

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan: DIRECTIONS 3 - MODERATE, 1b Three-digit plan number (PN): 243, 1c Effective date of plan: 02/01/2023, 2a Plan sponsor's name: HAND BENEFITS & TRUST COMPANY, 820 GESSNER ROAD, SUITE 1250, HOUSTON, TX 77024, 2b Employer Identification Number (EIN): 74-2008758, 2c Plan Sponsor's telephone number: 713-460-1000, 2d Business code

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

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

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

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

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

**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:

<b>9a</b> 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	<b>9b</b> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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 0

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

<b>A</b> Name of plan <u>DIRECTIONS 3 - MODERATE</u>	<b>B</b> Three-digit plan number (PN)	<u>▶</u> <u>243</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS &amp; TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>74-2008758</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ACEPEX MANAGEMENT CORP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACEPEX MANAGEMENT CORPORATION	<b>c</b> EIN-PN 95-4236171-003
<b>a</b>	Plan name	MECCON INDUSTRIES 401K PLAN	
<b>b</b>	Name of plan sponsor	MECCON INDUSTRIES INC	<b>c</b> EIN-PN 36-3008454-002
<b>a</b>	Plan name	THE HOMELESS ALLIANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HOMELESS ALLIANCE INC	<b>c</b> EIN-PN 11-3718005-001
<b>a</b>	Plan name	LAW OFFICES OF MIGUEL MARTINEZ	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF MIGUEL MARTINEZ PC	<b>c</b> EIN-PN 84-1531321-001
<b>a</b>	Plan name	UNICOLD CORP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNICOLD CORPORATION	<b>c</b> EIN-PN 94-1535689-001
<b>a</b>	Plan name	RESCO ELECTRIC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RESCO ELECTRIC	<b>c</b> EIN-PN 76-0554575-001
<b>a</b>	Plan name	PRAIRIE LANDWORKS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRAIRIE LANDWORKS INC	<b>c</b> EIN-PN 45-4357575-001
<b>a</b>	Plan name	STUDEBAKER SUBMETERING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	STUDEBAKER SUBMETERING INC	<b>c</b> EIN-PN 54-1963792-001
<b>a</b>	Plan name	NORTH EASTERN TREE SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTH EASTERN TREE SERVICE	<b>c</b> EIN-PN 05-0401011-001
<b>a</b>	Plan name	INFO-MATRIX CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INFO-MATRIX CORPORATION	<b>c</b> EIN-PN 25-1788570-001
<b>a</b>	Plan name	JB STEEL 401K PLAN	
<b>b</b>	Name of plan sponsor	JB STEEL LLC	<b>c</b> EIN-PN 93-0581861-006
<b>a</b>	Plan name	ADVANCED FOOT & ANKLE SPECIALISTS 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED FOOT & ANKLE SPECIALISTS	<b>c</b> EIN-PN 59-3750789-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	COMMERCIAL CONTRACTING 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMMERICAL CONTRACTING	<b>c</b> EIN-PN 80-0007597-001
<b>a</b>	Plan name	PROCON INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PROCON INC	<b>c</b> EIN-PN 16-1627389-001
<b>a</b>	Plan name	TC MOTOR DBA LEXUS OF LEHIGH VALLEY 401K PLAN	
<b>b</b>	Name of plan sponsor	TC MOTOR CAR CODBA LEXUS OF LEHIGH VALLEY	<b>c</b> EIN-PN 23-2616195-001
<b>a</b>	Plan name	ARCHER CONSULTATION SERVICES INC 401K	
<b>b</b>	Name of plan sponsor	ARCHER CONSULTATION SERVICES INC	<b>c</b> EIN-PN 35-1687137-001
<b>a</b>	Plan name	SPECIALTY STRIP & OSCILLATING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SPECIALTY STRIP & OSCILLATING INC	<b>c</b> EIN-PN 34-1770390-001
<b>a</b>	Plan name	MEJC 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHIGAN ENVIRONMENTAL JUSTICE COALITION	<b>c</b> EIN-PN 86-1272770-001
<b>a</b>	Plan name	POOLE'S PLUMBING INC 401K	
<b>b</b>	Name of plan sponsor	POOLES PLUMBING INC	<b>c</b> EIN-PN 56-2134201-001
<b>a</b>	Plan name	PRECISE MANUFACTURING EE SAVINGS 401K	
<b>b</b>	Name of plan sponsor	WHITCRAFT ENTERPRISES DBA PRECISE MANUFACTUR	<b>c</b> EIN-PN 26-3872118-001
<b>a</b>	Plan name	RS WAGNER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RS WAGNER LLC	<b>c</b> EIN-PN 45-4414308-001
<b>a</b>	Plan name	MARK HEUETT GENERAL CONTRACTOR INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK HEUETT GENERAL CONTRACTOR INC	<b>c</b> EIN-PN 93-1319951-002
<b>a</b>	Plan name	LA BEAU INC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	LA BEAU INC	<b>c</b> EIN-PN 38-3203407-001
<b>a</b>	Plan name	FOREFRONT TECHNOLOGY'S 401K PS PLAN	
<b>b</b>	Name of plan sponsor	FOREFRONT TECHNOLOGY SOLUTIONS CORP	<b>c</b> EIN-PN 27-1814097-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	COMMUNITY PHARMACY SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY PHARMACY SERVICES INC	<b>c</b> EIN-PN 26-2122849-001
<b>a</b>	Plan name	AXIS 401K UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AXIS MINNESOTA INC	<b>c</b> EIN-PN 41-1852557-002
<b>a</b>	Plan name	PRECISION LIGHTING AND ELECTRIC LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRECISION LIGHTING AND ELECTRIC LLC	<b>c</b> EIN-PN 06-1787561-001
<b>a</b>	Plan name	ASSOCIATED TRUSS & LUMBER 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED TRUSS & LUMBER CO	<b>c</b> EIN-PN 75-1089735-001
<b>a</b>	Plan name	BLACK MESA COMMUNITY SCHOOL 401K PLAN	
<b>b</b>	Name of plan sponsor	BLACK MESA COMMUNITY SCHOOL	<b>c</b> EIN-PN 86-0357745-001
<b>a</b>	Plan name	JWDA MS ARCHITECTS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	JWDA-MS ARCHITECTS INC	<b>c</b> EIN-PN 27-4519130-001
<b>a</b>	Plan name	PACIFIC PLASTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	PACIFIC PLASTICS INC	<b>c</b> EIN-PN 95-3452955-001
<b>a</b>	Plan name	LIBERTY GROUP REALTY 401K PLAN	
<b>b</b>	Name of plan sponsor	LIBERTY GROUP REALTY	<b>c</b> EIN-PN 46-1874892-001
<b>a</b>	Plan name	SCD INFORMATION TECHNOLOGY LLC 401K PSP	
<b>b</b>	Name of plan sponsor	SCD INFORMATION TECHNOLOGY LLC	<b>c</b> EIN-PN 62-2007898-001
<b>a</b>	Plan name	CEDAR LAKE NURSING HOME INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CEDAR LAKE NURSING HOME INC	<b>c</b> EIN-PN 75-1667895-001
<b>a</b>	Plan name	PINO'S PRODUCE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PINOS PRODUCE INC	<b>c</b> EIN-PN 33-0109032-001
<b>a</b>	Plan name	MORRISSEY ENGINEERING INC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	MORRISSEY ENGINEERING INC	<b>c</b> EIN-PN 47-0818042-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WATERMAN'S 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WATERMANS SURFSIDE GRILLE	<b>c</b> EIN-PN 54-1191780-001
<b>a</b>	Plan name	LAKEVIEW FAMILY DENTISTRY 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	LAKEVIEW FAMILY DENTISTRY	<b>c</b> EIN-PN 59-3685450-001
<b>a</b>	Plan name	H & H SHEET METAL INC 401K PLAN	
<b>b</b>	Name of plan sponsor	H & H SHEET METAL INC	<b>c</b> EIN-PN 35-1046960-001
<b>a</b>	Plan name	SCHMIT AUTOMOTIVE 401K PLAN	
<b>b</b>	Name of plan sponsor	SCHMIT AUTOMOTIVE INC	<b>c</b> EIN-PN 20-2376061-001
<b>a</b>	Plan name	CHRISTIAN SUPPLY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIAN SUPPLY INC	<b>c</b> EIN-PN 57-0516963-002
<b>a</b>	Plan name	MILLER TRANSFER & RIGGING CO 401K PS PLAN	
<b>b</b>	Name of plan sponsor	MILLER TRANSFER & RIGGING COMPANY	<b>c</b> EIN-PN 25-1189978-001
<b>a</b>	Plan name	GREAT LAKES BAY SURG & ENDOSCOPY 401K PLAN	
<b>b</b>	Name of plan sponsor	NPS ASSOCIATES LLC DBA GREAT LAKES SURGERY	<b>c</b> EIN-PN 20-8500953-001
<b>a</b>	Plan name	FARR CONSTRUCTION CORP DBA RDC 401K PLAN	
<b>b</b>	Name of plan sponsor	FARR CONSTRUCTION DBA RESOURCE DEVELOPMENT	<b>c</b> EIN-PN 20-3783793-001
<b>a</b>	Plan name	AXIS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AXIS MINNESOTA INC	<b>c</b> EIN-PN 41-1852557-001
<b>a</b>	Plan name	AYOKI LLC INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	AYOKI LLC	<b>c</b> EIN-PN 87-3883698-001
<b>a</b>	Plan name	LEE'S MOTORCYCLE INC 401K PL	
<b>b</b>	Name of plan sponsor	LEES MOTORCYCLES INC	<b>c</b> EIN-PN 94-2906714-002
<b>a</b>	Plan name	MISSOURI BOARD OF LAW EXAMINERS RETIREMENT PL	
<b>b</b>	Name of plan sponsor	MISSOURI BOARD OF LAW EXAMINERS	<b>c</b> EIN-PN 43-1893265-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	KOROTKIN INSURANCE GROUP INC 401K SRP	
<b>b</b>	Name of plan sponsor	KOROTKIN INSURANCE GROUP INC DBA KIG	<b>c</b> EIN-PN 38-2022737-001
<b>a</b>	Plan name	INNOVATIVE TOOLING SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE TOOLING SOLUTIONS INC	<b>c</b> EIN-PN 48-1265558-001
<b>a</b>	Plan name	CAREGIVERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MAGNOLIA HEALTH CORPORATION	<b>c</b> EIN-PN 42-1591995-001
<b>a</b>	Plan name	R V WORLD 401K PLAN	
<b>b</b>	Name of plan sponsor	RV WORLD RECREATION VEHICLE CENTRE LLC	<b>c</b> EIN-PN 83-4486585-001
<b>a</b>	Plan name	NEK LAW 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST KINGDOM LAW PLLC	<b>c</b> EIN-PN 46-1337690-001
<b>a</b>	Plan name	AUTOMATION & MODULAR COMPONENTS INC 401K	
<b>b</b>	Name of plan sponsor	AUTOMATION & MODULAR COMPONENTS INC	<b>c</b> EIN-PN 38-2831279-002
<b>a</b>	Plan name	SELECT SPRAYERS 401K PLAN	
<b>b</b>	Name of plan sponsor	SELECT SPRAYERS & EQUIPMENT LLC	<b>c</b> EIN-PN 47-0828257-001
<b>a</b>	Plan name	THE TIMMERMAN SCHOOL EMPLOYEES PS PLAN	
<b>b</b>	Name of plan sponsor	THE TIMMERMAN SCHOOL INC	<b>c</b> EIN-PN 57-0483452-001
<b>a</b>	Plan name	ACL HAWAII INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACL HAWAII INC	<b>c</b> EIN-PN 47-0927612-001
<b>a</b>	Plan name	RF WORKS CORPORATION 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RF WORKS CORPORATION	<b>c</b> EIN-PN 59-3542123-001
<b>a</b>	Plan name	ACTION FINANCIAL PLANNING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACTION FINANCIAL PLANNING INC	<b>c</b> EIN-PN 38-2724916-002
<b>a</b>	Plan name	EL AGUILA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	EL AGUILA INC	<b>c</b> EIN-PN 20-0354181-001

