

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan a DFE (specify) P

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>AMERICAN FUNDS GROWTH FUND OF AMERICA RET ACCT</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>975</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u></p> <p><u>6400 C ST SW</u> <u>CEDAR RAPIDS, IA 52404</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>36-6071399</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-6449</u></p> <p>2d Business code (see instructions)</p>

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

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

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection.

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

A Name of plan <u>AMERICAN FUNDS GROWTH FUND OF AMERICA RET ACCT</u>		B Three-digit plan number (PN) ▶ <u>975</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY</u>		D Employer Identification Number (EIN) <u>36-6071399</u>

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

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	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	ARCHER SYSTEMS, LLC 401(K) PLAN	
b	Name of plan sponsor	ARCHER SYSTEMS, LLC	c EIN-PN 82-2145883-001
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	ARTHUR T. CANARIO 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ARTHUR T. CANARIO MD PA	c EIN-PN 22-3482097-003
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	BUTLER, FITZGERALD & FIVESON, P.C. 401(K) PLAN	
b	Name of plan sponsor	BUTLER, FITZGERALD & FIVESON, P.C.	c EIN-PN 20-2841166-001
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	ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ENTERRA SOLUTIONS, LLC	c EIN-PN 30-0002607-001
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	GOLDSMITH GALLERY JEWELERS, INC. 401(K) PLAN	
b	Name of plan sponsor	GOLDSMITH GALLERY JEWELERS, INC.	c EIN-PN 81-0504056-001

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	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	LOCAL 360 401(K) AND SEVERANCE PLAN	
b	Name of plan sponsor	LOCAL 360	c EIN-PN 22-2450938-009
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	NATIONAL FIRE, CHILD & DRUG COUNCILS 401(K) PLAN	
b	Name of plan sponsor	NATIONAL CHILD SAFETY COUNCIL	c EIN-PN 38-6035290-001
a	Plan name	PETROLEUM EQUIPMENT INSTITUTE 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	PETROLEUM EQUIPMENT INSTITUTE	c EIN-PN 73-0593344-002
a	Plan name	PGS/GS 401(K) PLAN	
b	Name of plan sponsor	PRADKO, GALLAGHER AND SLANEC, PLLC	c EIN-PN 32-0095592-002
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	TAG MESIROW RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	TAG MESIROW RETIREMENT PLAN EXCHANGE	c EIN-PN 33-2591376-777
a	Plan name	TAMERX DIESEL PRODUCTS 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	TAMERX DIESEL PRODUCTS	c EIN-PN 81-2955885-001

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	TURNER ENGINEERING CORPORATION 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	TURNER ENGINEERING CORPORATION	c EIN-PN 20-3882870-002
a Plan name	1 SOURCE BUSINESS SOLUTIONS 401(K) PLAN	
b Name of plan sponsor	1 SOURCE BUSINESS SOLUTIONS, LLC	c EIN-PN 27-3793520-333
a Plan name	401(K) ADVANTAGE EMERGING MARKETS PLAN	
b Name of plan sponsor	401(K) ADVANTAGE, LLC	c EIN-PN 20-1826961-004
a Plan name	401(K) ADVANTAGE PARTNERS AGGREGATE I PLAN	
b Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 20-1826895-001
a Plan name	401(K) ADVANTAGE PARTNERS AGGREGATE PLAN II	
b Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 20-1826891-001
a Plan name	401(K) ADVANTAGE PLUS PLAN	
b Name of plan sponsor	401(K) ADVANTAGE, LLC	c EIN-PN 20-1826967-007
a Plan name	401(K) ADVANTAGE, LLC MICRO PLAN	
b Name of plan sponsor	TAG RESOURCES	c EIN-PN 62-1874771-003
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	ASBESTOS INSTANT RESPONSE INC 401(K) PLAN	
b Name of plan sponsor	ASBESTOS INSTANT RESPONSE, INC.	c EIN-PN 95-4824758-001
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	CW LAW LLP 401(K) PLAN	
b	Name of plan sponsor	CW LAW LLP	c EIN-PN 85-3275179-001
a	Plan name	D H GRIFFIN OF TEXAS INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	D H GRIFFIN OF TEXAS INC	c EIN-PN 76-0455054-001
a	Plan name	GPA 401(K) PLAN	
b	Name of plan sponsor	GALVIN PRESERVATION ASSOCIATES, INC.	c EIN-PN 20-3998866-001
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
a	Plan name	PIPELINE SYSTEM HOLDINGS, LLC	
b	Name of plan sponsor	PIPELINE HEALTH SYSTEM, LLC	c EIN-PN 82-3626084-001
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	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	SACKSTEDER WORLAND INSURANCE AGENCY, INC. 401(K) PLAN	
b	Name of plan sponsor	SACKSTEDER WORLAND INSURANCE AGENCY, INC.	c EIN-PN 31-1567830-001

