

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 5 - AGGRESSIVE
1b Three-digit plan number (PN): 245
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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

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

A Name of plan <u>DIRECTIONS 5 - AGGRESSIVE</u>	B Three-digit plan number (PN)	<u>▶</u> <u>245</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>74-2008758</u>	

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	UNITED OF OMAHA FOR VARIOUS RET PLANS	
b	Name of plan sponsor	UNITED OF OMAHA	c EIN-PN 43-1795138-001
a	Plan name	DRS HOLDINGS INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	DRS HOLDINGS LLC	c EIN-PN 61-1870945-001
a	Plan name	SURELIFT CRANE AND RIGGING CORP 401K PLAN	
b	Name of plan sponsor	SURELIFT CRANE AND RIGGING CORP	c EIN-PN 80-0244476-001
a	Plan name	ATLAS SETTLEMENT GROUP INC 401K PS PLAN	
b	Name of plan sponsor	ATLAS SETTLEMENT GROUP INC	c EIN-PN 20-2667446-002
a	Plan name	ALLIED RETAIL CONCEPTS LLC 401K PS PLAN	
b	Name of plan sponsor	ALLIED RETAIL CONCEPTS LLC	c EIN-PN 43-1878517-001
a	Plan name	SUN BELT TRANSPORTATION INC 401K PLAN	
b	Name of plan sponsor	SUN BELT TRANSPORTATION INC	c EIN-PN 74-2114906-001
a	Plan name	SORRELS LAW 401K PLAN	
b	Name of plan sponsor	SORRELLS LAW	c EIN-PN 76-0065736-001
a	Plan name	LUEBBERING INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	LUEBBERING INSURANCE AGENCY LLC	c EIN-PN 43-1849676-001
a	Plan name	ORIGIN ENGINEERING LLC 401K PLAN	
b	Name of plan sponsor	ORIGIN ENGINEERING LLC	c EIN-PN 82-2330299-001
a	Plan name	MECCON INDUSTRIES 401K PLAN	
b	Name of plan sponsor	MECCON INDUSTRIES INC	c EIN-PN 36-3008454-002
a	Plan name	STAMPEDE POST PRODUCTIONS INC 401K PLAN	
b	Name of plan sponsor	STAMPEDE POST PRODUCTIONS INC	c EIN-PN 20-3498586-001
a	Plan name	THEUT PRODUCTS INC 401K SALARY REDUCTION	
b	Name of plan sponsor	THEUT PRODUCTS INC	c EIN-PN 38-1551483-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NATIONAL HOLDINGS INC 401K PSP & TRUST	
b	Name of plan sponsor	NATIONAL HOLDINGS INC	c EIN-PN 20-4440347-001
a	Plan name	PARAGON EQUITIES INC 401K PLAN	
b	Name of plan sponsor	PARAGON EQUITIES INC	c EIN-PN 95-2949751-001
a	Plan name	HUNA TOTEM CORPORATION 401K PLAN	
b	Name of plan sponsor	HUNA TOTEM CORPORATION	c EIN-PN 92-0045952-001
a	Plan name	PRECISE MANUFACTURING EE SAVINGS 401K	
b	Name of plan sponsor	WHITCRAFT ENTERPRISES DBA PRECISE MANUFACTUR	c EIN-PN 26-3872118-001
a	Plan name	XTREME SOLUTIONS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	XTREME SOLUTIONS INC	c EIN-PN 80-0037246-002
a	Plan name	CHRISTIAN SUPPLY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTIAN SUPPLY INC	c EIN-PN 57-0516963-002
