - EMPLOYEES ONLY III, INC.	c EIN-PN 82-4338934-001
a	Plan name AMERICAN CONCRETE EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor AMERICAN CONCRETE, INC.	c EIN-PN 58-2060679-001
a	Plan name AXIOM MULTIPLE EMPLOYER 401(K) SAVINGS PLAN	
b	Name of plan sponsor AXIOM HUMAN RESOURCE SOLUTIONS INC.	c EIN-PN 45-2777523-333
a	Plan name B&R MOLL, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor B&R MOLL, INC.	c EIN-PN 20-0026172-001
a	Plan name BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor BADGER TRUCK & AUTOMOTIVE GROUP	c EIN-PN 39-1044839-002
a	Plan name BLACK OPTICAL LLC 401(K) PLAN	
b	Name of plan sponsor BLACK OPTICAL LLC	c EIN-PN 86-3692802-001
a	Plan name BLIND CHILDREN'S CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLIND CHILDREN'S CENTER, INC.	c EIN-PN 95-1656369-002
a	Plan name BLUE POLYMERS, LLC 401(K) PLAN	
b	Name of plan sponsor BLUE POLYMERS, LLC	c EIN-PN 92-0586961-001
a	Plan name BLUE RUNNER FOODS, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE RUNNER FOODS, INC.	c EIN-PN 72-1238130-001
a	Plan name CCINTEGRATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CCINTEGRATION, INC.	c EIN-PN 77-0197130-001
a	Plan name CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	c EIN-PN 68-0025437-001

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	DIXIE SEAL AND STAMP COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DIXIE SEAL AND STAMP COMPANY, INC.	c EIN-PN 58-0222270-001
a	Plan name	ECG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECG, INC.	c EIN-PN 22-2944262-001
a	Plan name	ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN	
b	Name of plan sponsor	ECOLOGY SERVICES, INC.	c EIN-PN 52-1633982-002
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	EDGE CONCRETE CONSTRUCTION, LLC 401(K) PLAN	
b	Name of plan sponsor	EDGE CONCRETE CONSTRUCTION, LLC	c EIN-PN 91-2140958-001
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	FINANCE ONE INC. 401(K) PLAN	
b	Name of plan sponsor	FINANCE ONE INC.	c EIN-PN 95-4713873-001
a	Plan name	FINISHING EDGE 401(K) PLAN	
b	Name of plan sponsor	FINISHING EDGE CURB & SIDEWALK, LLC	c EIN-PN 91-1658323-001
a	Plan name	FINWAY 401(K) GROUP PLAN SOLUTION	
b	Name of plan sponsor	THE FINWAY GROUP	c EIN-PN 42-1468222-111
a	Plan name	FISHERIES SUPPLY CO. 401(K) PLAN	
b	Name of plan sponsor	FISHERIES SUPPLY CO.	c EIN-PN 91-0222320-001
a	Plan name	FRADKIN COOPER ARCHITECTS, LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	FRADKIN COOPER ARCHITECTS, LLP	c EIN-PN 33-2372909-001
a	Plan name	FRESNO M, LLC 401(K) PLAN	
b	Name of plan sponsor	FRESNO M, LLC	c EIN-PN 38-4235861-001

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	FUKUDA DENSHI RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	FUKUDA DENSHI USA, INC.	c EIN-PN 91-1725100-001
a	Plan name	FUNDERBURK ORGANIZATION 401(K) PLAN	
b	Name of plan sponsor	FUNDERBURK MANAGEMENT COMPANY, LLC	c EIN-PN 62-1761366-001
a	Plan name	HARMS CARPET CENTER, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	HARMS CARPET CENTER, INC.	c EIN-PN 34-1327861-001
a	Plan name	HARRY WARREN OF GEORGIA 401(K) PLAN	
b	Name of plan sponsor	MCLEOD-PHILLIPS, LLC DBA HARRY WARREN OF GEORGIA	c EIN-PN 65-1179808-001
a	Plan name	HARRY WARREN, INC. RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	HARRY WARREN, INC.	c EIN-PN 59-1523664-001
a	Plan name	HAT CREEK CONSTRUCTION & MATERIALS, INC. 401(K) PLAN	
b	Name of plan sponsor	HAT CREEK CONSTRUCTION & MATERIALS, INC.	c EIN-PN 68-0203789-001
a	Plan name	HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	HATTERAS PRESS, INC.	c EIN-PN 22-2491250-001
a	Plan name	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	c EIN-PN 81-0373761-001
a	Plan name	HOFFMAN CABINETS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HOFFMAN CABINETS, INC.	c EIN-PN 75-1454441-001
a	Plan name	HOFMEYER PLUMBING COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOFMEYER PLUMBING COMPANY	c EIN-PN 31-0724144-001
a	Plan name	JOHN E. FOX, INC. 401(K) PLAN	
b	Name of plan sponsor	JOHN E. FOX, INC.	c EIN-PN 56-1094403-001
a	Plan name	JOHNSTON FARMS FLP 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON FARMS, FLP	c EIN-PN 95-2377683-001