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	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	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	TEAMWORK HUMAN RESOURCES, INC. MEP	
b	Name of plan sponsor	TEAMWORK HUMAN RESOURCES, INC.	c EIN-PN 68-0482464-001
a	Plan name	UPPER HUDSON VALLEY DERMATOLOGY, PC 401(K) PLAN	
b	Name of plan sponsor	UPPER HUDSON VALLEY DERMATOLOGY, PC	c EIN-PN 14-1818287-004
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	SMITHTOWN ACUPUNCTURE & WELLNESS, P.C. 401K PLAN	
b	Name of plan sponsor	SMITHTOWN ACUPUNCTURE & WELLNESS, P.C.	c EIN-PN 03-0451440-001
a	Plan name	SMX 401(K) PLAN	
b	Name of plan sponsor	SMARTRONIX, LLC	c EIN-PN 52-1922012-001
a	Plan name	SOLUTIONS HOME MORTGAGE 401(K) PLAN	
b	Name of plan sponsor	SOLUTIONS HOME MORTGAGE, INC.	c EIN-PN 14-1837420-001
a	Plan name	GREENWOOD MOTORS 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	GREENWOOD MOTORS	c EIN-PN 77-0560344-001
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	HAWTHORNE CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	HAWTHORNE CHEVROLET	c EIN-PN 22-0981720-001

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	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
a	Plan name	THE MEDIA CAPTAIN, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	THE MEDIA CAPTAIN, LLC	c EIN-PN 27-3370344-001
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 NAPOLI GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor	THE NAPOLI GROUP, LLC	c EIN-PN 20-0100132-001
a	Plan name	THE PRICE COMPANIES, INC. 401(K) PLAN	
b	Name of plan sponsor	THE PRICE COMPANIES, INC.	c EIN-PN 71-0388495-001
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	A.M.E. INC. 401(K)	
b	Name of plan sponsor	A.M.E. INC.	c EIN-PN 22-3603962-001
a	Plan name	ABIGDESTINATION 401(K) PLAN	
b	Name of plan sponsor	ABIGDESTINATION LLC	c EIN-PN 26-2206411-001
a	Plan name	ACCURATE INGREDIENTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	ACCURATE INGREDIENTS, INC.	c EIN-PN 11-2571863-001
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	UTITEC, INC. 401(K) PLAN	
b	Name of plan sponsor	UTITEC, INC.	c EIN-PN 61-1698698-001

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 ALABAMA AGC 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor ALABAMA ASSOCIATED GENERAL CONTRACTORS, INC.	c EIN-PN 63-6049915-555
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 JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JR STRUCTURAL ENGINEERING, INC.	c EIN-PN 94-3347891-001
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 W. L. PETREY WHOLESALE COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor W. L. PETREY WHOLESALE	c EIN-PN 63-0672324-001
a	Plan name W.E. LYONS CONSTRUCTION CO 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor W.E. LYONS CONSTRUCTION CO.	c EIN-PN 94-1450704-001
a	Plan name W.L. MARKERS, INC. 401(K) PLAN	
b	Name of plan sponsor W.L. MARKERS, INC.	c EIN-PN 31-1657131-001
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 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
a	Plan name MAP MARKETING & INCENTIVES LLC 401K PLAN	
b	Name of plan sponsor MAP MARKETING & INCENTIVES LLC	c EIN-PN 13-4220408-001

