

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) 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 4 - MODERATELY AGGRESSIVE
1b Three-digit plan number (PN): 244
1c Effective date of plan: 02/01/2023
2a Plan sponsor's name (employer, if for a single-employer plan): HAND BENEFITS & TRUST COMPANY
2b Employer Identification Number (EIN): 74-2008758
2c Plan Sponsor's telephone number: 713-460-1000
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

<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

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**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 4 - MODERATELY AGGRESSIVE</u>	<b>B</b> Three-digit plan number (PN)	<u>244</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	SORRELS LAW 401K PLAN	
<b>b</b>	Name of plan sponsor	SORRELS LAW	<b>c</b> EIN-PN 76-0065736-001
<b>a</b>	Plan name	CAPITAL LOGISTIC SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL LOGISTIC SERVICES INC	<b>c</b> EIN-PN 54-1685017-001
<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	TK'S PAINTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TKS PAINTING LLC	<b>c</b> EIN-PN 34-2024414-001
<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	ECON DEV ALLIANCE OF ST CLAIR COUNTY PLAN	
<b>b</b>	Name of plan sponsor	ECONOMIC DEVELOPMENT ALLIANCE	<b>c</b> EIN-PN 38-1410034-001
<b>a</b>	Plan name	ELITE STRUCTURES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ELITE STRUCTURES INC	<b>c</b> EIN-PN 58-1901587-001
<b>a</b>	Plan name	CITY OF GIBBON 457B PLAN	
<b>b</b>	Name of plan sponsor	CITY OF GIBBON	<b>c</b> EIN-PN 47-6006200-001
<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	LISA K SETLAK IK PLAN	
<b>b</b>	Name of plan sponsor	LISA K SETLAK	<b>c</b> EIN-PN 47-0835585-001
<b>a</b>	Plan name	GW PEOPLES CONTRACTING COMPANY INC 401K	
<b>b</b>	Name of plan sponsor	GW PEOPLES CONTRACTING COMPANY INC	<b>c</b> EIN-PN 25-1365856-001
<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>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	AR GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	THE AR GROUP LLC	<b>c</b> EIN-PN 26-4526424-001
<b>a</b>	Plan name	ARCSTAR ELECTRIC LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARCSTAR ELECTRIC LLC	<b>c</b> EIN-PN 83-4467357-001
<b>a</b>	Plan name	SEK GENETICS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SEK GENETICS INC	<b>c</b> EIN-PN 48-1162192-001
<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	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	PARAGON EQUITIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PARAGON EQUITIES INC	<b>c</b> EIN-PN 95-2949751-001
<b>a</b>	Plan name	STILLWATER PROVISIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	STILLWATER PROVISIONS	<b>c</b> EIN-PN 27-0235099-001
<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	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	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	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	JB STEEL 401K PLAN	
<b>b</b>	Name of plan sponsor	JB STEEL LLC	<b>c</b> EIN-PN 93-0581861-006

<b>Part II 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	VAERUS AVIATION 401K PLAN
<b>b</b>	Name of plan sponsor	VAERUS AVIATION INC
<b>c</b>	EIN-PN	27-3587432-001
<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	SENIOR MANAGEMENT INC 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	SENIOR MANAGEMENT INC
<b>c</b>	EIN-PN	20-1105150-001
<b>a</b>	Plan name	ENTHEOS AUDIOLOGY COOPERATIVE INC 401K PSP
<b>b</b>	Name of plan sponsor	ENTHEOS AUDIOLOGY COOPERATIVE INC
<b>c</b>	EIN-PN	46-4270647-002
<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	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	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	BACK IN ACTION CHIROPRACTIC 401K PLAN
<b>b</b>	Name of plan sponsor	BACK IN ACTION CHIROPRACTIC LLC
<b>c</b>	EIN-PN	27-0512090-001
<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	CAPITOL VALLEY ELECTRIC LLC 401K PSP-1
<b>b</b>	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC
<b>c</b>	EIN-PN	87-2964267-001
<b>a</b>	Plan name	CLIMATROL AIR DMM 401K PLAN
<b>b</b>	Name of plan sponsor	CLIMATROL AIR LLC
<b>c</b>	EIN-PN	84-4498149-001
<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>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	CINCINNATI CHRISTIAN SCHOOLS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CINCINNATI CHRISTIAN SCHOOLS INC	<b>c</b> EIN-PN 31-1375065-001
<b>a</b>	Plan name	W INTERNATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor	W INTERNATIONAL SC LLC	<b>c</b> EIN-PN 83-2995647-001
<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	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	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	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	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>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	SOUTHWINDS INSPECTION CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWINDS INSPECTION CORP	<b>c</b> EIN-PN 80-0011552-001
<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	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	CLASSIC LANDSCAPES 401K PLAN	
<b>b</b>	Name of plan sponsor	CLASSIC LANDSCAPES	<b>c</b> EIN-PN 56-2001894-001