a	Plan name	JOHNSON HARDWARE COMPANY LLC PS PLAN	
b	Name of plan sponsor	JOHNSON HARDWARE COMPANY LLC	c EIN-PN 47-0845233-001
a	Plan name	INDUSTRIAL DYNAMIC SYSTEMS LLC 401K PLAN	
b	Name of plan sponsor	INDUSTRIAL DYNAMIC SYSTEMS LLC DBA INTER	c EIN-PN 46-3583822-001
a	Plan name	THOMAS REAL ESTATE INC 401K RETIREMENT	
b	Name of plan sponsor	THOMAS REAL ESTATE INC	c EIN-PN 57-0709940-001
a	Plan name	THE HOMELESS ALLIANCE 401K PLAN	
b	Name of plan sponsor	THE HOMELESS ALLIANCE INC	c EIN-PN 11-3718005-001
a	Plan name	JD ALLMAN INC 401K PLAN & TRUST	
b	Name of plan sponsor	JD ALLMAN INC	c EIN-PN 52-2380800-001
a	Plan name	STEELBRIDGE VENTURES CONSULTING 401K P/S PLAN	
b	Name of plan sponsor	STEELBRIDGE VENTURES CONSULTING LLC	c EIN-PN 45-4125594-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name STILLWATER PROVISIONS 401K PLAN	
b	Name of plan sponsor STILLWATER PROVISIONS	c EIN-PN 27-0235099-001
a	Plan name AR GROUP 401K PLAN	
b	Name of plan sponsor THE AR GROUP LLC	c EIN-PN 26-4526424-001
a	Plan name CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
b	Name of plan sponsor CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-001
a	Plan name NORMANDEAU TECHNOLOGIES INC 401K PLAN	
b	Name of plan sponsor NORMANDEAU TECHNOLOGIES INC	c EIN-PN 04-3431594-001
a	Plan name JES FOOD EQUIPMENT SALES & SERVICE 401K PSP	
b	Name of plan sponsor JES FOOD EQUIPMENT SALES & SERVICE	c EIN-PN 45-3693506-001
a	Plan name TECHNICOLOR FCU CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor TECHNICOLOR FEDERAL CREDIT UNION	c EIN-PN 95-1746861-033
a	Plan name JWDA MS ARCHITECTS INC 401K PLAN	
b	Name of plan sponsor JWDA-MS ARCHITECTS INC	c EIN-PN 27-4519130-001
a	Plan name TEAM CORN & SOIL INC 401K PLAN	
b	Name of plan sponsor TEAM CORN & SOIL INC	c EIN-PN 36-4425176-001
a	Plan name ARCHER CONSULTATION SERVICES INC 401K	
b	Name of plan sponsor ARCHER CONSULTATION SERVICES INC	c EIN-PN 35-1687137-001
a	Plan name ELITE STRUCTURES INC 401K PLAN	
b	Name of plan sponsor ELITE STRUCTURES INC	c EIN-PN 58-1901587-001
a	Plan name TROTTER INC 401K PLAN	
b	Name of plan sponsor TROTTER INC	c EIN-PN 47-0580954-001
a	Plan name AXIS 401K UNION RETIREMENT PLAN	
b	Name of plan sponsor AXIS MINNESOTA INC	c EIN-PN 41-1852557-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name R V WORLD 401K PLAN	
b	Name of plan sponsor RV WORLD RECREATION VEHICLE CENTRE LLC	c EIN-PN 83-4486585-001
a	Plan name AP TECHNOLOGY 401K PLAN	
b	Name of plan sponsor AP TECHNOLOGY LLC	c EIN-PN 46-1407591-001
a	Plan name JC DESMARAIS & ASSOCIATES INC/IRRIGATION	
b	Name of plan sponsor JC DESMARAIS AND ASSOCIATES INC	c EIN-PN 04-3056097-001