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 MARCUS, WATANABE & DAVE, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MARCUS, WATANABE & DAVE, LLP	c EIN-PN 95-4319447-001
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 BAUERSCHMIDT & SONS, INC. RETIREMENT PLAN	
b	Name of plan sponsor BAUERSCHMIDT & SONS, INC.	c EIN-PN 11-2287095-001
a	Plan name BCS CALLPROCESSING, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor BCS CALLPROCESSING, INC.	c EIN-PN 27-4419289-001
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 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 MCGINNIS ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor MCGINNIS ELECTRICAL CONTRACTING COMPANY	c EIN-PN 25-1151382-001
a	Plan name MCINTOSH COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor MCINTOSH COMMUNICATIONS, INC.	c EIN-PN 88-0255787-001
a	Plan name MCLEMORE DEVELOPMENT ADVISORS LLC 401(K)	
b	Name of plan sponsor MCLEMORE DEVELOPMENT ADVISORS, LLC	c EIN-PN 85-3778474-001
a	Plan name MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCR DONUTS, INC.	c EIN-PN 06-1432375-001
a	Plan name MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor MCR DONUTS, INC.	c EIN-PN 06-1432375-777
a	Plan name CAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAL, INC.	c EIN-PN 77-0002188-001

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 CAMPAIGN INBOX 401(K) PLAN	
b	Name of plan sponsor CAMPAIGN INBOX LLC	c EIN-PN 82-0752905-001
a	Plan name NEWELL MACHINERY COMPANY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor NEWELL MACHINERY COMPANY, INC.	c EIN-PN 42-0646297-002
a	Plan name NEWTOWN VETERINARY CLINIC, INC. 401(K) PLAN	
b	Name of plan sponsor NEWTOWN VETERINARY CLINIC, INC.	c EIN-PN 99-0210112-002
a	Plan name NIPPON SHOKUBAI AMERICA INDUSTRIES, INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor NIPPON SHOKUBAI AMERICA INDUSTRIES, INC.	c EIN-PN 51-0306007-001
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 ONEPATH 401(K) GPS	
b	Name of plan sponsor PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-007
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 CHAMPION DISCS, INC. RETIREMENT PLAN	
b	Name of plan sponsor CHAMPION DISCS, INC.	c EIN-PN 95-3894688-001
a	Plan name CHAPEL OAKS RETIREMENT PLAN	
b	Name of plan sponsor CHAPEL OAKS	c EIN-PN 43-1401339-001
a	Plan name PLANSOURCE FINANCIAL SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PLANSOURCE FINANCIAL SERVICES, INC.	c EIN-PN 59-3707284-001
a	Plan name PMI KYOTO 401(K) PLAN	
b	Name of plan sponsor PMI KYOTO PACKAGING SYSTEMS, INC.	c EIN-PN 36-3900736-001
a	Plan name POLLUX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor POLLUX SYSTEMS, INC.	c EIN-PN 35-1813327-001