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>BLACK MESA COMMUNITY SCHOOL 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BLACK MESA COMMUNITY SCHOOL</b>	<b>c</b> EIN-PN <b>86-0357745-001</b>
<b>a</b>	Plan name <b>SPARKONE MANAGEMENT LLC 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPARKONE MANAGEMENT LLC</b>	<b>c</b> EIN-PN <b>87-3658435-001</b>
<b>a</b>	Plan name <b>JD ALLMAN INC 401K PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>JD ALLMAN INC</b>	<b>c</b> EIN-PN <b>52-2380800-001</b>
<b>a</b>	Plan name <b>ARCHER CONSULTATION SERVICES INC 401K</b>	
<b>b</b>	Name of plan sponsor <b>ARCHER CONSULTATION SERVICES INC</b>	<b>c</b> EIN-PN <b>35-1687137-001</b>
<b>a</b>	Plan name <b>PACIFIC PLASTICS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PACIFIC PLASTICS INC</b>	<b>c</b> EIN-PN <b>95-3452955-001</b>
<b>a</b>	Plan name <b>K &amp; W CYCLE INC EMPLOYEE PS PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>K &amp; W CYCLE INC</b>	<b>c</b> EIN-PN <b>38-2005794-001</b>
<b>a</b>	Plan name <b>INNOVATIVE TOOLING SOLUTIONS INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INNOVATIVE TOOLING SOLUTIONS INC</b>	<b>c</b> EIN-PN <b>48-1265558-001</b>
<b>a</b>	Plan name <b>MEMPHIS IN MAY RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEMPHIS IN MAY INTERNATIONAL FESTIVAL</b>	<b>c</b> EIN-PN <b>23-7308001-002</b>
<b>a</b>	Plan name <b>MECO-HENNE CONTRACTING INC 401K PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MECO-HENNE CONTRACTING INC</b>	<b>c</b> EIN-PN <b>47-0724009-001</b>
<b>a</b>	Plan name <b>LAKEVIEW FAMILY DENTISTRY 401K P/S PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAKEVIEW FAMILY DENTISTRY</b>	<b>c</b> EIN-PN <b>59-3685450-001</b>
<b>a</b>	Plan name <b>SCHMIT AUTOMOTIVE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SCHMIT AUTOMOTIVE INC</b>	<b>c</b> EIN-PN <b>20-2376061-001</b>
<b>a</b>	Plan name <b>TROTTER INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TROTTER INC</b>	<b>c</b> EIN-PN <b>47-0580954-001</b>