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	JOLI DIAGNOSTIC, INC. 401(K) PLAN	
b	Name of plan sponsor	JOLI DIAGNOSTIC, INC.	c EIN-PN 16-1454895-001
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	KINGSTON AUTOMOTIVE, LLC 401(K) PLAN	
b	Name of plan sponsor	KINGSTON AUTOMOTIVE, LLC	c EIN-PN 20-2954547-001
a	Plan name	MATTRESS DIRECT 401(K) PLAN	
b	Name of plan sponsor	MATTRESS DIRECT, LLC	c EIN-PN 72-1502440-001
a	Plan name	MAUER CHEVROLET 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MAUER CHEVROLET	c EIN-PN 26-4600875-777
a	Plan name	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC	c EIN-PN 47-4609056-001
a	Plan name	MERRY DENTAL PROFIT SHARING PLAN	
b	Name of plan sponsor	MERRY DENTAL CARE CENTER, P.A.	c EIN-PN 27-0790312-001
a	Plan name	MEYBOHM REALTORS, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	MEYBOHM REALTORS, LLC	c EIN-PN 58-2508705-002
a	Plan name	MICHEL & ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHEL & ASSOCIATES, A PROFESSIONAL CORPORATION	c EIN-PN 27-0313611-001
a	Plan name	MILLARD WIRE COMPANY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MILLARD WIRE CO.	c EIN-PN 05-0460409-001
a	Plan name	MILLER MAYS & ASSOCIATES LLC 401(K) PLAN	
b	Name of plan sponsor	MILLER MAYS & ASSOCIATES, LLC	c EIN-PN 45-4818677-001
a	Plan name	OHIO FACIAL PLASTICS 401(K) PLAN	
b	Name of plan sponsor	OHIO FACIAL PLASTICS	c EIN-PN 81-2875464-001

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 OKAHARA AND ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor OKAHARA AND ASSOCIATES, INC.	c EIN-PN 99-0186805-001
a	Plan name P & I 401(K) AND PENSION PLAN	
b	Name of plan sponsor PERLITER & INGALSBE	c EIN-PN 95-2124423-003
a	Plan name PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001
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 PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor PROFILE RACING, INC.	c EIN-PN 22-1921633-001
a	Plan name PROPACK LOGISTICS US, LLC 401(K) PLAN	
b	Name of plan sponsor PROPACK LOGISTICS US, LLC	c EIN-PN 82-1965778-001
a	Plan name RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RALPH BRENNAN RESTAURANT GROUP, L.L.C.	c EIN-PN 72-1350467-001
a	Plan name RAPTOR PETROLEUM 401(K) PLAN	
b	Name of plan sponsor RAPTOR PETROLEUM	c EIN-PN 20-5877086-001
a	Plan name RBK CONSTRUCTION, INC. 401(K) PLAN	
b	Name of plan sponsor RBK CONSTRUCTION INC.	c EIN-PN 52-2277650-001
a	Plan name RCI 401(K) PLAN	
b	Name of plan sponsor ROTOLO CONSULTANTS, INC.	c EIN-PN 72-1285520-777
a	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001
a	Plan name SHIPMAN DIXON & LIVINGSTON CO. LPA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHIPMAN DIXON & LIVINGSTON	c EIN-PN 31-1434412-601