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 POLY SCIENTIFIC R & D CORP. PROFIT SHARING PLAN	
b	Name of plan sponsor POLY SCIENTIFIC R & D CORP.	c EIN-PN 11-2196414-001
a	Plan name DAVE ARBOGAST GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor DAVE ARBOGAST GROUP, INC.	c EIN-PN 31-1409301-001
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 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 PURPLE USA INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor PURPLE USA, INC.	c EIN-PN 46-4128782-001
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 QUALITY FORMIKA 401(K) PLAN	
b	Name of plan sponsor QUALITY FORMIKA, INC.	c EIN-PN 42-1561005-001
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 DR. ALEXANDER J. KIM, INC. RETIREMENT PLAN & TRUST	
b	Name of plan sponsor DR. ALEXANDER J. KIM DDS	c EIN-PN 43-2071840-001
a	Plan name DRILLING SUPPLY & MANUFACTURING, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor DRILLING SUPPLY & MANUFACTURING	c EIN-PN 74-1903853-001
a	Plan name SANFORD'S SERVICE CENTER, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SANFORD'S SERVICE CENTER, INC.	c EIN-PN 99-0209901-001
a	Plan name SCOT MAILING & SHIPPING SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor SCOT MAILING & SHIPPING SYSTEMS, INC.	c EIN-PN 61-1336536-001

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 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 AVJET GLOBAL SALES, LLC 401(K) PLAN	
b	Name of plan sponsor AVJET GLOBAL SALES, LLC	c EIN-PN 81-1570783-001
a	Plan name MASTER SERVICE COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor MASTER SERVICE COMPANIES, LLC	c EIN-PN 26-2874958-001
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 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 BENO J. GUNDLACH COMPANY 401(K) PLAN	
b	Name of plan sponsor BJO INVESTMENTS COMPANY	c EIN-PN 46-1578021-002
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
a	Plan name NOTKIN HAWAII, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor NOTKIN HAWAII, INC.	c EIN-PN 99-0237335-001
a	Plan name NOVA AUTOMOTIVE INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor NOVA AUTOMOTIVE INC.	c EIN-PN 26-0025508-002

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 CARE MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor CARE MANAGEMENT, INC.	c EIN-PN 11-3117425-001
a	Plan name ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ORCHESTRA MANAGEMENT SOLUTIONS	c EIN-PN 22-3737010-001
a	Plan name CHARTER SCHOOL 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CHARTER SCHOOL 401(K) RETIREMENT PLAN	c EIN-PN 31-1819379-777
a	Plan name CIVIC CENTER PHARMACY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CIVIC CENTER PHARMACY	c EIN-PN 86-0824256-001
a	Plan name CLAIMS RESOURCE SERVICES, INC 401(K) PLAN & TRUST	
b	Name of plan sponsor CLAIMS RESOURCE SERVICES, INC.	c EIN-PN 94-3241983-001
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 DENK, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DENK, INC.	c EIN-PN 20-3746033-001
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 RABIN & BERDO, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RABIN & BERDO, P.C.	c EIN-PN 52-1763604-001
a	Plan name FARRISILK, INC. 401(K) PLAN	
b	Name of plan sponsor FARRISILK, INC.	c EIN-PN 95-4445372-002
a	Plan name FAXON LAW GROUP 401(K) PLAN	
b	Name of plan sponsor FAXON LAW GROUP	c EIN-PN 27-0061719-001

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	FBA RETIREMENT PLAN	
b	Name of plan sponsor	AUSTIN 3(16) FIDUCIARY LIMITED	c EIN-PN 46-2981114-001
a	Plan name	FERREIRA CONSTRUCTION CO., INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA CONSTRUCTION CO., INC.	c EIN-PN 22-3334957-001
a	Plan name	FERREIRA POWER GROUP, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER GROUP, LLC	c EIN-PN 81-4055817-001
a	Plan name	FORTIN WELDING & MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor	FORTIN WELDING & MANUFACTURING, INC.	c EIN-PN 31-0873755-002
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	ST. JOHN MEDICAL ENDEAVORS, INC. 401(K) PLAN	
b	Name of plan sponsor	ST. JOHN MEDICAL ENDEAVORS, INC.	c EIN-PN 45-2411775-001
a	Plan name	HAMMOND ENTERPRISES, INC. EMPLOYEE SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	HAMMOND ENTERPRISES, INC.	c EIN-PN 91-1757749-001
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	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	HINKLEY OPTOMETRIC CORPORATION 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	HINKLEY OPTOMETRIC CORPORATION	c EIN-PN 94-2419643-001
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	ACTECH RETIREMENT PLAN	
b	Name of plan sponsor	ADVANCED CRUSHER TECHNOLOGIES, INC. DBA ACTECH, INC.	c EIN-PN 91-1910674-001