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.)	
<b>a</b>	Plan name AP TECHNOLOGY 401K PLAN	
<b>b</b>	Name of plan sponsor AP TECHNOLOGY LLC	<b>c</b> EIN-PN 46-1407591-001
<b>a</b>	Plan name SYNECT LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SYNECT LLC	<b>c</b> EIN-PN 45-2518367-001
<b>a</b>	Plan name DAVE SINCLAIR LINCOLN INC UNION PLAN	
<b>b</b>	Name of plan sponsor DAVE SINCLAIR LINCOLN	<b>c</b> EIN-PN 43-1785334-002
<b>a</b>	Plan name CVD CARE LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor CANYON VISTA DENTAL CARE	<b>c</b> EIN-PN 20-8167378-001
<b>a</b>	Plan name ARROW CONSULTATION SERVICES 401K	
<b>b</b>	Name of plan sponsor ARROW CONSULTATION SERVICES	<b>c</b> EIN-PN 35-1821191-001
<b>a</b>	Plan name MADISON LAWN AND LANDSCAPE 401K PLAN	
<b>b</b>	Name of plan sponsor MADISON LAWN AND LANDSCAPE INC	<b>c</b> EIN-PN 45-4612676-001
<b>a</b>	Plan name E & L MEAT COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor E & L MEAT COMPANY	<b>c</b> EIN-PN 38-2141947-001
<b>a</b>	Plan name NEW ENGLAND DISCOUNT RETAILERS INC 401K PSP	
<b>b</b>	Name of plan sponsor NEW ENGLAND DISCOUNT RETAILERS INC	<b>c</b> EIN-PN 04-3490470-001
<b>a</b>	Plan name HEARTLAND FAMILY SERVICE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HEARTLAND FAMILY SERVICE	<b>c</b> EIN-PN 47-0390618-003
<b>a</b>	Plan name UCHIDA OF AMERICA CORPORATION 401K SALARY	
<b>b</b>	Name of plan sponsor UCHIDA OF AMERICA CORPORATION	<b>c</b> EIN-PN 13-2755324-001
<b>a</b>	Plan name WN MOREHOUSE TRUCK LINE INC 401K PLAN	
<b>b</b>	Name of plan sponsor WN MOREHOUSE TRUCK LINE INC	<b>c</b> EIN-PN 47-0519808-002
<b>a</b>	Plan name TEXAS TITLE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor TEXAS TITLE COMPANY	<b>c</b> EIN-PN 26-2717873-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	ALLIED RETAIL CONCEPTS LLC 401K PS PLAN
<b>b</b>	Name of plan sponsor	ALLIED RETAIL CONCEPTS LLC
<b>c</b>	EIN-PN	43-1878517-001
<b>a</b>	Plan name	VALBRUNA SLATER STAINLESS INC 401K PLAN
<b>b</b>	Name of plan sponsor	VALBRUNA SLATER STAINLESS INC
<b>c</b>	EIN-PN	04-3784903-001
<b>a</b>	Plan name	HOSPITAL SYSTEMS INC 401K PLAN
<b>b</b>	Name of plan sponsor	HOSPITAL SYSTEMS INC
<b>c</b>	EIN-PN	95-1976576-001
<b>a</b>	Plan name	ALDRIDGE INSURANCE 401K PLAN
<b>b</b>	Name of plan sponsor	ALDRIDGE INSURANCE INC
<b>c</b>	EIN-PN	35-1937710-001
<b>a</b>	Plan name	CASTLE REALTY 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CASTLE REALTY LLC
<b>c</b>	EIN-PN	27-1664603-001
<b>a</b>	Plan name	STEDMAN FLOOR COMPANY 401K PLAN
<b>b</b>	Name of plan sponsor	STEDMAN FLOOR COMPANY
<b>c</b>	EIN-PN	31-0823623-002
<b>a</b>	Plan name	CITY OF BEAUMONT 401A
<b>b</b>	Name of plan sponsor	CITY OF BEAUMONT
<b>c</b>	EIN-PN	95-6000676-001
<b>a</b>	Plan name	BLUE HILLS ENVIRONMENTAL 401K PLAN
<b>b</b>	Name of plan sponsor	BLUE HILLS ENVIRONMENTAL ASSOCIATION
<b>c</b>	EIN-PN	86-0686263-001
<b>a</b>	Plan name	GEXCON US INC 401K PLAN
<b>b</b>	Name of plan sponsor	GEXCON US INC
<b>c</b>	EIN-PN	46-0520636-001
<b>a</b>	Plan name	THE CEDAR CENTRE PSYCHIATRIC GROUP RETIREMENT
<b>b</b>	Name of plan sponsor	THE CEDAR CENTRE PSYCHIATRIC GROUP
<b>c</b>	EIN-PN	42-1131190-001
<b>a</b>	Plan name	PHI 401K SAVINGS PLAN
<b>b</b>	Name of plan sponsor	PARKER HOLDINGS INC
<b>c</b>	EIN-PN	47-0826779-001
<b>a</b>	Plan name	MEGAN L NIEDENS DVM INDIVIDUAL K PLAN
<b>b</b>	Name of plan sponsor	MEGAN L NIEDENS DVM
<b>c</b>	EIN-PN	82-3601684-001