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 SJB GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor SJB GROUP, INC.	c EIN-PN 20-1963915-001
a	Plan name SKYVIEW CHOICE, LLC 401(K) PLAN	
b	Name of plan sponsor SKYVIEW CHOICE, LLC	c EIN-PN 82-3517647-001
a	Plan name STALKER & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor STALKER & ASSOCIATES, INC.	c EIN-PN 23-2756743-001
a	Plan name STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor STANGENES INDUSTRIES, INC.	c EIN-PN 94-2247016-001
a	Plan name STEPHENS FUNERAL HOME INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEPHENS FUNERAL HOME INC	c EIN-PN 23-2157394-001
a	Plan name STEUBER CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEUBER CORPORATION	c EIN-PN 33-0436736-001
a	Plan name STONE INSURANCE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STONE INSURANCE, INC.	c EIN-PN 72-0799511-001
a	Plan name THE FIRST MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THE FIRST MEDICAL CENTER, INC.	c EIN-PN 33-0791088-001
a	Plan name THE HRB GROUP 401(K) PLAN	
b	Name of plan sponsor PRAZAK & ASSOCIATES, LLC	c EIN-PN 81-4386443-333
a	Plan name THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name THRIVE BY 5 401(K) PLAN	
b	Name of plan sponsor TB5 MANAGEMENT, LLC	c EIN-PN 92-0493249-001
a	Plan name VINEBURG LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VINEBURG LLC	c EIN-PN 68-0466361-001

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	VINTNERS DISTRIBUTORS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	VINTNERS DISTRIBUTORS, INC.	c EIN-PN 94-3023379-005
a	Plan name	VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VIP COMMUNITY MENTAL HEALTH CENTER, INC.	c EIN-PN 30-0017808-001
a	Plan name	VOLO'S AUTO SUPPLY 401(K) PLAN	
b	Name of plan sponsor	VOLOS AUTO SUPPLY	c EIN-PN 20-1529129-001
a	Plan name	WEST GEORGIA EYE CARE CENTER PROFIT SHARING PLAN	
b	Name of plan sponsor	WEST GEORGIA EYE CARE CENTER	c EIN-PN 58-1075293-001
a	Plan name	WILD, CARTER AND TIPTON A PROFESSIONAL CORP 401(K) PLAN	
b	Name of plan sponsor	WILD, CARTER AND TIPTON A PROFESSIONAL CORP	c EIN-PN 94-2589967-002
a	Plan name	BMR PARTNERS, INC. 401(K) PLAN	
b	Name of plan sponsor	BMR PARTNERS, INC.	c EIN-PN 47-3763181-222
a	Plan name	BOGHOSIAN RAISIN PACKING COMPANY, INC. 401(K)	
b	Name of plan sponsor	BOGHOSIAN RAISIN PACKING COMPANY, INC.	c EIN-PN 94-2175344-002
a	Plan name	COCOA COASTAL 401(K)	
b	Name of plan sponsor	D.D.A. CORPORATION DBA COASTAL HYUNDAI	c EIN-PN 59-2829907-001
a	Plan name	COLUMBIA PAINT CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor	COLUMBIA PAINT CORPORATION	c EIN-PN 55-0380524-001
a	Plan name	ELEVATED SOLAR PERFORMANCE, INC. 401K PLAN	
b	Name of plan sponsor	ELEVATED SOLAR PERFORMANCE, INC.	c EIN-PN 81-3830390-001
a	Plan name	ELEVATED TECHNOLOGIES, INC. 401(K) PLAN	
b	Name of plan sponsor	ELEVATED TECHNOLOGIES INC.	c EIN-PN 38-3146138-001
a	Plan name	ELITE SALES AND SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	ELITE SALES AND SOLUTIONS, INC.	c EIN-PN 46-2503930-001