a	Plan name CLIMATROL AIR DMM 401K PLAN	
b	Name of plan sponsor CLIMATROL AIR LLC	c EIN-PN 84-4498149-001
a	Plan name CAROLINA LIQUID CHEMISTRIES CORP 401K PSP	
b	Name of plan sponsor CAROLINA LIQUID CHEMISTRIES	c EIN-PN 95-4496686-001
a	Plan name D&R SPORTS CENTER INC 401K PLAN	
b	Name of plan sponsor D & R SPORTS CENTER INC	c EIN-PN 38-2407559-001
a	Plan name TORREBLANC 401K PLAN	
b	Name of plan sponsor TORREBLANC LTD	c EIN-PN 26-2958453-001
a	Plan name ADE INC RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATED DESIGN & ENGINEERING INC	c EIN-PN 77-0051451-001
a	Plan name TC MOTOR DBA LEXUS OF LEHIGH VALLEY 401K PLAN	
b	Name of plan sponsor TC MOTOR CAR CODBA LEXUS OF LEHIGH VALLEY	c EIN-PN 23-2616195-001
a	Plan name CHIX 401K RETIREMENT PLAN	
b	Name of plan sponsor CHIX SEA GRILLE LLC	c EIN-PN 47-2777613-001
a	Plan name COMMUNITY PHARMACY SERVICES INC 401K PLAN	
b	Name of plan sponsor COMMUNITY PHARMACY SERVICES INC	c EIN-PN 26-2122849-001
a	Plan name E & L MEAT COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor E & L MEAT COMPANY	c EIN-PN 38-2141947-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ST THOMAS FCU 401K	
b	Name of plan sponsor	ST THOMAS FEDERAL CREDIT UNION	c EIN-PN 23-7394175-001
a	Plan name	SOUTHWINDS INSPECTION CORP 401K PLAN	
b	Name of plan sponsor	SOUTHWINDS INSPECTION CORP	c EIN-PN 80-0011552-001
a	Plan name	MISSOURI BOARD OF LAW EXAMINERS RETIREMENT PL	
b	Name of plan sponsor	MISSOURI BOARD OF LAW EXAMINERS	c EIN-PN 43-1893265-002
a	Plan name	ALDRIDGE INSURANCE 401K PLAN	
b	Name of plan sponsor	ALDRIDGE INSURANCE INC	c EIN-PN 35-1937710-001
a	Plan name	IMAGING CENTER P C P/S	
b	Name of plan sponsor	IMAGING CENTER PC	c EIN-PN 66-0547374-002
a	Plan name	TOUKAN & COMPANY 401K PLAN	
b	Name of plan sponsor	TOUKAN & COMPANY	c EIN-PN 31-1081751-001
a	Plan name	DISCOVERY FINANCIAL CENTERS INC 401K PLAN	
b	Name of plan sponsor	DISCOVERY FINANCIAL CENTERS INC	c EIN-PN 41-1716745-001
a	Plan name	CHEMICAL SYSTEMS OF ORLANDO 401K PS PL & TR	
b	Name of plan sponsor	CHEMICAL SYSTEMS OF ORLANDO	c EIN-PN 59-3532805-001
a	Plan name	ENTHEOS AUDIOLOGY COOPERATIVE INC 401K PSP	
b	Name of plan sponsor	ENTHEOS AUDIOLOGY COOPERATIVE INC	c EIN-PN 46-4270647-002
a	Plan name	PAJ 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PAJ INC	c EIN-PN 75-2257448-001
a	Plan name	REDS ELECTRICAL SERVICE INC 401K PLAN	
b	Name of plan sponsor	REDS ELECTRICAL SERVICE INC	c EIN-PN 81-4535399-001
a	Plan name	CENTRAL SERVICES CO INC 401K	
b	Name of plan sponsor	CENTRAL SERVICES CO INC	c EIN-PN 39-1423679-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SASE 401K PLAN	
b	Name of plan sponsor	SETTJE AGRI-SERVICES & ENGINEERING INC	c EIN-PN 47-0846158-001