**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.)

<b>a</b> Plan name	GOLDEN MOMENTS 401K PLAN	
<b>b</b> Name of plan sponsor	GOLDEN MOMENTS LLC	<b>c</b> EIN-PN 85-2418598-001
<b>a</b> Plan name	FOOTHOLD COUNSELING IK PLAN	
<b>b</b> Name of plan sponsor	FOOTHOLD COUNSELING LLC	<b>c</b> EIN-PN 81-0759995-001
<b>a</b> Plan name	VIRDEN DENTAL CARE LTD 401K PLAN	
<b>b</b> Name of plan sponsor	VIRDEN DENTAL CARE LTD	<b>c</b> EIN-PN 46-1576791-005
<b>a</b> Plan name	OR TECH 401K PLAN	
<b>b</b> Name of plan sponsor	OR TECHNOLOGIES INC	<b>c</b> EIN-PN 27-2080693-001
<b>a</b> Plan name	GALLO EYE AND FACIAL PLASTIC SURGERY INC	
<b>b</b> Name of plan sponsor	GALLO EYE & FACIAL PLASTIC SURGERY INC	<b>c</b> EIN-PN 20-5068236-001
<b>a</b> Plan name	MICHAEL COLE INDIVIDUAL 401K PLAN	
<b>b</b> Name of plan sponsor	MICHAEL COLE ATTORNEY AT LAW	<b>c</b> EIN-PN 36-4901208-001
<b>a</b> Plan name	CHARLIE UNIFORM TANGO 401K PLAN	
<b>b</b> Name of plan sponsor	CHARLIEUNIFORMTANGO LP	<b>c</b> EIN-PN 75-2621546-001
<b>a</b> Plan name	RAYBOURN GROUP INTERNATIONAL INC 401K PLAN	
<b>b</b> Name of plan sponsor	RAYBOURN GROUP INTERNATIONAL INC	<b>c</b> EIN-PN 35-1752759-002
<b>a</b> Plan name	COUPARD ARCHITECTS INC 401K PLAN	
<b>b</b> Name of plan sponsor	COUPARD ARCHITECTS INC	<b>c</b> EIN-PN 43-1967997-001
<b>a</b> Plan name	NORTHEAST PUBLIC SEWER DISTRICT 401A PLAN	
<b>b</b> Name of plan sponsor	NORTHEAST PUBLIC SEWER DISTRICT	<b>c</b> EIN-PN 43-1200905-002
<b>a</b> Plan name	NEW BEDFORD YACHT CLUB 401K PLAN	
<b>b</b> Name of plan sponsor	NEW BEDFORD YACHT CLUB	<b>c</b> EIN-PN 04-1659530-001
<b>a</b> Plan name	ATLAS SETTLEMENT GROUP INC 401K PS PLAN	
<b>b</b> Name of plan sponsor	ATLAS SETTLEMENT GROUP INC	<b>c</b> EIN-PN 20-2667446-002

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	TORRANCE ORTHOPAEDIC SPORTS MEDICINE GRP 401K
<b>b</b>	Name of plan sponsor	TORRANCE ORTHOPAEDIC & SPORTS MEDICINE GROUP
<b>c</b>	EIN-PN	95-3791747-001
<b>a</b>	Plan name	D & D TIRE INC 401K PLAN
<b>b</b>	Name of plan sponsor	D & D TIRE INC
<b>c</b>	EIN-PN	48-0826010-001
<b>a</b>	Plan name	CARIN R WHITEHURST IND 401K
<b>b</b>	Name of plan sponsor	CARIN R WHITEHURST
<b>c</b>	EIN-PN	86-1024892-001
<b>a</b>	Plan name	LAKOTA CORP 401K PLAN
<b>b</b>	Name of plan sponsor	LAKOTA CORP
<b>c</b>	EIN-PN	20-2970922-001
<b>a</b>	Plan name	BAILEY'S MEDICAL EQUIPMENT & SUPPLIES 401K
<b>b</b>	Name of plan sponsor	MEDICAL HOTSPOTS INC CORP
<b>c</b>	EIN-PN	45-1810240-001
<b>a</b>	Plan name	CHIROPRACTIC ASSOCIATES 401K
<b>b</b>	Name of plan sponsor	CHIROPRACTIC ASSOCIATES OF GAINESVILLE
<b>c</b>	EIN-PN	59-1856700-001
<b>a</b>	Plan name	MANDUKA LLC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MANDUKA LLC
<b>c</b>	EIN-PN	26-1648490-001
<b>a</b>	Plan name	GERBER AUTO RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SONNY GERBER AUTO SALES INC
<b>c</b>	EIN-PN	47-0414335-001
<b>a</b>	Plan name	LAKE CITY INDUSTRIES INC 401K PSP
<b>b</b>	Name of plan sponsor	LAKE CITY INDUSTRIES INC
<b>c</b>	EIN-PN	59-1829630-001
<b>a</b>	Plan name	LARSON MOTORS INC 401K PLAN
<b>b</b>	Name of plan sponsor	LARSON MOTORS INC
<b>c</b>	EIN-PN	47-0690377-001
<b>a</b>	Plan name	PARADIGM FINANCIAL CORP
<b>b</b>	Name of plan sponsor	PARADIGM FINANCIAL CORP
<b>c</b>	EIN-PN	91-1442042-002
<b>a</b>	Plan name	TRIAD ENERGY INC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	TRIAD ENERGY INC
<b>c</b>	EIN-PN	73-1115516-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RAY PRICE MOTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	RAY PRICE MOTORS	<b>c</b> EIN-PN 23-2635237-001
<b>a</b>	Plan name	EZRA DAVID SCHACHTER IND K	
<b>b</b>	Name of plan sponsor	EZRA DAVID SCHACHTER	<b>c</b> EIN-PN 23-2893275-001
<b>a</b>	Plan name	HURON VALLEY SALES EMPLOYEES 401K PS PLAN	
<b>b</b>	Name of plan sponsor	HURON VALLEY SALES INC	<b>c</b> EIN-PN 38-1361480-002
<b>a</b>	Plan name	DEKALB SURGICAL ASSOCIATES PA PS PLAN	
<b>b</b>	Name of plan sponsor	DEKALB SURGICAL ASSOCIATES PA	<b>c</b> EIN-PN 58-2296066-002
<b>a</b>	Plan name	SURE-CRAN SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SURE-CRAN SERVICES INC	<b>c</b> EIN-PN 04-3413399-001
<b>a</b>	Plan name	GOODMAN MILLWORK INC PS & 401K PLAN	
<b>b</b>	Name of plan sponsor	GOODMAN MILLWORK INC	<b>c</b> EIN-PN 56-1332435-001
<b>a</b>	Plan name	ZELL BUILDERS COMPANY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ZELL BUILDERS COMPANY INC	<b>c</b> EIN-PN 04-2914084-001
<b>a</b>	Plan name	NATIONAL HOLDINGS INC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	NATIONAL HOLDINGS INC	<b>c</b> EIN-PN 20-4440347-001
<b>a</b>	Plan name	INFESTATION CONTROL INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	INFESTATION CONTROL INC	<b>c</b> EIN-PN 52-1168770-001
<b>a</b>	Plan name	SERVICE PROS PLUMBERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SERVICE PROS PLUMBERS INC	<b>c</b> EIN-PN 81-1660222-001
<b>a</b>	Plan name	ABC SEAMLESS 401K PLAN	
<b>b</b>	Name of plan sponsor	ABC METRO INC	<b>c</b> EIN-PN 20-2807880-001
<b>a</b>	Plan name	UNILAND CORPORATION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNILAND CORPORATION	<b>c</b> EIN-PN 38-1882801-001