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	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	VANGUARD ENERGY PARTNERS 401(K) PLAN	
b Name of plan sponsor	VANGUARD ENERGY PARTNERS, LLC	c EIN-PN 26-4685348-002
a Plan name	ALL IN THE FAMILY DENTAL 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ALL IN THE FAMILY DENTAL	c EIN-PN 35-1399233-001
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	KIDDER LAW FIRM, LLC 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KIDDER LAW FIRM, LLC	c EIN-PN 47-3161211-002
a Plan name	WALDEN MACHT & HARAN LLP 401(K) PLAN	
b Name of plan sponsor	WALDEN MACHT & HARAN LLP	c EIN-PN 47-2572262-001
a Plan name	WALKER CRANE & RIGGING CORP. PROFIT SHARING PLAN	
b Name of plan sponsor	WALKER CRANE & RIGGING CORP.	c EIN-PN 06-0664957-002
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	ADVANCED TEXTILES ASSOCIATION	
b Name of plan sponsor	ADVANCED TEXTILES ASSOCIATION	c EIN-PN 41-0434683-001
a Plan name	AM-TREE 401(K) PLAN	
b Name of plan sponsor	AM-TREE DEVELOPMENTAL NURSERY SCHOOL, INC.	c EIN-PN 22-2761331-001
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

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	AMER TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor	AMER TECHNOLOGY, INC.	c EIN-PN 74-2828249-001
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	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	CAVAN BUILDERS CORP. 401(K) PLAN	
b	Name of plan sponsor	CAVAN BUILDERS CORP.	c EIN-PN 82-4046385-001
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
a	Plan name	DISTRIBUTION-PUBLICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	DISTRIBUTION-PUBLICATIONS, INC.	c EIN-PN 68-0448262-001
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	ECHOUSER 401(K)	
b	Name of plan sponsor	ECHOUSER, INC.	c EIN-PN 20-5836268-001
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	FERREIRA POWER SOUTH, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER SOUTH 401(K)	c EIN-PN 88-2909820-001
a	Plan name	FERREIRA POWER WEST, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	FERREIRA POWER WEST LLC	c EIN-PN 83-3211774-001

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	FPMA 401(K) MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	FLORIDA PODIATRIC MEDICAL ASSOCIATION	c EIN-PN 59-3134492-333
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	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	HINSHAW, MARSH, STILL & HINSHAW, LLP PROFIT SHARING AND TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	HINSHAW, MARSH, STILL & HINSHAW, LLP	c EIN-PN 35-2447620-001
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	HOSPICE OF SAN JOAQUIN 401(K) PLAN	
b	Name of plan sponsor	HOSPICE OF SAN JOAQUIN	c EIN-PN 94-2777980-005
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	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	MATCHSTICK VENTURES LLC 401(K) PLAN	
b	Name of plan sponsor	MATCHSTICK VENTURES LLC	c EIN-PN 47-2994395-001
a	Plan name	MAVERICK MIDWEST 401(K) PLAN	
b	Name of plan sponsor	MAVERICK MIDWEST LLC	c EIN-PN 82-2181672-001