**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	ARAPAHOE OILFIELD SERVICES 401K PLAN		
<b>b</b>	Name of plan sponsor	ARAPAHOE OILFIELD SERVICES LLC	<b>c</b>	EIN-PN 20-5439087-001
<b>a</b>	Plan name	NEUROSURGICAL ASSOC OF NEBRASKA PC PSP		
<b>b</b>	Name of plan sponsor	NEUROSURGICAL ASSOCIATES OF NEBRASKA PC	<b>c</b>	EIN-PN 47-0537078-001
<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	ELEANOR CREATIVE 401K PLAN		
<b>b</b>	Name of plan sponsor	ELEANOR CREATIVE LLC	<b>c</b>	EIN-PN 27-1894450-001
<b>a</b>	Plan name	SEQUOIA APPLIED SOLUTIONS INC 401K PSP		
<b>b</b>	Name of plan sponsor	SEQUOIA APPLIED SOLUTIONS INC	<b>c</b>	EIN-PN 45-5146532-002
<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	WHITELEATHER GRAIN LLC 401K PLAN		
<b>b</b>	Name of plan sponsor	WHITELEATHER GRAIN LLC	<b>c</b>	EIN-PN 27-1176976-001
<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	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	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	DEAN WAREHOUSE SERVICES INC 401K PLAN		
<b>b</b>	Name of plan sponsor	DEAN WAREHOUSE SERVICES INC	<b>c</b>	EIN-PN 05-0431882-001
<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	NASHVILLE EQUIPMENT SERVICE INC PSP	
<b>b</b>	Name of plan sponsor	NASHVILLE EQUIPMENT SERVICES INC	<b>c</b> EIN-PN 62-0680970-001
<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	GEN-MARK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEMCO-REMARK SALES LLC	<b>c</b> EIN-PN 86-1168002-001
<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	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	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	BOISSEAU F&B LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BOISSEAU F&B LLC	<b>c</b> EIN-PN 45-2818455-001
<b>a</b>	Plan name	BRIAN C FOOTE DMD 401K PS PLAN	
<b>b</b>	Name of plan sponsor	BRIAN C FOOTE DMD PC	<b>c</b> EIN-PN 04-2978447-001
<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	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	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	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

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 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 EDWARDS AUTO GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor EDWARDS CHEVROLET-CADILLAC INC	<b>c</b> EIN-PN 42-0646357-001
<b>a</b>	Plan name NEWMAN FINANCIAL GROUP RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEWMAN FINANCIAL GROUP INC	<b>c</b> EIN-PN 20-4479337-001
<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 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 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 DAVE SINCLAIR FORD INC SALARIED PLAN	
<b>b</b>	Name of plan sponsor DAVE SINCLAIR FORD INC	<b>c</b> EIN-PN 43-0834994-001
<b>a</b>	Plan name HERITAGE TILE 401K PLAN	
<b>b</b>	Name of plan sponsor HERITAGE TILE & MARBLE CO	<b>c</b> EIN-PN 22-3726239-001
<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 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
<b>a</b>	Plan name MAVERICK CONVERTING 401K PLAN	
<b>b</b>	Name of plan sponsor SUPER TECH LEASING INC	<b>c</b> EIN-PN 43-1885157-001
<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>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	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	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	IOWA MOLD & ENGINEERING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	IOWA MOLD & ENGINEERING INC	<b>c</b> EIN-PN 42-1411689-001
<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>a</b>	Plan name	INTERMANDECO GP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INTERMANDECO GP LLC	<b>c</b> EIN-PN 75-2014242-001
<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	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	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	JOHNSON HARDWARE COMPANY LLC PS PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON HARDWARE COMPANY LLC	<b>c</b> EIN-PN 47-0845233-001
<b>a</b>	Plan name	ALPHAGRAPHS 401K PLAN	
<b>b</b>	Name of plan sponsor	ALPHAGRAPHS	<b>c</b> EIN-PN 37-1461157-001
<b>a</b>	Plan name	CID'S FOOD MARKET INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CIDS FOOD MARKET INC	<b>c</b> EIN-PN 85-0388124-001
<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>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	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	APTY'S SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	APTY'S SOLUTIONS LLC	<b>c</b> EIN-PN 27-1864388-001
<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	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	OSMOND GENERAL HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	OSMOND GENERAL HOSPITAL	<b>c</b> EIN-PN 23-7161473-001
<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>a</b>	Plan name	STEARNS IRRIGATION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	STEARNS IRRIGATION INC	<b>c</b> EIN-PN 04-2914583-002
<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>a</b>	Plan name	HERZFELD INC 401K PLAN	
<b>b</b>	Name of plan sponsor	HERZFELD INSURANCE AGENCY INC	<b>c</b> EIN-PN 27-2030546-001
<b>a</b>	Plan name	WESTERN HILLS COUNTRY CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor	WESTERN HILLS COUNTRY CLUB	<b>c</b> EIN-PN 31-0486880-001
<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	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