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.)		
<b>a</b>	Plan name SHANEDA MACHINE INC 401K PLAN	
<b>b</b>	Name of plan sponsor SHANEDA MACHINE INC	<b>c</b> EIN-PN 75-2564251-001
<b>a</b>	Plan name TEST X LLC 401K PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor TEST X LLC	<b>c</b> EIN-PN 46-5227141-001
<b>a</b>	Plan name REX BLACK SOLO 401K	
<b>b</b>	Name of plan sponsor REX BLACK	<b>c</b> EIN-PN 80-0056637-001
<b>a</b>	Plan name CUMBERLAND DEVELOPMENT COMPANY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CUMBERLAND DEVELOPMENT COMPANY LLC	<b>c</b> EIN-PN 20-2730909-001
<b>a</b>	Plan name POSSIBILITIES NORTHEAST LLC 401K SALARY	
<b>b</b>	Name of plan sponsor POSSIBILITIES NORTHEAST LLC	<b>c</b> EIN-PN 35-2151934-001
<b>a</b>	Plan name ADVANCE PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor ADVANCE PLUMBING SUPPLY OF WALLED LAKE INC	<b>c</b> EIN-PN 38-2936735-001
<b>a</b>	Plan name CHEMICAL SYSTEMS OF ORLANDO 401K PS PL & TR	
<b>b</b>	Name of plan sponsor CHEMICAL SYSTEMS OF ORLANDO	<b>c</b> EIN-PN 59-3532805-001
<b>a</b>	Plan name BRYLLAN 401K PLAN	
<b>b</b>	Name of plan sponsor BRYLLAN LLC	<b>c</b> EIN-PN 27-1568186-001
<b>a</b>	Plan name DELRAY TIRE & RETREADING INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor DELRAY TIRE & RETREADING INC	<b>c</b> EIN-PN 77-0334475-001
<b>a</b>	Plan name DEALS PUBLICATIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor DEALS PUBLICATIONS INC	<b>c</b> EIN-PN 36-3201978-001
<b>a</b>	Plan name PRIDE 401K PLAN	
<b>b</b>	Name of plan sponsor PRIDE INC	<b>c</b> EIN-PN 75-1894046-003
<b>a</b>	Plan name CORNERSTONE SECURITY 401K PLAN	
<b>b</b>	Name of plan sponsor CORNERSTONE SECURITY INC	<b>c</b> EIN-PN 58-2145515-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PAVEX CORPORATION 401K PS PLAN	
<b>b</b>	Name of plan sponsor	PAVEX CORPORATION	<b>c</b> EIN-PN 86-0522248-001
<b>a</b>	Plan name	THE UNITED FEDERAL CREDIT UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED FEDERAL CREDIT UNION	<b>c</b> EIN-PN 52-0985554-002
<b>a</b>	Plan name	CUSTOM LIGHT & SOUND INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM LIGHT & SOUND INC	<b>c</b> EIN-PN 56-1176591-001
<b>a</b>	Plan name	POTTER OIL & TIRE CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor	POTTER OIL & TIRE CO INC	<b>c</b> EIN-PN 56-0942238-001
<b>a</b>	Plan name	MICHAEL WISINSKI IK PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL WISINSKI	<b>c</b> EIN-PN 93-3783343-001
<b>a</b>	Plan name	YGNACIO VALLEY PHYSICAL THERAPY 401K PS PLAN	
<b>b</b>	Name of plan sponsor	YGNACIO VALLEY PHYSICAL THERAPY	<b>c</b> EIN-PN 94-2200472-001
<b>a</b>	Plan name	ARMSTRONG CITYWIDE 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ARMSTRONG CITYWIDE INC	<b>c</b> EIN-PN 43-1441456-001
<b>a</b>	Plan name	D8 ALUMINUM 401K PLAN	
<b>b</b>	Name of plan sponsor	D8 ALUMINUM LLC	<b>c</b> EIN-PN 46-3318066-001
<b>a</b>	Plan name	HMW SPECIAL UTILITY DISTRICT 457 PLAN	
<b>b</b>	Name of plan sponsor	HMW SPECIAL UTILITY DISTRICT	<b>c</b> EIN-PN 76-0573872-001
<b>a</b>	Plan name	SUN BELT TRANSPORTATION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SUN BELT TRANSPORTATION INC	<b>c</b> EIN-PN 74-2114906-001
<b>a</b>	Plan name	INDUSTRIAL DYNAMIC SYSTEMS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL DYNAMIC SYSTEMS LLC DBA INTER	<b>c</b> EIN-PN 46-3583822-001
<b>a</b>	Plan name	SUNIL KUMAR DMD PC 401K PLAN	
<b>b</b>	Name of plan sponsor	SUNIL KUMAR DMD PC	<b>c</b> EIN-PN 27-1229490-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	D&R SPORTS CENTER INC 401K PLAN	
<b>b</b>	Name of plan sponsor	D & R SPORTS CENTER INC	<b>c</b> EIN-PN 38-2407559-001
<b>a</b>	Plan name	WEEMS INDUSTRIES INC 401K RETIREMENT SAV PL	
<b>b</b>	Name of plan sponsor	WEEMS INDUSTRIES INC	<b>c</b> EIN-PN 42-1364576-002
<b>a</b>	Plan name	TECHNICOLOR FCU CAPITAL ACCUMULATION PLAN	
<b>b</b>	Name of plan sponsor	TECHNICOLOR FEDERAL CREDIT UNION	<b>c</b> EIN-PN 95-1746861-033
<b>a</b>	Plan name	CAROLINA LIQUID CHEMISTRIES CORP 401K PSP	
<b>b</b>	Name of plan sponsor	CAROLINA LIQUID CHEMISTRIES	<b>c</b> EIN-PN 95-4496686-001
<b>a</b>	Plan name	ST THOMAS FCU 401K	
<b>b</b>	Name of plan sponsor	ST THOMAS FEDERAL CREDIT UNION	<b>c</b> EIN-PN 23-7394175-001
<b>a</b>	Plan name	LEGACY HARLEY DAVIDSON 401K PLAN	
<b>b</b>	Name of plan sponsor	LEGACY HARLEY DAVIDSON	<b>c</b> EIN-PN 75-1997133-001
<b>a</b>	Plan name	DAVE SINCLAIR LINCOLN INC SALARIED PLAN	
<b>b</b>	Name of plan sponsor	DAVE SINCLAIR LINCOLN	<b>c</b> EIN-PN 43-1785334-001
<b>a</b>	Plan name	PAJ 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAJ INC	<b>c</b> EIN-PN 75-2257448-001
<b>a</b>	Plan name	DCS AUTOMOTIVE INC 401K PSP	
<b>b</b>	Name of plan sponsor	DCS AUTOMOTIVE INC	<b>c</b> EIN-PN 46-2315762-001
<b>a</b>	Plan name	WESTDALE DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	WESTDALE DENTAL PC	<b>c</b> EIN-PN 47-4588307-001
<b>a</b>	Plan name	ALLIED INSURANCE MANAGERS INC PS RETIREMENT	
<b>b</b>	Name of plan sponsor	ALLIED INSURANCE MANAGERS INC	<b>c</b> EIN-PN 38-2751873-001
<b>a</b>	Plan name	GANA TRUCKING & EXCAVATING SAFE HARBOR 401K	
<b>b</b>	Name of plan sponsor	GANA TRUCKING & EXCAVATING INC	<b>c</b> EIN-PN 47-0807468-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EBONEX CORPORATION 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EBONEX CORPORATION	<b>c</b> EIN-PN 38-1854040-001
<b>a</b>	Plan name	CRC NATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor	COURT REPORTERS CLEARINGHOUSE INC	<b>c</b> EIN-PN 76-0537648-001
<b>a</b>	Plan name	ARCHIVE DATA SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	ARCHIVE DATA SOLUTIONS LLC	<b>c</b> EIN-PN 26-2657068-001
<b>a</b>	Plan name	HILGRAEVE INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HILGRAEVE INC	<b>c</b> EIN-PN 38-2335670-001
<b>a</b>	Plan name	MANASSAS TRANSFER INC 401K	
<b>b</b>	Name of plan sponsor	MANASSAS TRANSFER INC	<b>c</b> EIN-PN 54-1169772-001
<b>a</b>	Plan name	SASE 401K PLAN	
<b>b</b>	Name of plan sponsor	SETTJE AGRI-SERVICES & ENGINEERING INC	<b>c</b> EIN-PN 47-0846158-001
<b>a</b>	Plan name	GARY'S FOODS 401K PLAN	
<b>b</b>	Name of plan sponsor	D & G INC	<b>c</b> EIN-PN 42-6167526-001
<b>a</b>	Plan name	JW SMITH & COMPANY 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	JW SMITH AND COMPANY	<b>c</b> EIN-PN 47-0483015-001
<b>a</b>	Plan name	ADT CARPENTRY AND REMODELING 401K	
<b>b</b>	Name of plan sponsor	ALEX TURCO	<b>c</b> EIN-PN 47-1703173-001
<b>a</b>	Plan name	JONES SIMPSON & NEWTON PA PS PLAN	
<b>b</b>	Name of plan sponsor	JONES SIMPSON & NEWTON PA	<b>c</b> EIN-PN 57-0778577-002
<b>a</b>	Plan name	PEDIATRIC PARTNERS LLC 401 K SAFE HARBOR PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC PARTNERS LLC	<b>c</b> EIN-PN 47-0815051-001
<b>a</b>	Plan name	DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP 401K	
<b>b</b>	Name of plan sponsor	DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP	<b>c</b> EIN-PN 84-0783694-001