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	GACE 401(K) PLAN	
b	Name of plan sponsor	GACE CONSULTING ENGINEERS, P.C.	c EIN-PN 20-5995207-001
a	Plan name	GANAU AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	GANAU AMERICA, INC.	c EIN-PN 68-0304506-001
a	Plan name	GANDEE & ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	GANDEE & ASSOCIATES, INC.	c EIN-PN 31-1080359-001
a	Plan name	HOUSTON CRITICAL CARE 401(K) PLAN	
b	Name of plan sponsor	WAEI ASI M.D. P.A DBA HOUSTON CRITICAL CARE	c EIN-PN 76-0567380-001
a	Plan name	IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	IAI AMERICA, INC.	c EIN-PN 33-0337859-001
a	Plan name	KTX - AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	KTX - AMERICA, INC.	c EIN-PN 30-0031143-001
a	Plan name	KUHANA ASSOCIATES, LLC 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KUHANA ASSOCIATES, LLC	c EIN-PN 99-0335219-001
a	Plan name	KUSTOM 401(K) PLAN	
b	Name of plan sponsor	KUSTOMSCAPES & POOLS, LLC	c EIN-PN 84-2103194-001
a	Plan name	PAOLI LAW FIRM, P.C. 401(K) PLAN	
b	Name of plan sponsor	PAOLI LAW FIRM, P.C.	c EIN-PN 84-1384608-001
a	Plan name	PARAMOUNT MACHINE CO 401(K) PLAN	
b	Name of plan sponsor	PARAMOUNT MACHINE COMPANY	c EIN-PN 06-0994304-002
a	Plan name	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	WILLITS & NEWCOMB 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	c EIN-PN 47-2188570-001

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 <u>WILLOWBROOK FORD, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>WILLOWBROOK FORD, INC.</u>	c EIN-PN <u>36-3063579-001</u>
a	Plan name <u>WINDES, INC. RETIREMENT TRUST</u>	
b	Name of plan sponsor <u>WINDES, INC.</u>	c EIN-PN <u>95-3001179-016</u>
a	Plan name <u>ANDERSON TRANSPORTATION COMPANY, INC. PROFIT SHARING AND 401(K) PLAN</u>	
b	Name of plan sponsor <u>ANDERSON TRANSPORTATION COMPANY, INC.</u>	c EIN-PN <u>36-3606920-001</u>
a	Plan name <u>ANDERSON, JULIAN & HULL, LLP 401(K) PLAN</u>	
b	Name of plan sponsor <u>ANDERSON, JULIAN & HULL, LLP</u>	c EIN-PN <u>82-0504369-001</u>
a	Plan name <u>ANGFIELD PARTNERS, LLC 401(K) PLAN</u>	
b	Name of plan sponsor <u>ANGFIELD PARTNERS LLC</u>	c EIN-PN <u>20-5297697-001</u>
a	Plan name <u>ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>ANGLIN FLEWELLING RASMUSSEN CAMPBELL & TRYTTEN LLP</u>	c EIN-PN <u>95-4887678-001</u>
a	Plan name <u>BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>BOONE KARLBERG P.C.</u>	c EIN-PN <u>81-0522567-001</u>
a	Plan name <u>BOSS COMMUNICATION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN</u>	
b	Name of plan sponsor <u>BOSS COMMUNICATION TECHNOLOGIES, INC.</u>	c EIN-PN <u>99-0259632-001</u>
a	Plan name <u>BRAD PEASLEY TRUCKING LLC 401(K) PROFIT SHARING PLAN AND TRUST</u>	
b	Name of plan sponsor <u>BRAD PEASLEY TRUCKING LLC</u>	c EIN-PN <u>20-3853328-001</u>
a	Plan name <u>BRAND FUEL CO. LLC SAFE HARBOR 401(K) PLAN</u>	
b	Name of plan sponsor <u>BRAND FUEL CO. LLC</u>	c EIN-PN <u>46-4597317-001</u>
a	Plan name <u>BRAUN RESEARCH, INC. 401(K) PLAN</u>	
b	Name of plan sponsor <u>BRAUN RESEARCH</u>	c EIN-PN <u>22-3408940-001</u>
a	Plan name <u>COMPUTER EXCHANGE, LTD. 401(K) PLAN</u>	
b	Name of plan sponsor <u>COMPUTER EXCHANGE, LTD.</u>	c EIN-PN <u>58-1649904-003</u>