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 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 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 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 AVPRO INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor AVPRO INC	<b>c</b> EIN-PN 52-1738841-001
<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 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 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 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 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 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 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 CHIROPRACTIC ASSOCIATES 401K	
<b>b</b>	Name of plan sponsor CHIROPRACTIC ASSOCIATES OF GAINESVILLE	<b>c</b> EIN-PN 59-1856700-001

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>PENDLETON OIL &amp; GAS OF ROY 401K PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PENDLETON OIL &amp; GAS OF ROY</b>	<b>c</b> EIN-PN <b>85-0153869-001</b>
<b>a</b>	Plan name <b>BEST MATERIALS PROFIT-SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEST BLOCK COMPANY</b>	<b>c</b> EIN-PN <b>38-1819457-001</b>
<b>a</b>	Plan name <b>GERBER AUTO RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SONNY GERBER AUTO SALES INC</b>	<b>c</b> EIN-PN <b>47-0414335-001</b>
<b>a</b>	Plan name <b>HUNA TOTEM CORPORATION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HUNA TOTEM CORPORATION</b>	<b>c</b> EIN-PN <b>92-0045952-001</b>
<b>a</b>	Plan name <b>MADISON LAWN AND LANDSCAPE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MADISON LAWN AND LANDSCAPE INC</b>	<b>c</b> EIN-PN <b>45-4612676-001</b>
<b>a</b>	Plan name <b>GOODMAN MILLWORK INC PS &amp; 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>GOODMAN MILLWORK INC</b>	<b>c</b> EIN-PN <b>56-1332435-001</b>
<b>a</b>	Plan name <b>THE PASLAY GROUP 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>RALPH G PASLAY CUSTOM HOMES</b>	<b>c</b> EIN-PN <b>37-1340487-001</b>
<b>a</b>	Plan name <b>CUSTOM ELECTRONIC DESIGN &amp; INSTALL ASSOC 401K</b>	
<b>b</b>	Name of plan sponsor <b>CUSTOM ELECTRIC DESIGN &amp; INSTALLATION ASSOC</b>	<b>c</b> EIN-PN <b>36-3724289-001</b>
<b>a</b>	Plan name <b>ATLAS CRYPT AND MANUFACTURING 401K RET PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ATLAS CRYPT AND MANUFACTURING CO INC</b>	<b>c</b> EIN-PN <b>41-0951243-001</b>
<b>a</b>	Plan name <b>COMMUNITY VIOLENCE SOLUTIONS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMMUNITY VIOLENCE SOLUTIONS</b>	<b>c</b> EIN-PN <b>94-2441924-001</b>
<b>a</b>	Plan name <b>DAVE SINCLAIR FORD INC UNION PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DAVE SINCLAIR FORD INC</b>	<b>c</b> EIN-PN <b>43-0834994-002</b>
<b>a</b>	Plan name <b>SITUATED CONSTRUCTION INC INDIVIDUAL K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SITUATED CONSTRUCTION INC</b>	<b>c</b> EIN-PN <b>61-4202966-001</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	AMERICAN INSTITUTIONAL MGMT SERVICES INC 401K	
<b>b</b>	Name of plan sponsor	AMERICAN INSTITUTIONAL MGMT SERVICES INC	<b>c</b> EIN-PN 38-3350526-002
<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	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	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	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	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	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	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	RS INSURANCE AND FINANCIAL SERVICES IND 401K	
<b>b</b>	Name of plan sponsor	RS INSURANCE AND FINANCIAL SERVICES LLC	<b>c</b> EIN-PN 87-3042010-001
<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	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	ARROW CONSULTATION SERVICES 401K	
<b>b</b>	Name of plan sponsor	ARROW CONSULTATION SERVICES	<b>c</b> EIN-PN 35-1821191-001

<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	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	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	LAW OFFICES OF JOHN TUMELTY 401K PROFIT SHARI	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF JOHN TUMELTY	<b>c</b> EIN-PN 46-2237302-001
<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	PSG INC SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PSG INC	<b>c</b> EIN-PN 45-3618689-001
<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	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	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	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	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	ANDERSON INDUST ENGINE CO 401K	
<b>b</b>	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO INC	<b>c</b> EIN-PN 47-0557609-001
<b>a</b>	Plan name	BACK'S CONSTRUCTION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BACKS CONSTRUCTION INC	<b>c</b> EIN-PN 20-8875079-001