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.)	
<b>a</b>	Plan name <b>NEW TECH SYSTEMS INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEW TECH SYSTEMS INC</b>	<b>c</b> EIN-PN <b>75-2655072-001</b>
<b>a</b>	Plan name <b>CUSTOM AG FORMULATORS INC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CUSTOM AGRICULTURAL FORMULATORS INC</b>	<b>c</b> EIN-PN <b>77-0536417-001</b>
<b>a</b>	Plan name <b>BODY BASICS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BODY BASICS INC</b>	<b>c</b> EIN-PN <b>47-0698272-001</b>
<b>a</b>	Plan name <b>GW PEOPLES CONTRACTING COMPANY INC 401K</b>	
<b>b</b>	Name of plan sponsor <b>GW PEOPLES CONTRACTING COMPANY INC</b>	<b>c</b> EIN-PN <b>25-1365856-001</b>
<b>a</b>	Plan name <b>KASSIK MILLING CO INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KASSIK MILLING CO INC</b>	<b>c</b> EIN-PN <b>47-0561540-001</b>
<b>a</b>	Plan name <b>CARL'S COLLISION CENTER 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CARLS COLLISION CENTER</b>	<b>c</b> EIN-PN <b>04-3218991-001</b>
<b>a</b>	Plan name <b>NE STATE AFL/CIO RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEBRASKA STATE AFL-CIO</b>	<b>c</b> EIN-PN <b>47-0425431-001</b>
<b>a</b>	Plan name <b>HERZFELD INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HERZFELD INSURANCE AGENCY INC</b>	<b>c</b> EIN-PN <b>27-2030546-001</b>
<b>a</b>	Plan name <b>STILES BYRUM &amp; HORNE LLP 401K</b>	
<b>b</b>	Name of plan sponsor <b>STILES BYRUM &amp; HORNE LLP</b>	<b>c</b> EIN-PN <b>56-2124926-002</b>
<b>a</b>	Plan name <b>ANDERSON INDUST ENGINE CO 401K</b>	
<b>b</b>	Name of plan sponsor <b>ANDERSON INDUSTRIAL ENGINES CO INC</b>	<b>c</b> EIN-PN <b>47-0557609-001</b>
<b>a</b>	Plan name <b>WAYNE'S BODY SHOP SALARY SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WAYNES BODY SHOP INC</b>	<b>c</b> EIN-PN <b>47-0811392-001</b>
<b>a</b>	Plan name <b>JC DESMARAIS &amp; ASSOCIATES INC/IRRIGATION</b>	
<b>b</b>	Name of plan sponsor <b>JC DESMARAIS AND ASSOCIATES INC</b>	<b>c</b> EIN-PN <b>04-3056097-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RS DALE CO INC SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	RS DALE CO INC	<b>c</b> EIN-PN 27-0755164-001
<b>a</b>	Plan name	AIEA COLLISION CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	AIEA COLLISION CENTER INC	<b>c</b> EIN-PN 20-1318679-001
<b>a</b>	Plan name	DAVE SINCLAIR FORD INC UNION PLAN	
<b>b</b>	Name of plan sponsor	DAVE SINCLAIR FORD INC	<b>c</b> EIN-PN 43-0834994-002
<b>a</b>	Plan name	MCDURMON DISTRIBUTING INC 401K PSP TRUST	
<b>b</b>	Name of plan sponsor	MCDURMON DISTRIBUTING INC	<b>c</b> EIN-PN 38-2842201-001
<b>a</b>	Plan name	DAHM BROTHERS INC 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	DAHM BROTHERS INC	<b>c</b> EIN-PN 35-0259100-001
<b>a</b>	Plan name	DAVID L COPELAND IND K	
<b>b</b>	Name of plan sponsor	DAVID L COPELAND	<b>c</b> EIN-PN 90-2088060-001
<b>a</b>	Plan name	JD ALLMAN INC 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JD ALLMAN INC	<b>c</b> EIN-PN 52-2380800-001
<b>a</b>	Plan name	CITY OF BEAUMONT ELIGIBLE 457 PLAN	
<b>b</b>	Name of plan sponsor	CITY OF BEAUMONT	<b>c</b> EIN-PN 95-6000676-001
<b>a</b>	Plan name	OMEGACOMP INC 401K PLAN	
<b>b</b>	Name of plan sponsor	OMEGACOMP INC	<b>c</b> EIN-PN 45-2854307-001
<b>a</b>	Plan name	WEEKS-WILLIAMS-DEVORE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WEEKS-WILLIAMS & DEVORE INC	<b>c</b> EIN-PN 56-0774903-001
<b>a</b>	Plan name	COMMUNITY VIOLENCE SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY VIOLENCE SOLUTIONS	<b>c</b> EIN-PN 94-2441924-001
<b>a</b>	Plan name	GRAYSON TOOL CO 401K PLAN	
<b>b</b>	Name of plan sponsor	GRAYSON TOOL COMPANY	<b>c</b> EIN-PN 47-0487114-001