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 CONSTRUCTION INDUSTRY 401(K) PLAN	
b	Name of plan sponsor BUILDERS EXCHANGE OF SOUTHERN TIER, INC.	c EIN-PN 16-0820649-333
a	Plan name CONSTRUCTION-CAD SOLUTIONS, INC. 401K PLAN	
b	Name of plan sponsor CONSTRUCTION-CAD SOLUTIONS, INC.	c EIN-PN 36-4253943-002
a	Plan name ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor ELM MANAGEMENT SERVICES, LLC	c EIN-PN 82-2104879-001
a	Plan name EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ONONDAGA LEASING SERVICES	c EIN-PN 16-1254312-001
a	Plan name GAS PLUS CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GAS PLUS CORPORATION	c EIN-PN 36-3181722-001
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 INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor INNOVANT, INC.	c EIN-PN 45-0499207-001
a	Plan name LANDIVAR 401(K) PLAN	
b	Name of plan sponsor LANDIVAR & ASSOCIATES, LLC	c EIN-PN 75-3088910-001
a	Plan name LASSEN LAND COMPANY 401(K) PLAN	
b	Name of plan sponsor ORLAND ALMONDS ACQUISITION COMPANY, LLC	c EIN-PN 83-2450302-001
a	Plan name LEGACY SENIOR LIVING, LLC 401(K) PLAN	
b	Name of plan sponsor LEGACY SENIOR LIVING, LLC	c EIN-PN 20-5770211-001
a	Plan name MONTESSORI INTERNATIONAL ACADEMY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MADOKA INTERNATIONAL, INC. DBA MONTESSORI INTERNATIONAL ACADEMY	c EIN-PN 27-3946841-001
a	Plan name MPC DAIRY SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor MPC DAIRY SERVICE, INC. DBA SAN JOAQUIN VALLEY DAIRY EQUIPMENT	c EIN-PN 83-2852835-001

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	PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	PATRIOT HEALTH PARTNERS INC.	c EIN-PN 84-1755108-001
a	Plan name	PBM, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	PBM, LLC	c EIN-PN 26-3885918-004
a	Plan name	RFC RETIREMENT PLAN	
b	Name of plan sponsor	ROMANOFF FLOOR COVERING, INC.	c EIN-PN 58-1349072-001
a	Plan name	SYSTEM RESOURCES TELECOM 401(K) PLAN	
b	Name of plan sponsor	SYSTEM RESOURCES TELECOM, LLC	c EIN-PN 72-1432916-001
a	Plan name	TOYOTA BOSHOKU AKI USA, LLC 401(K) PLAN	
b	Name of plan sponsor	TOYOTA BOSHOKU AKI USA, LLC	c EIN-PN 84-2857865-001
a	Plan name	TRANSMET CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRANSMET CORPORATION	c EIN-PN 31-0960153-001
a	Plan name	WISE AUTO GROUP 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	LLOYD A WISE MOTOR INC	c EIN-PN 26-2658328-001
a	Plan name	YZER LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YZER LLC	c EIN-PN 82-2501890-001
a	Plan name	NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor	NAMDHARI USAGRISEEDS, INC.	c EIN-PN 26-4558159-001
a	Plan name	NATIONAL AUTO CARE 401(K) PLAN	
b	Name of plan sponsor	NATIONAL AUTO CARE CORP.	c EIN-PN 31-1115893-001
a	Plan name	PEDIATRIC PARTNERS OF NORTHERN KENTUCKY PSC 401(K) PLAN	
b	Name of plan sponsor	PEDIATRIC PARTNERS OF NORTHERN KENTUCKY, PSC	c EIN-PN 20-1127554-001
a	Plan name	PELICAN CHAPTER - ASSOCIATED BUILDERS AND CONTRACTORS, INC 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED BUILDERS & CONTRACTORS, INC. PELICAN CHAPTER	c EIN-PN 72-0885035-001