a	Plan name	PRAIRIE LANDWORKS INC 401K PLAN	
b	Name of plan sponsor	PRAIRIE LANDWORKS INC	c EIN-PN 45-4357575-001
a	Plan name	LAKEVIEW FAMILY DENTISTRY 401K P/S PLAN	
b	Name of plan sponsor	LAKEVIEW FAMILY DENTISTRY	c EIN-PN 59-3685450-001
a	Plan name	NASHVILLE EQUIPMENT SERVICE INC PSP	
b	Name of plan sponsor	NASHVILLE EQUIPMENT SERVICES INC	c EIN-PN 62-0680970-001
a	Plan name	W INTERNATIONAL 401K PLAN	
b	Name of plan sponsor	W INTERNATIONAL SC LLC	c EIN-PN 83-2995647-001
a	Plan name	OAK STREET WHOLESALERS 401K PLAN	
b	Name of plan sponsor	OAK STREET WHOLESALERS INC	c EIN-PN 26-1779123-001
a	Plan name	DUPURE 401K PLAN	
b	Name of plan sponsor	BALANCE ENERGY LLC	c EIN-PN 47-1815789-002
a	Plan name	WHITELEATHER GRAIN LLC 401K PLAN	
b	Name of plan sponsor	WHITELEATHER GRAIN LLC	c EIN-PN 27-1176976-001
a	Plan name	SPECIAL TOOL & ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	SPECIAL TOOL & ENGINEERING INC	c EIN-PN 38-3115207-001
a	Plan name	MEMPHIS IN MAY RETIREMENT PLAN	
b	Name of plan sponsor	MEMPHIS IN MAY INTERNATIONAL FESTIVAL	c EIN-PN 23-7308001-002
a	Plan name	ROBERTSON'S GMC TRUCKINC 401K PLAN	
b	Name of plan sponsor	ROBERTSONS GMC TRUCK INC	c EIN-PN 04-2871748-001
a	Plan name	DUSSIAS WITTENBERG KOENIGSBERGER 401K PLAN	
b	Name of plan sponsor	DUSSIAS WITTENBERG KOENIGSBERGER LLP	c EIN-PN 47-2346637-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name COMMUNITY VIOLENCE SOLUTIONS 401K PLAN	
b	Name of plan sponsor COMMUNITY VIOLENCE SOLUTIONS	c EIN-PN 94-2441924-001
a	Plan name ASSOCIATED TRUSS & LUMBER 401K PS PLAN	
b	Name of plan sponsor ASSOCIATED TRUSS & LUMBER CO	c EIN-PN 75-1089735-001
a	Plan name KASSIK MILLING CO INC 401K PLAN	
b	Name of plan sponsor KASSIK MILLING CO INC	c EIN-PN 47-0561540-001
a	Plan name JW SMITH & COMPANY 401K SAVINGS PLAN	
b	Name of plan sponsor JW SMITH AND COMPANY	c EIN-PN 47-0483015-001
a	Plan name ZELL BUILDERS COMPANY INC 401K PLAN	
b	Name of plan sponsor ZELL BUILDERS COMPANY INC	c EIN-PN 04-2914084-001
a	Plan name DCS AUTOMOTIVE INC 401K PSP	
b	Name of plan sponsor DCS AUTOMOTIVE INC	c EIN-PN 46-2315762-001
a	Plan name WEEKS-WILLIAMS-DEVORE INC 401K PLAN	
b	Name of plan sponsor WEEKS-WILLIAMS & DEVORE INC	c EIN-PN 56-0774903-001
a	Plan name AXIS 401K RETIREMENT PLAN	
b	Name of plan sponsor AXIS MINNESOTA INC	c EIN-PN 41-1852557-001
a	Plan name GENERAL GLASS CORP 401K P/S PLAN	
b	Name of plan sponsor GENERAL GLASS CORPORATION	c EIN-PN 53-0234224-001
a	Plan name GRAYSON TOOL CO 401K PLAN	
b	Name of plan sponsor GRAYSON TOOL COMPANY	c EIN-PN 47-0487114-001
a	Plan name SCHLEMMER ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor RMH ENTERPRISES INC DBA SCHLEMMER ASSOC	c EIN-PN 31-1580839-001