**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.)

<b>a</b> Plan name	SENTRY ELECTRIC INC 401K PROFIT SHARING	
<b>b</b> Name of plan sponsor	SENTRY ELECTRIC INC	<b>c</b> EIN-PN 47-0638377-001
<b>a</b> Plan name	JANSSEN AUTO GROUP 401K PLAN	
<b>b</b> Name of plan sponsor	JANSSEN & SONS INC	<b>c</b> EIN-PN 47-0808815-001
<b>a</b> Plan name	NORTHEAST PUBLIC SEWER DIST	
<b>b</b> Name of plan sponsor	NORTHEAST PUBLIC SEWER DISTRICT	<b>c</b> EIN-PN 43-1200905-001
<b>a</b> Plan name	WAYNE RASTEDE SOLO 401K	
<b>b</b> Name of plan sponsor	WAYNE RASTEDE	<b>c</b> EIN-PN 45-0542019-001
<b>a</b> Plan name	IDEAL IMAGES RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	IDEAL IMAGES INC	<b>c</b> EIN-PN 47-0813679-001
<b>a</b> Plan name	AMERICAN TARGET ADVERTISING INC 401K PLAN	
<b>b</b> Name of plan sponsor	AMERICAN TARGET ADVERTISING INC	<b>c</b> EIN-PN 54-1648117-001
<b>a</b> Plan name	GARY MAY 401K	
<b>b</b> Name of plan sponsor	GARY D MAY	<b>c</b> EIN-PN 84-1914021-001
<b>a</b> Plan name	TERRY MCGILL INC 401K PLAN	
<b>b</b> Name of plan sponsor	TERRY MCGILL INC	<b>c</b> EIN-PN 47-0699093-001
<b>a</b> Plan name	GEORGE P JENKINS SOLO 401K	
<b>b</b> Name of plan sponsor	GEORGE P JENKINS	<b>c</b> EIN-PN 47-0762512-001
<b>a</b> Plan name	C3 BRANDS LLC 401K AND PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	C3 BRANDS LLC	<b>c</b> EIN-PN 81-2772284-001
<b>a</b> Plan name	MARBLE MACHINE 401K PLAN	
<b>b</b> Name of plan sponsor	MARBLE MACHINE INC	<b>c</b> EIN-PN 37-1134225-001
<b>a</b> Plan name	DARK HORSE 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	DARK HORSE COMICS LLC	<b>c</b> EIN-PN 93-0978055-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DRB CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	DRB CONSTRUCTION INC	<b>c</b> EIN-PN 90-1003817-001
<b>a</b>	Plan name	SPECIAL TOOL & ENGINEERING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SPECIAL TOOL & ENGINEERING INC	<b>c</b> EIN-PN 38-3115207-001
<b>a</b>	Plan name	CENTRAL SERVICES CO INC 401K	
<b>b</b>	Name of plan sponsor	CENTRAL SERVICES CO INC	<b>c</b> EIN-PN 39-1423679-001
<b>a</b>	Plan name	SWINK COPLEN & COMPANY PC 401K PLAN	
<b>b</b>	Name of plan sponsor	SWINK COPLEN & COMPANY PC	<b>c</b> EIN-PN 43-1428008-001
<b>a</b>	Plan name	RICHARD SYLVESTER IND K	
<b>b</b>	Name of plan sponsor	RICHARD A SYLVESTER	<b>c</b> EIN-PN 26-1108206-001
<b>a</b>	Plan name	ADE INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED DESIGN & ENGINEERING INC	<b>c</b> EIN-PN 77-0051451-001
<b>a</b>	Plan name	TOMASEK MACHINE SHOP 401K PLAN	
<b>b</b>	Name of plan sponsor	TOMASEK MACHINE SHOP	<b>c</b> EIN-PN 47-0716284-001
<b>a</b>	Plan name	BJ OILFIELD CONSTRUCTION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BJ OILFIELD CONSTRUCTION INC	<b>c</b> EIN-PN 73-1213144-002
<b>a</b>	Plan name	ROBERT E PEIRCE IND K	
<b>b</b>	Name of plan sponsor	ROBERT E PEIRCE	<b>c</b> EIN-PN 90-1005487-001
<b>a</b>	Plan name	CHRIS'S CUSTOM CABINETS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CHRISS CUSTOM CABINETS INC	<b>c</b> EIN-PN 86-0394651-001
<b>a</b>	Plan name	TRASK PETROLEUM/HALL-TRASK EQUIPMENT 401K	
<b>b</b>	Name of plan sponsor	TRASK PETROLEUM EQUIPMENT CO	<b>c</b> EIN-PN 05-0366019-001
<b>a</b>	Plan name	MICHAEL CHRISTOPHER SALON 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	MICHAEL CHRISTOPHER SALON	<b>c</b> EIN-PN 34-1802356-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RICHARD A RENTSCHLER SOLO 401K	
<b>b</b>	Name of plan sponsor	RICHARD A RENTSCHLER	<b>c</b> EIN-PN 47-0589069-001
<b>a</b>	Plan name	MORROW COUNTY GRAIN GROWERS INC SSP	
<b>b</b>	Name of plan sponsor	MORROW COUNTY GRAIN GROWERS INC	<b>c</b> EIN-PN 93-0230800-003
<b>a</b>	Plan name	ACCESS CONTROL DEVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACCESS CONTROL DEVICES INC	<b>c</b> EIN-PN 71-0756645-001
<b>a</b>	Plan name	WILMORE PREMIER HEALTH 401K	
<b>b</b>	Name of plan sponsor	WILMORE PREMIER HEALTH GROUP	<b>c</b> EIN-PN 95-4836476-001
<b>a</b>	Plan name	EGGS 'N THINGS HAWAII INC 401K RET PLAN	
<b>b</b>	Name of plan sponsor	EGGS N THINGS HAWAII INC	<b>c</b> EIN-PN 26-3209690-001
<b>a</b>	Plan name	STEAD AUTOMOTIVE GROUP #2 401K PLAN	
<b>b</b>	Name of plan sponsor	WAYNE STEAD CADILLAC INC	<b>c</b> EIN-PN 94-2673324-003
<b>a</b>	Plan name	RETIREMENT PLN FOR EE NEBRASKA CITY UTILITIES	
<b>b</b>	Name of plan sponsor	THE DEPT OF UTILITIES OF NE CITY NE	<b>c</b> EIN-PN 47-6000312-001
<b>a</b>	Plan name	DISCOVERY FINANCIAL CENTERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	DISCOVERY FINANCIAL CENTERS INC	<b>c</b> EIN-PN 41-1716745-001
<b>a</b>	Plan name	BEST MATERIALS PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEST BLOCK COMPANY	<b>c</b> EIN-PN 38-1819457-001
<b>a</b>	Plan name	MRJJ LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CRDN OF WESTERN WISCONSIN	<b>c</b> EIN-PN 27-1744926-001
<b>a</b>	Plan name	LANDRIGAN INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	JW LANDRIGAN LLC	<b>c</b> EIN-PN 81-3503493-001
<b>a</b>	Plan name	ROBERT C ABBOTT JR 401K PSP	
<b>b</b>	Name of plan sponsor	ROBERT CODY ABBOTT JR	<b>c</b> EIN-PN 37-1187526-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE PASLAY GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	RALPH G PASLAY CUSTOM HOMES	<b>c</b> EIN-PN 37-1340487-001
<b>a</b>	Plan name	A AMERICAN DOOR & SERVICE OF SC INC401K	
<b>b</b>	Name of plan sponsor	A AMERICAN DOOR & SERVICE OF SC INC	<b>c</b> EIN-PN 57-0845737-001
<b>a</b>	Plan name	ROCKY VISTA UNIVERSITY LLC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	ROCKY VISTA UNIVERSITY LLC	<b>c</b> EIN-PN 20-4761077-001
<b>a</b>	Plan name	PENDLETON OIL & GAS OF ROY 401K PS PLAN	
<b>b</b>	Name of plan sponsor	PENDLETON OIL & GAS OF ROY	<b>c</b> EIN-PN 85-0153869-001
<b>a</b>	Plan name	CRANBERRY GROWERS SERVICE INC	
<b>b</b>	Name of plan sponsor	CRANBERRY GROWERS SERVICE INC	<b>c</b> EIN-PN 04-2473423-001
<b>a</b>	Plan name	FIBERPRO INC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIBERPRO INC	<b>c</b> EIN-PN 43-2036968-001
<b>a</b>	Plan name	WISE & HEALTHY AGING 401K PLAN	
<b>b</b>	Name of plan sponsor	WISE & HEALTHY AGING	<b>c</b> EIN-PN 95-2788014-002
<b>a</b>	Plan name	KIMBALL COUNTY MANOR 401K PS PLAN	
<b>b</b>	Name of plan sponsor	KIMBALL COUNTY MANOR	<b>c</b> EIN-PN 47-0533826-001
<b>a</b>	Plan name	NORTHEAST IOWA MENTAL HEALTH CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST IOWA MENTAL HEALTH CENTER	<b>c</b> EIN-PN 42-0782523-001
<b>a</b>	Plan name	CAREAGE 401K PLAN	
<b>b</b>	Name of plan sponsor	SENIOR MANAGEMENT SERVICES LLC	<b>c</b> EIN-PN 26-3988687-002
<b>a</b>	Plan name	ISTHMUS 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ISTHMUS ENGINEERING INC	<b>c</b> EIN-PN 76-0717206-001
<b>a</b>	Plan name	WRIGHTWOOD PRECISION PRODUCTS CO 401K PLAN	
<b>b</b>	Name of plan sponsor	WRIGHTWOOD PRECISION PRODUCTS COMPANY	<b>c</b> EIN-PN 36-2597002-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	H FRED JOHNSON REAL ESTATE LLC 401K RETIREME	
<b>b</b>	Name of plan sponsor	H FRED JOHNSON REAL ESTATE LLC	<b>c</b> EIN-PN 20-4505573-001
<b>a</b>	Plan name	WAYNE METALS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WAYNE METALS LLC	<b>c</b> EIN-PN 35-2129195-001
<b>a</b>	Plan name	J2 ENGINEERING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	J2 ENGINEERING INC	<b>c</b> EIN-PN 77-0341296-001
<b>a</b>	Plan name	THOMPSON HANCOCK WITTE & ASSOC 401K PSP & TRU	
<b>b</b>	Name of plan sponsor	THOMPSON HANCOCK WITTE & ASSOC	<b>c</b> EIN-PN 58-1108140-001
<b>a</b>	Plan name	BOB RIDINGS 401K	
<b>b</b>	Name of plan sponsor	BOB RIDINGS FORD OF JACKSONVILLE INC	<b>c</b> EIN-PN 37-0960602-001
<b>a</b>	Plan name	ILLINI FIRE EQUIPMENT 401K	
<b>b</b>	Name of plan sponsor	ILLINI FIRE EQUIPMENT	<b>c</b> EIN-PN 37-0953854-001
<b>a</b>	Plan name	HOUSING AUTHORITY OF BREVARD COUNTY EMPLOYEE	
<b>b</b>	Name of plan sponsor	HOUSING AUTHORITY OF BREVARD COUNTY	<b>c</b> EIN-PN 59-1866364-002
<b>a</b>	Plan name	MECHANICAL SALES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MECHANICAL SALES INC	<b>c</b> EIN-PN 47-0519512-001
<b>a</b>	Plan name	THOMAS REAL ESTATE INC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	THOMAS REAL ESTATE INC	<b>c</b> EIN-PN 57-0709940-001
<b>a</b>	Plan name	VALBRUNA STAINLESS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VALBRUNA STAINLESS INC	<b>c</b> EIN-PN 06-1379799-001
<b>a</b>	Plan name	THE SHERWOOD FOUNDATION 401K PSP	
<b>b</b>	Name of plan sponsor	THE SHERWOOD FOUNDATION	<b>c</b> EIN-PN 47-0824755-001
<b>a</b>	Plan name	EDWIN C BRUMMELS SOLO 401K	
<b>b</b>	Name of plan sponsor	EDWIN C BRUMMELS	<b>c</b> EIN-PN 47-0839757-001