<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	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>a</b>	Plan name	MITMAV LLC INDIVIDUAL K PLAN	
<b>b</b>	Name of plan sponsor	MITMAV LLC	<b>c</b> EIN-PN 45-3774140-001
<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	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	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	NIXON & ASSOCIATES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NIXON & ASSOCIATES LLC	<b>c</b> EIN-PN 54-1898726-001
<b>a</b>	Plan name	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	
<b>b</b>	Name of plan sponsor	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	<b>c</b> EIN-PN 22-3948303-001
<b>a</b>	Plan name	RANDY HAMMEN INDIVIDUAL K	
<b>b</b>	Name of plan sponsor	RANDY HAMMEN	<b>c</b> EIN-PN 27-4564981-001
<b>a</b>	Plan name	SPIRIT CATHOLIC RADIO 401K PLAN	
<b>b</b>	Name of plan sponsor	VSS LEGAL CATHOLIC COMMUNICATIONS INC DBA	<b>c</b> EIN-PN 91-1857425-002
<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
<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	TIME DELAY CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	TIME DELAY CORPORATION	<b>c</b> EIN-PN 75-1686499-002

**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.)

<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	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	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	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	MIRACLE WORKERS INC 401K PLAN	
<b>b</b> Name of plan sponsor	MIRACLE WORKERS INC DBA MIRACLE WORKERS	<b>c</b> EIN-PN 47-0746812-001
<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	SOUTHERNWOOD RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	SOUTHERNWOOD FRAMING LLC	<b>c</b> EIN-PN 20-5159686-001
<b>a</b> Plan name	SITUATED CONSULTING UNI K PLAN	
<b>b</b> Name of plan sponsor	SITUATED CONSULTING LLC	<b>c</b> EIN-PN 27-1374114-001
<b>a</b> Plan name	JC DESMARAIS & ASSOCIATES INC/IRRIGATION	
<b>b</b> Name of plan sponsor	JC DESMARAIS AND ASSOCIATES INC	<b>c</b> EIN-PN 04-3056097-001
<b>a</b> Plan name	HEARTLAND LAWNS LLC 401K PLAN	
<b>b</b> Name of plan sponsor	HEARTLAND LAWNS LLC	<b>c</b> EIN-PN 90-0818468-001
<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	BRITTINGHAM DENTISTRY LLC PROFIT SHARING	
<b>b</b> Name of plan sponsor	BRITTINGHAM DENTISTRY LLC	<b>c</b> EIN-PN 47-2469166-001

<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	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	SAMM TAGUE 401K PLAN	
<b>b</b>	Name of plan sponsor	SAMM TAGUE	<b>c</b> EIN-PN 02-0757012-001
<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	LEACH CAMPER SALES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEACH CAMPER SALES INC	<b>c</b> EIN-PN 42-0926894-001
<b>a</b>	Plan name	SAN JACINTO MUSEUM AND BATTLEFIELD 401K PLAN	
<b>b</b>	Name of plan sponsor	SAN JACINTO MUSEUM & BATTLEFIELD ASSOCIATION	<b>c</b> EIN-PN 74-1146784-001
<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	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	TEXAS TITLE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	TEXAS TITLE COMPANY	<b>c</b> EIN-PN 26-2717873-001
<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	KANSAS SOYBEAN ASSOCIATION 401K PLAN	
<b>b</b>	Name of plan sponsor	KANSAS SOYBEAN ASSOCIATION	<b>c</b> EIN-PN 36-3141909-001
<b>a</b>	Plan name	AST & I 401K PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATIC SPRINKLER TESTING & INSPECTION	<b>c</b> EIN-PN 68-0107608-001
<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