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	MAXMAN, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAXMAN, INC.	c EIN-PN 95-4615335-001
a	Plan name	MC GROUP HAWAII, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MC GROUP HAWAII, INC.	c EIN-PN 27-3701730-001
a	Plan name	MICHELL ENTERPRISES, LLC 401K PLAN	
b	Name of plan sponsor	MICHELL ENTERPRISES, LLC	c EIN-PN 20-0354910-001
a	Plan name	MIDWAY TRAILERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MIDWAY TRAILERS, INC.	c EIN-PN 43-1204852-002
a	Plan name	OHIO FACIAL PLASTICS 401(K) PLAN	
b	Name of plan sponsor	OHIO FACIAL PLASTICS	c EIN-PN 81-2875464-001
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.A. THOMPSON ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	P.A. THOMPSON ENGINEERING	c EIN-PN 33-0541883-001
a	Plan name	PAIN MEDICINE, INC. 401(K) PLAN	
b	Name of plan sponsor	PAIN MEDICINE, INC.	c EIN-PN 26-2725955-001
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	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

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 RAWLINSON ELECTRIC 401(K) PLAN	
b	Name of plan sponsor RAWLINSON ELECTRICAL CONSULTANTS	c EIN-PN 45-5383717-001
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 REGIONAL PARAMEDICAL SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REGIONAL PARAMEDICAL SERVICES	c EIN-PN 63-0957564-001
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
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 STANGENES INDUSTRIES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor STANGENES INDUSTRIES, INC.	c EIN-PN 94-2247016-001
a	Plan name STARR, DARCY, AND STARR 401(K) PLAN	
b	Name of plan sponsor STARR, DARCY, AND STARR, P.C, CPA'S	c EIN-PN 22-2775971-001
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 THE HRB GROUP 401(K) PLAN	
b	Name of plan sponsor PRAZAK & ASSOCIATES, LLC	c EIN-PN 81-4386443-333
a	Plan name THOMPSON BROS PLUMBING 401K PLAN	
b	Name of plan sponsor THOMPSON BROS PLUMBING	c EIN-PN 37-1458920-001
a	Plan name THOMPSON MEDICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON MEDICAL P.C.	c EIN-PN 45-4601631-001
a	Plan name TIL GAMING, LLC 401(K) PLAN	
b	Name of plan sponsor TIL GAMING LLC	c EIN-PN 30-0855844-001

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 VICKERS & NOLAN ENTERPRISES, LLC RETIREMENT PLAN	
b	Name of plan sponsor VICKERS & NOLAN ENTERPRISES, LLC	c EIN-PN 20-0759070-002
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 VISIONSPARK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VISIONSPARK	c EIN-PN 45-4202552-001
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 WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	c EIN-PN 86-1091681-001
a	Plan name AMERICAN PILE AND FOUNDATION, LLC 401(K) PLAN	
b	Name of plan sponsor AMERICAN PILE AND FOUNDATION, LLC	c EIN-PN 32-0400145-001
a	Plan name AMERICAN SIGNCRAFTERS NON-UNION 401(K) PLAN	
b	Name of plan sponsor SIGN ACQUISITION LLC	c EIN-PN 83-3073945-001
a	Plan name AMERICARE, INC. 401(K) PLAN	
b	Name of plan sponsor AMERICARE, INC.	c EIN-PN 11-2608743-002
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 BOARDMAN, LLC 401(K) PLAN	
b	Name of plan sponsor BOARDMAN, LLC	c EIN-PN 73-1470937-003
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 COLUMBIA PAINT CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA PAINT CORPORATION	c EIN-PN 55-0380524-001

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	COMMONWEALTH LOCK COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMONWEALTH LOCK COMPANY	c EIN-PN 04-1198932-001
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	GANAU AMERICA, INC. 401(K) PLAN	
b	Name of plan sponsor	GANAU AMERICA, INC.	c EIN-PN 68-0304506-001
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	LA MADE CREATIVE 401(K) PLAN	
b	Name of plan sponsor	LA MADE CREATIVE, INC.	c EIN-PN 47-1699482-001
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	MISSISSIPPI MARINE CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	MISSISSIPPI MARINE CORPORATION	c EIN-PN 64-0524327-001
a	Plan name	MOJO RISING 401(K) PLAN	
b	Name of plan sponsor	MOJO RISING DE, LLC	c EIN-PN 36-4903386-001
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	PARRAID 401(K) PLAN	
b	Name of plan sponsor	PARRAID, LLC	c EIN-PN 84-3537759-001
a	Plan name	STRATA SYSTEMS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STRATA SYSTEMS, LLC	c EIN-PN 92-1336363-001
a	Plan name	TITUS PRECISION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TITUS PRECISION COMPANY	c EIN-PN 87-3842552-222