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.)	
<b>a</b>	Plan name <a href="#">MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO</a>	
<b>b</b>	Name of plan sponsor <a href="#">MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO</a>	<b>c</b> EIN-PN <a href="#">22-3948303-001</a>
<b>a</b>	Plan name <a href="#">ISURITY INC 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ISURITY INC</a>	<b>c</b> EIN-PN <a href="#">56-1932314-001</a>
<b>a</b>	Plan name <a href="#">LYP INSURANCE &amp; FINANCIAL SERVICES INC</a>	
<b>b</b>	Name of plan sponsor <a href="#">LOKYAN M YIP PATTERSON</a>	<b>c</b> EIN-PN <a href="#">47-2603845-001</a>
<b>a</b>	Plan name <a href="#">VIEIRA &amp; DIGIANFILIPPO LTD RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VIEIRA &amp; DIGIANFILIPPO LTD</a>	<b>c</b> EIN-PN <a href="#">05-0485583-001</a>
<b>a</b>	Plan name <a href="#">BADGER STEEL 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BADGER STEEL AND FABRICATING INC</a>	<b>c</b> EIN-PN <a href="#">39-1722261-001</a>
<b>a</b>	Plan name <a href="#">AKA ENTERPRISES INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AKA ENTERPRISES INC</a>	<b>c</b> EIN-PN <a href="#">26-3231304-001</a>
<b>a</b>	Plan name <a href="#">VILLAGE POINTE PEDIATRICS PC 401K PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VILLAGE POINTE PEDIATRICS PC</a>	<b>c</b> EIN-PN <a href="#">20-8001200-001</a>
<b>a</b>	Plan name <a href="#">MURRAY &amp; STAFFORD INC PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">MURRAY &amp; STAFFORD INC</a>	<b>c</b> EIN-PN <a href="#">84-0568215-001</a>
<b>a</b>	Plan name <a href="#">LEACH CAMPER SALES 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LEACH CAMPER SALES INC</a>	<b>c</b> EIN-PN <a href="#">42-0926894-001</a>
<b>a</b>	Plan name <a href="#">KIBBECHEM INC 401K AND PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KIBBECHEM INC</a>	<b>c</b> EIN-PN <a href="#">35-2132621-001</a>
<b>a</b>	Plan name <a href="#">MCMULLEN FORD INC 401K P/S PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">MCMULLEN FORD INC</a>	<b>c</b> EIN-PN <a href="#">42-0886004-001</a>
<b>a</b>	Plan name <a href="#">ERIKSEN CONSTRUCTION CO INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ERIKSEN CONSTRUCTION CO INC</a>	<b>c</b> EIN-PN <a href="#">47-0664052-001</a>