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 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 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 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 GLENDENNING BROTHERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor GLENDENNING BROTHERS INC	<b>c</b> EIN-PN 36-3910487-002
<b>a</b>	Plan name GADCO LLC INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor GADCO LLC	<b>c</b> EIN-PN 84-4957964-001
<b>a</b>	Plan name SIPPICAN WEALTH STRATEGIES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SIPPICAN WEALTH STRATEGIES LLC	<b>c</b> EIN-PN 87-3672054-001
<b>a</b>	Plan name DBA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor DAN BUCKEY ASSOCIATES INC	<b>c</b> EIN-PN 43-1198569-003
<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 CONSTRUCTION FINANCIAL MGT ASSN 401K PLAN	
<b>b</b>	Name of plan sponsor CONSTRUCTION FINANCIAL MANAGEMENT ASSOC	<b>c</b> EIN-PN 22-2400462-001
<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>a</b>	Plan name K AND K DISTRIBUTING LLC INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor K AND K DISTRIBUTING LLC	<b>c</b> EIN-PN 82-0869475-001
<b>a</b>	Plan name WAYNE'S BODY SHOP SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WAYNES BODY SHOP INC	<b>c</b> EIN-PN 47-0811392-001

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 MITEC SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor MITEC SOLUTIONS INC	<b>c</b> EIN-PN 26-0590889-001
<b>a</b>	Plan name WHALEY STEEL CORPORATION 401K PS PLAN	
<b>b</b>	Name of plan sponsor WHALEY STEEL CORPORATION	<b>c</b> EIN-PN 38-2491541-001
<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 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>a</b>	Plan name ARASH KIARASH MD PC 401K PLAN	
<b>b</b>	Name of plan sponsor ARASH KIARASH MD PC	<b>c</b> EIN-PN 68-0655441-001
<b>a</b>	Plan name PENDLETON OIL & GAS OF NM 401K PS PLAN	
<b>b</b>	Name of plan sponsor PENDLETON OIL & GAS CO OF NEW MEXICO	<b>c</b> EIN-PN 85-0153868-001
<b>a</b>	Plan name ROBERTSON'S AUTO SALVAGE INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor ROBERTSONS AUTO SALVAGE INC	<b>c</b> EIN-PN 04-2462641-001
<b>a</b>	Plan name TRINITY M LOVELESS MD PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor TRINITY LOVELESS MD PLLC	<b>c</b> EIN-PN 46-2331621-001
<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 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 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 LYP INSURANCE & FINANCIAL SERVICES INC	
<b>b</b>	Name of plan sponsor LOKYAN M YIP PATTERSON	<b>c</b> EIN-PN 47-2603845-001

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 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 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 ENVISION MEDICAL GAS TESTING 401K PLAN	
<b>b</b>	Name of plan sponsor ENVISION MEDICAL GAS TESTING	<b>c</b> EIN-PN 20-5134141-001
<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 ANGELL FAMILY DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor ANGELL FAMILY DENTISTRY PA	<b>c</b> EIN-PN 46-4208557-001
<b>a</b>	Plan name BADGER STEEL 401K PLAN	
<b>b</b>	Name of plan sponsor BADGER STEEL AND FABRICATING INC	<b>c</b> EIN-PN 39-1722261-001
<b>a</b>	Plan name WORLDWIDE SETTLEMENTS INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor WORLDWIDE SETTLEMENTS INC	<b>c</b> EIN-PN 20-1255428-002
<b>a</b>	Plan name IMAGING CENTER P C P/S	
<b>b</b>	Name of plan sponsor IMAGING CENTER PC	<b>c</b> EIN-PN 66-0547374-002
<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 LARRY'S ENGINE & MARINE INC 401K PLAN	
<b>b</b>	Name of plan sponsor LARRYS ENGINE & MARINE INC	<b>c</b> EIN-PN 86-0984592-001
<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 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