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TOP HAT UNIFORM 401(K) PLAN	
b	Name of plan sponsor	TOP HAT UNIFORM, INC.	c EIN-PN 11-1979505-001
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	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	WILLIAMS FIRE & HAZARD, LLC 401(K) PLAN	
b	Name of plan sponsor	WILLIAMS FIRE & HAZARD, LLC	c EIN-PN 93-4675784-001
a	Plan name	AMICABLE HEALTHCARE 401(K) PLAN	
b	Name of plan sponsor	AMICABLE HEALTHCARE, INC.	c EIN-PN 91-1814335-001
a	Plan name	ANDERSON, JULIAN & HULL, LLP 401(K) PLAN	
b	Name of plan sponsor	ANDERSON, JULIAN & HULL, LLP	c EIN-PN 82-0504369-001
a	Plan name	BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN	
b	Name of plan sponsor	BOO-KER OIL & GAS CORP.	c EIN-PN 72-0750276-001
a	Plan name	BRAD PEASLEY TRUCKING LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BRAD PEASLEY TRUCKING LLC	c EIN-PN 20-3853328-001
a	Plan name	BRAUN RESEARCH, INC. 401(K) PLAN	
b	Name of plan sponsor	BRAUN RESEARCH	c EIN-PN 22-3408940-001
a	Plan name	COMPTON CONSTRUCTION 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	COMPTON CONSTRUCTION	c EIN-PN 27-5155259-001
a	Plan name	ELK GROVE RANCH, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ELK GROVE RANCH, LLC	c EIN-PN 95-2733525-001
a	Plan name	EMERALD ENVIRONMENTAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	EMERALD ENVIRONMENTAL, INC.	c EIN-PN 34-1765185-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EMERGENT CARE ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor EMERGENT CARE ASSOCIATES, INC.	c EIN-PN 46-1336939-001
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 ICON EQUIPMENT DISTRIBUTORS, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor ICON EQUIPMENT DISTRIBUTORS, INC.	c EIN-PN 22-2435580-001
a	Plan name INNOVANT, INC. RETIREMENT PLAN	
b	Name of plan sponsor INNOVANT, INC.	c EIN-PN 45-0499207-001
a	Plan name LAVATEC LAUNDRY TECHNOLOGY, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor LAVATEC LAUNDRY TECHNOLOGY, INC.	c EIN-PN 27-3113145-001
a	Plan name LAW OFFICE OF MARK A. VICKNESS 401K PLAN	
b	Name of plan sponsor LAW OFFICE OF MARK A. VICKNESS	c EIN-PN 86-1126683-001
a	Plan name LEADING EDGE HUMAN RESOURCES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor LEADING EDGE LEADERSHIP GROUP LLC	c EIN-PN 80-0737702-001
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 LEGAL ASSISTANCE FOR SENIORS 401(K) PLAN	
b	Name of plan sponsor LEGAL ASSISTANCE FOR SENIORS, INC.	c EIN-PN 94-2941697-001
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 PATRICKS GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor PATRICK'S GLASS, INC.	c EIN-PN 27-5286958-001
a	Plan name PAUL K. WEIN M.D. P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor PAUL K. WEIN M.D. P.C.	c EIN-PN 11-2612651-001