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	PENA AND BROMBERG, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PENA AND BROMBERG PC	c EIN-PN 38-3852466-001
a	Plan name	PERSON & COVEY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PERSON & COVEY, INC.	c EIN-PN 95-2020861-001
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	RIVERSIDE MFG., LLC 401(K) PLAN	
b	Name of plan sponsor	RIVERSIDE MFG., LLC	c EIN-PN 26-0332652-001
a	Plan name	RJ HEALTHCARE SERVICES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RJ HEALTHCARE SERVICES, LLC	c EIN-PN 22-3755890-001
a	Plan name	RKPL, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RKPL INC.	c EIN-PN 34-1728279-001
a	Plan name	SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	C SYSTEMS, LLC	c EIN-PN 20-1820942-001
a	Plan name	T & D MACHINE HANDLING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	T & D MACHINE HANDLING, INC.	c EIN-PN 58-1630426-001
a	Plan name	TAB SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAB SERVICES	c EIN-PN 58-2655930-001
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	TRUE NORTH CUSTOM PUBLISHING, LLC 401(K) PLAN	
b	Name of plan sponsor	TRUE NORTH CUSTOM PUBLISHING, LLC.	c EIN-PN 62-1764489-001
a	Plan name	ZAPPONE CHRYSLER JEEP DODGE, INC. PROFIT SHARING 401 (K) PLAN	
b	Name of plan sponsor	ZAPPONE CHRYSLER JEEP DODGE, INC.	c EIN-PN 20-3142416-001

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	ZYNERGIA HR 401(K) PLAN	
b	Name of plan sponsor	SYNERGY HR LLC	c EIN-PN 81-3943870-002
a	Plan name	APERION CARE 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	APERION CARE, INC.	c EIN-PN 46-5646073-002
a	Plan name	ARACOR, INC. 401 (K) PLAN	
b	Name of plan sponsor	ARACOR, INC.	c EIN-PN 74-1480428-002
a	Plan name	ARCADIA DENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ASHKAN SAADI, DMD, PC DBA ARCADIA DENTAL	c EIN-PN 46-4139267-001
a	Plan name	BRIAN S. KUBO, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIAN S. KUBO, DDS, INC.	c EIN-PN 99-0333085-001
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	BRYLAK & ASSOCIATES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRYLAK & ASSOCIATES, LLC	c EIN-PN 37-1510264-001
a	Plan name	CORPORATE BUILDING SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor	CORPORATE BUILDING SERVICES INC	c EIN-PN 14-1732520-001
a	Plan name	COXSACKIE PHYSICAL THERAPY 401(K) PLAN	
b	Name of plan sponsor	COXSACKIE PHYSICAL THERAPY	c EIN-PN 05-0588304-001
a	Plan name	EMPLOYEES' 401(K) AND HEALTH/DISABILITY PLAN OF CALLISTER, BROBERG & BECKER, A LAW CORPORATION	
b	Name of plan sponsor	CALLISTER, BROBERG & BECKER A LAW CORPORATION	c EIN-PN 82-1680303-001
a	Plan name	EMPLOYER FLEXIBLE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYER FLEXIBLE HR, LLC	c EIN-PN 27-4406361-333

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	GATOR HOME TECH 401K PLAN	c	EIN-PN	
b	Name of plan sponsor	GATOR TECH INTEGRATION, INC.	c	EIN-PN	54-2077009-002
a	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	c	EIN-PN	34-1296480-001
a	Plan name	INSPIRING HEALTHCARE RESOURCES 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	INSPIRING HEALTHCARE RESOURCES, LLC	c	EIN-PN	45-0663989-001
a	Plan name	INSTANT INFOSYSTEMS 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	INSTANT INFOSYSTEMS	c	EIN-PN	95-4400744-001
a	Plan name	LETTS PLUMBING RETIREMENT SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	LETTS PLUMBING	c	EIN-PN	80-8780287-001
a	Plan name	LEXINGTON COUNTRY CLUB 401(K) PROFIT SHARING PLAN	c	EIN-PN	
b	Name of plan sponsor	LEXINGTON COUNTRY CLUB	c	EIN-PN	61-0258900-001
a	Plan name	LIFESTAR TALENT 401(K) PLAN	c	EIN-PN	
b	Name of plan sponsor	LIFESTAR TALENT, LLC	c	EIN-PN	88-1228443-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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
--	--	--

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) ▶ 051
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 83-1098532

Part I	Asset and Liability Statement
---------------	--------------------------------------

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)	55141004
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	48792954
(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	55141004	48792954
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	55141004	48792954

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)	2964778	
(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		2964778

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		2964778
l Transfers of assets:			
(1) To this plan.....	2l(1)		8781393
(2) From this plan	2l(2)		18094221

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 _____.