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>IMBS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>INSURANCE AND MEDICAL BILLING SERVICES INC</b>	<b>c</b> EIN-PN <b>20-0556959-001</b>
<b>a</b>	Plan name <b>SWINK COPLEN &amp; COMPANY PC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SWINK COPLEN &amp; COMPANY PC</b>	<b>c</b> EIN-PN <b>43-1428008-001</b>
<b>a</b>	Plan name <b>NORTHEAST PUBLIC SEWER DISTRICT 401A PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NORTHEAST PUBLIC SEWER DISTRICT</b>	<b>c</b> EIN-PN <b>43-1200905-002</b>
<b>a</b>	Plan name <b>AMERICAN TARGET ADVERTISING INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN TARGET ADVERTISING INC</b>	<b>c</b> EIN-PN <b>54-1648117-001</b>
<b>a</b>	Plan name <b>STEAD AUTOMOTIVE GROUP #2 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>WAYNE STEAD CADILLAC INC</b>	<b>c</b> EIN-PN <b>94-2673324-003</b>
<b>a</b>	Plan name <b>CHESS INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>COMPLETE HEALTH ENVIRONMENTAL SAFETY SERVICE</b>	<b>c</b> EIN-PN <b>41-1757492-001</b>
<b>a</b>	Plan name <b>EBONEX CORPORATION 401K SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EBONEX CORPORATION</b>	<b>c</b> EIN-PN <b>38-1854040-001</b>
<b>a</b>	Plan name <b>PHOENIX IDA 457B RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE</b>	<b>c</b> EIN-PN <b>52-2038405-001</b>
<b>a</b>	Plan name <b>TEST X LLC 401K PS PLAN AND TRUST</b>	
<b>b</b>	Name of plan sponsor <b>TEST X LLC</b>	<b>c</b> EIN-PN <b>46-5227141-001</b>
<b>a</b>	Plan name <b>PEDIATRIC PARTNERS LLC 401 K SAFE HARBOR PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PEDIATRIC PARTNERS LLC</b>	<b>c</b> EIN-PN <b>47-0815051-001</b>
<b>a</b>	Plan name <b>CII &amp; GPAL RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CEREAL INGREDIENTS INC</b>	<b>c</b> EIN-PN <b>43-1527502-001</b>
<b>a</b>	Plan name <b>KIMBALL COUNTY MANOR 401K PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KIMBALL COUNTY MANOR</b>	<b>c</b> EIN-PN <b>47-0533826-001</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	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	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	WELLNESS IQ RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EMPLOYEE BENEFITS INTERNATIONAL INC	<b>c</b> EIN-PN 56-2676855-001
<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	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	CARL'S COLLISION CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	CARLS COLLISION CENTER	<b>c</b> EIN-PN 04-3218991-001
<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	GRAYSON TOOL CO 401K PLAN	
<b>b</b>	Name of plan sponsor	GRAYSON TOOL COMPANY	<b>c</b> EIN-PN 47-0487114-001
<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	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	B & B FOREIGN CAR CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	B & B FOREIGN CAR CENTER	<b>c</b> EIN-PN 77-0448605-001
<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>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	COVINA IRRIGATING COMPANY RETIREMENT TRUST PL	
<b>b</b>	Name of plan sponsor	COVINA IRRIGATING COMPANY	<b>c</b> EIN-PN 95-1186705-002
<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	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	ZAMORAS AUTO BODY INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ZAMORAS AUTO BODY INC	<b>c</b> EIN-PN 52-1816215-001
<b>a</b>	Plan name	ERIKSEN CONSTRUCTION CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ERIKSEN CONSTRUCTION CO INC	<b>c</b> EIN-PN 47-0664052-001
<b>a</b>	Plan name	THE MSR GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	THE MSR GROUP	<b>c</b> EIN-PN 84-4456361-001
<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	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	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	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	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	DEVINE FLOORING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DEVINE FLOORING LLC	<b>c</b> EIN-PN 02-0515873-001

<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	ERICKSON & SEDERSTROM PC 401K PS PLN & TRUST	
<b>b</b>	Name of plan sponsor	ERICKSON & SEDERSTROM PC	<b>c</b> EIN-PN 47-0574895-001
<b>a</b>	Plan name	AKA ENTERPRISES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	AKA ENTERPRISES INC	<b>c</b> EIN-PN 26-3231304-001
<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	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	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	SLOBURG COMPANY 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SLOBURG COMPANY	<b>c</b> EIN-PN 47-0721027-001
<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	BECKY L NOMMENSEN PLAN	
<b>b</b>	Name of plan sponsor	BECKY L NOMMENSEN	<b>c</b> EIN-PN 83-3311555-001
<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	CAREER CHOICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CAREER CHOICES INC	<b>c</b> EIN-PN 06-1694104-001
<b>a</b>	Plan name	ISURITY INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ISURITY INC	<b>c</b> EIN-PN 56-1932314-001
<b>a</b>	Plan name	COMPLOGIX INC 401K & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMPLOGIX INC	<b>c</b> EIN-PN 47-0808677-001