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.)	
<b>a</b>	Plan name SCOTT'S ELECTRIC INC 401K PLAN	
<b>b</b>	Name of plan sponsor SCOTTS ELECTRIC INC	<b>c</b> EIN-PN 45-0405047-001
<b>a</b>	Plan name BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BORSHEIM JEWELRY COMPANY INC	<b>c</b> EIN-PN 47-0546003-001
<b>a</b>	Plan name SPARKONE MANAGEMENT LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPARKONE MANAGEMENT LLC	<b>c</b> EIN-PN 87-3658435-001
<b>a</b>	Plan name GALANTINO SUPPLY COMPANY 401K PS PLAN	
<b>b</b>	Name of plan sponsor GALANTINO SUPPLY COMPANY INC	<b>c</b> EIN-PN 23-1872419-001
<b>a</b>	Plan name ZELENA RETIREMENT AND PSP	
<b>b</b>	Name of plan sponsor ZE MAC HOMES INC	<b>c</b> EIN-PN 20-8893985-001
<b>a</b>	Plan name JIM XAMIS FORD 401K PLAN	
<b>b</b>	Name of plan sponsor JIM XAMIS FORD LINCOLN MERCURY INC	<b>c</b> EIN-PN 37-1109879-001
<b>a</b>	Plan name THEUT PRODUCTS INC 401K SALARY REDUCTION	
<b>b</b>	Name of plan sponsor THEUT PRODUCTS INC	<b>c</b> EIN-PN 38-1551483-002
<b>a</b>	Plan name IMBS 401K PLAN	
<b>b</b>	Name of plan sponsor INSURANCE AND MEDICAL BILLING SERVICES INC	<b>c</b> EIN-PN 20-0556959-001
<b>a</b>	Plan name GENERAL GLASS CORP 401K P/S PLAN	
<b>b</b>	Name of plan sponsor GENERAL GLASS CORPORATION	<b>c</b> EIN-PN 53-0234224-001
<b>a</b>	Plan name MODERN DOOR & EQUIPMENT SALES INC401K PSP	
<b>b</b>	Name of plan sponsor MODERN DOOR & EQUIPMENT SALES INC	<b>c</b> EIN-PN 52-1382311-001
<b>a</b>	Plan name HITCHCOCK FUNERAL HOME INC SOLO 401K	
<b>b</b>	Name of plan sponsor HITCHCOCK FUNERAL HOME INC	<b>c</b> EIN-PN 91-1815059-001
<b>a</b>	Plan name SOUTHERNWOOD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERNWOOD FRAMING LLC	<b>c</b> EIN-PN 20-5159686-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INTEGRATED CONCEPTS GROUP INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED CONCEPTS GROUP INC	<b>c</b> EIN-PN 38-2747514-001
<b>a</b>	Plan name	LEACH CAMPER SALES OF LINCOLN 401K PS PLAN	
<b>b</b>	Name of plan sponsor	LEACH CAMPER SALES OF LINCOLN	<b>c</b> EIN-PN 47-0630886-001
<b>a</b>	Plan name	THERESE E HARRIS INDIVIDUAL K	
<b>b</b>	Name of plan sponsor	THERESE E HARRIS	<b>c</b> EIN-PN 82-4716752-001
<b>a</b>	Plan name	PATRICIA BROWN-BARNES 401K PLAN	
<b>b</b>	Name of plan sponsor	PATRICIA BROWN-BARNES	<b>c</b> EIN-PN 06-1799926-001
<b>a</b>	Plan name	PLASTIC SERVICE CENTER INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PLASTIC SERVICE CENTER INC	<b>c</b> EIN-PN 38-3270852-001
<b>a</b>	Plan name	TEACHSTONE 401K PLAN	
<b>b</b>	Name of plan sponsor	TEACHSTONE TRAINING LLC	<b>c</b> EIN-PN 80-0560774-001
<b>a</b>	Plan name	DOMINA LAW GROUP PC LLO 401K PSP	
<b>b</b>	Name of plan sponsor	DOMINA LAW GROUP PC LLO	<b>c</b> EIN-PN 20-2596455-001
<b>a</b>	Plan name	WANHO MANUFACTURING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WANHO MANUFACTURING LLC	<b>c</b> EIN-PN 35-2236840-001
<b>a</b>	Plan name	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	
<b>b</b>	Name of plan sponsor	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	<b>c</b> EIN-PN 35-0889748-001
<b>a</b>	Plan name	SERVICEONE 401K PLAN	
<b>b</b>	Name of plan sponsor	JC ACQUISITIONS INC&SUBSIDIARIES	<b>c</b> EIN-PN 22-3888799-001
<b>a</b>	Plan name	AXTELLA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AXTELLA LLC	<b>c</b> EIN-PN 38-3627552-001
<b>a</b>	Plan name	BANKS HARDWOODS INC 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BANKS HARDWOODS INC	<b>c</b> EIN-PN 35-1641369-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CONDOMINIUM FINANCIAL MANAGEMENT INC PS&401K	
<b>b</b>	Name of plan sponsor	CONDOMINIUM FINANCIAL MANAGEMENT INC	<b>c</b> EIN-PN 68-0063673-001
<b>a</b>	Plan name	BLACKBIRD ENVIRONMENT LLC 401K	
<b>b</b>	Name of plan sponsor	BLACKBIRD ENVIRONMENT LLC	<b>c</b> EIN-PN 26-3182938-001
<b>a</b>	Plan name	ROBERTSON'S GMC TRUCKINC 401K PLAN	
<b>b</b>	Name of plan sponsor	ROBERTSONS GMC TRUCK INC	<b>c</b> EIN-PN 04-2871748-001
<b>a</b>	Plan name	PALACE ENTERTAINMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	FESTIVAL FUN PARKS LLC	<b>c</b> EIN-PN 77-0486724-001
<b>a</b>	Plan name	MIDWEST WALNUT COMPANY OF IOWA PS PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST WALNUT COMPANY OF IOWA	<b>c</b> EIN-PN 42-0768100-001
<b>a</b>	Plan name	J&J'S TRI-STATE DELIVERY SERVICE PS PLAN	
<b>b</b>	Name of plan sponsor	J&JS TRI-STATE DELIVERY SERVICE INC	<b>c</b> EIN-PN 22-2827737-001
<b>a</b>	Plan name	RAY-MAC INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RAY-MAC INC	<b>c</b> EIN-PN 46-0320438-001
<b>a</b>	Plan name	SANDCASTLE CONSTRUCTION CO 401K PLAN	
<b>b</b>	Name of plan sponsor	SANDCASTLE CONSTRUCTION INC	<b>c</b> EIN-PN 04-2979285-001
<b>a</b>	Plan name	JDG FARM INC INDIVIDUAL 401K	
<b>b</b>	Name of plan sponsor	JDG FARM INC	<b>c</b> EIN-PN 20-0351183-001
<b>a</b>	Plan name	KNIGHT FIRE PROTECTION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	KNIGHT FIRE PROTECTION INC	<b>c</b> EIN-PN 91-1699529-001
<b>a</b>	Plan name	RICHARD O CUMMINS CONSULTING LLC IND 401K	
<b>b</b>	Name of plan sponsor	RICHARD O CUMMINS CONSULTING LLC	<b>c</b> EIN-PN 27-1879010-001
<b>a</b>	Plan name	FRESNO DENTAL PROFESSIONALS 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	FRESNO DENTAL PROFESSIONALS	<b>c</b> EIN-PN 94-2371801-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BUFFETT EARLY CHILDHOOD FUND P/S PLAN	
<b>b</b>	Name of plan sponsor	BUFFETT EARLY CHILDHOOD FUND	<b>c</b> EIN-PN 20-1768874-001
<b>a</b>	Plan name	SLOSBURG COMPANY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SLOSBURG COMPANY	<b>c</b> EIN-PN 47-0721027-001
<b>a</b>	Plan name	DIVERSE ACQUISITION COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	DIVERSE ACQUISITION COMPANY INC	<b>c</b> EIN-PN 20-4707578-001
<b>a</b>	Plan name	TRI-STATE COMMODITIES 401K PS PLAN	
<b>b</b>	Name of plan sponsor	TRI-STATE COMMODITIES	<b>c</b> EIN-PN 84-0632108-001
<b>a</b>	Plan name	CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN	
<b>b</b>	Name of plan sponsor	CUYAHOGA COUNTY OF OHIO	<b>c</b> EIN-PN 34-6000817-001
<b>a</b>	Plan name	BAYPORT CREDIT UNION 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BAYPORT CREDIT UNION	<b>c</b> EIN-PN 54-0314180-002
<b>a</b>	Plan name	IMAGINE SCHOOLS INC 401K RET SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	IMAGINE SCHOOLS INC	<b>c</b> EIN-PN 04-3466383-001
<b>a</b>	Plan name	UNITED OF OMAHA FOR VARIOUS RET PLANS	
<b>b</b>	Name of plan sponsor	UNITED OF OMAHA	<b>c</b> EIN-PN 43-1795138-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>DIRECTIONS 3 - MODERATE</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>243</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HAND BENEFITS &amp; TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>74-2008758</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	41580	33943
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3489266	2216169
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	155747204	146346017
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>		
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>		
<b>(15)</b> Other .....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	159278050	148596129
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	9994	16911
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	9994	16911
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	159268056	148579218

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	139706	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		139706
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	31024608	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	26771977	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		4252631
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	11193523	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		15585860

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	54480	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>	22414	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		76894
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		76894

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		15508966
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		26760916
(2) From this plan .....	<b>2l(2)</b>		52958720

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

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.