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	RICCO DENTAL, PLLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RICCO DENTAL, PLLC	c EIN-PN 45-3587049-001
a	Plan name	SUNMIGHT USA CORPORATION 401(K) PLAN	
b	Name of plan sponsor	SUNMIGHT USA CORP.	c EIN-PN 20-4626532-001
a	Plan name	SUPERIOR AUTO BODY 401(K) PLAN	
b	Name of plan sponsor	SGS HOLDINGS DBA SUPERIOR AUTO BODY	c EIN-PN 20-3365670-001
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	WITMER'S, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WITMER'S, INC.	c EIN-PN 34-1016582-001
a	Plan name	WOLF'S RIDGE BREWING 401(K)	
b	Name of plan sponsor	WOLF'S RIDGE BREWING	c EIN-PN 45-4011666-001
a	Plan name	MULBERRY COLLABORATIVE CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	MULBERRY COLLABORATIVE CONSTRUCTION	c EIN-PN 82-3595383-001
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	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	RKPL, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RKPL INC.	c EIN-PN 34-1728279-001

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	SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	C SYSTEMS, LLC	c EIN-PN 20-1820942-001
a	Plan name	TAG AGGREGATE 1 MESIROW	
b	Name of plan sponsor	TAG RESOURCES	c EIN-PN 62-1874771-004
a	Plan name	TAG AGGREGATE 401K PLAN	
b	Name of plan sponsor	TAG RESOURCES, LLC	c EIN-PN 62-1874766-005
a	Plan name	TRIHIX ATHLETIC APPAREL LLC 401(K) P/S PLAN	
b	Name of plan sponsor	TRIHIX ATHLETIC APPAREL LLC	c EIN-PN 46-4045923-001
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	ZEAM MEDICAL GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ZEAM MEDICAL GROUP, INC.	c EIN-PN 86-3657363-001
a	Plan name	ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANIMAL & BIRD HOSPITAL, INC.	c EIN-PN 33-0078013-001
a	Plan name	ANTIOCHIAN ORTHODOX CHRISTIAN ARCHDIOCESE 401(K) PLAN	
b	Name of plan sponsor	ANTIOCHIAN ORTHODOX ARCHDIOCESE	c EIN-PN 11-6007930-001
a	Plan name	ARACOR, INC. 401 (K) PLAN	
b	Name of plan sponsor	ARACOR, INC.	c EIN-PN 74-1480428-002
a	Plan name	BRBC I, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	BRBC I, LLC	c EIN-PN 13-4246539-001
a	Plan name	BREEDLOVE, DENNIS, & ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	BREEDLOVE, DENNIS, & ASSOCIATES, INC.	c EIN-PN 59-1694414-001
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

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	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	BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	BUCKLES-SMITH ELECTRIC COMPANY	c EIN-PN 94-1460248-003
a	Plan name	CONTINENTAL EXPRESS, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTINENTAL EXPRESS, INC	c EIN-PN 34-1434240-001
a	Plan name	CONTRACT ENVIRONMENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONTRACT ENVIRONMENTS, INC.	c EIN-PN 51-0301181-001
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	ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	ENERGY MANAGEMENT COLLABORATIVE, LLC	c EIN-PN 20-0029039-001
a	Plan name	GATOR HOME TECH 401K PLAN	
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	
b	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001
a	Plan name	LEIGHTON MCGINN COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	LEIGHTON MCGINN COMPANY	c EIN-PN 65-0352005-777
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 ACCT	B Three-digit plan number (PN) ▶ 975
C Plan sponsor's name as shown on line 2a of Form 5500 TRANSAMERICA FINANCIAL LIFE INSURANCE COMPANY	D Employer Identification Number (EIN) 36-6071399

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	138097264	152856401
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(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	138097264	152856401
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	138097264	152856401

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)	36885876	
(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		36885876

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		36885876
l Transfers of assets:			
(1) To this plan.....	2l(1)		14314643
(2) From this plan	2l(2)		36441382

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.)	4a		
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.).....	4b		
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.)	4c		
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.).....	4d		
e Was this plan covered by a fidelity bond?	4e		
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		
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?.....	4g		
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?	4h		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		
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.).....	4j		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		
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.	4n		

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 _____.