<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	IDEAL HEALTH STRATEGIES LLC INDV 401K
<b>b</b>	Name of plan sponsor	IDEAL HEALTH STRATEGIES LLC
<b>c</b>	EIN-PN	46-4084168-001
<b>a</b>	Plan name	ENVOY AEROSPACE LLC 401K PLAN
<b>b</b>	Name of plan sponsor	ENVOY AEROSPACE LLC
<b>c</b>	EIN-PN	20-2712990-001
<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	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	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	EMPLOYEE RETIREMENT PLAN OF ARADIUS GROUP
<b>b</b>	Name of plan sponsor	OMAHA PRINTING COMPANY DBA ARADIUS GROUP
<b>c</b>	EIN-PN	47-0259610-002
<b>a</b>	Plan name	CUSTOM AG FORMULATORS INC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CUSTOM AGRICULTURAL FORMULATORS INC
<b>c</b>	EIN-PN	77-0536417-001
<b>a</b>	Plan name	VIEIRA & DIGIANFILIPPO LTD RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	VIEIRA & DIGIANFILIPPO LTD
<b>c</b>	EIN-PN	05-0485583-001
<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	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	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	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>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	MCCORD & ASSOCIATES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MCCORD & ASSOCIATES INC	<b>c</b> EIN-PN 42-1522487-001
<b>a</b>	Plan name	BODY BASICS 401K PLAN	
<b>b</b>	Name of plan sponsor	BODY BASICS INC	<b>c</b> EIN-PN 47-0698272-001
<b>a</b>	Plan name	KIBBECHEM INC 401K AND PS PLAN	
<b>b</b>	Name of plan sponsor	KIBBECHEM INC	<b>c</b> EIN-PN 35-2132621-001
<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	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	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	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 ELECTRICAL 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE ELECTRICAL CORP	<b>c</b> EIN-PN 05-0491574-001
<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	MCMULLEN FORD INC 401K P/S PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MCMULLEN FORD INC	<b>c</b> EIN-PN 42-0886004-001
<b>a</b>	Plan name	DAVID A HAASE INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	DAVID A HAASE	<b>c</b> EIN-PN 85-4093674-001

<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	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	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	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	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	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	STILES BYRUM & HORNE LLP 401K	
<b>b</b>	Name of plan sponsor	STILES BYRUM & HORNE LLP	<b>c</b> EIN-PN 56-2124926-002
<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	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	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	FRESNO DENTAL PROFESSIONALS 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	FRESNO DENTAL PROFESSIONALS	<b>c</b> EIN-PN 94-2371801-002
<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>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>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	VILLAGE POINTE PEDIATRICS PC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	VILLAGE POINTE PEDIATRICS PC	<b>c</b> EIN-PN 20-8001200-001
<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	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	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	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	MORRISSEY ENGINEERING INC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	MORRISSEY ENGINEERING INC	<b>c</b> EIN-PN 47-0818042-001
<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	MURRAY & STAFFORD INC PSP	
<b>b</b>	Name of plan sponsor	MURRAY & STAFFORD INC	<b>c</b> EIN-PN 84-0568215-001
<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	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	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	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

**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	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>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>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 4 - MODERATELY AGGRESSIVE</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>244</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.

Assets	(a) Beginning of Year	(b) End of Year
<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>	16581      21179
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2707642      3175914
<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>	234845752      230116845
<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>	237569975	233313938
<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>	15484	431300
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	15484	431300
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	237554491	232882638

**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>	198843	
<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>		198843
<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>	37353174	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	31433897	
<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>		5919277
<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>	19702618	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		19702618

		(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>		25820738

**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>	83698	
(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>	34349	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		118047
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		118047

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		25702691
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		33366014
(2) From this plan .....	<b>2l(2)</b>		63740558

**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 \_\_\_\_\_.