a	Plan name J2 ENGINEERING INC 401K PLAN	
b	Name of plan sponsor J2 ENGINEERING INC	c EIN-PN 77-0341296-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC	
b	Name of plan sponsor	BUEHLER MOTOR INC	c EIN-PN 37-1492335-002
a	Plan name	MCCORD & ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor	MCCORD & ASSOCIATES INC	c EIN-PN 42-1522487-001
a	Plan name	ALPHAGRAPHS 401K PLAN	
b	Name of plan sponsor	ALPHAGRAPHS	c EIN-PN 37-1461157-001
a	Plan name	KEY COUNSEL 401K PLAN & TRUST	
b	Name of plan sponsor	KEY COUNSEL PC	c EIN-PN 83-0946468-001
a	Plan name	ACEPEX MANAGEMENT CORP RETIREMENT PLAN	
b	Name of plan sponsor	ACEPEX MANAGEMENT CORPORATION	c EIN-PN 95-4236171-003
a	Plan name	FARR CONSTRUCTION CORP DBA RDC 401K PLAN	
b	Name of plan sponsor	FARR CONSTRUCTION DBA RESOURCE DEVELOPMENT	c EIN-PN 20-3783793-001
a	Plan name	SYNECT LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SYNECT LLC	c EIN-PN 45-2518367-001
a	Plan name	MECO-HENNE CONTRACTING INC 401K PS PLAN	
b	Name of plan sponsor	MECO-HENNE CONTRACTING INC	c EIN-PN 47-0724009-001
a	Plan name	ALL SOUTH WAREHOUSE D/C INC 401K PLAN	
b	Name of plan sponsor	ALL SOUTH WAREHOUSE D/C INC	c EIN-PN 58-1380373-002
a	Plan name	PROCON INC 401K PLAN	
b	Name of plan sponsor	PROCON INC	c EIN-PN 16-1627389-001
a	Plan name	K & W CYCLE INC EMPLOYEE PS PLAN & TRUST	
b	Name of plan sponsor	K & W CYCLE INC	c EIN-PN 38-2005794-001
a	Plan name	MIDSTATE INDUSTRIAL SUPPLY 401K PLAN	
b	Name of plan sponsor	MIDSTATE INDUSTRIAL SUPPLY INC	c EIN-PN 27-0389691-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	ELLIS LAW FIRM RETIREMENT PLAN
b	Name of plan sponsor	LAW OFFICES OF MARC JD ELLIS APLC
c	EIN-PN	27-3363410-001
a	Plan name	EMPLOYEE RETIREMENT PLAN OF ARADIUS GROUP
b	Name of plan sponsor	OMAHA PRINTING COMPANY DBA ARADIUS GROUP
c	EIN-PN	47-0259610-002
a	Plan name	ARCSTAR ELECTRIC LLC 401K PLAN
b	Name of plan sponsor	ARCSTAR ELECTRIC LLC
c	EIN-PN	83-4467357-001
a	Plan name	MICHAEL CHRISTOPHER SALON 401K RETIREMENT
b	Name of plan sponsor	MICHAEL CHRISTOPHER SALON
c	EIN-PN	34-1802356-001
a	Plan name	BAILEY'S MEDICAL EQUIPMENT & SUPPLIES 401K
b	Name of plan sponsor	MEDICAL HOTSPOTS INC CORP
c	EIN-PN	45-1810240-001
a	Plan name	CITY OF WILBER 457B PLAN
b	Name of plan sponsor	CITY OF WILBER
c	EIN-PN	47-6006413-001
a	Plan name	ARAPAHOE OILFIELD SERVICES 401K PLAN
b	Name of plan sponsor	ARAPAHOE OILFIELD SERVICES LLC
c	EIN-PN	20-5439087-001
a	Plan name	CHIROPRACTIC ASSOCIATES 401K
b	Name of plan sponsor	CHIROPRACTIC ASSOCIATES OF GAINESVILLE
c	EIN-PN	59-1856700-001
a	Plan name	MP INDUSTRIES INC 401K PLAN & TRUST
b	Name of plan sponsor	MP INDUSTRIES INC
c	EIN-PN	43-1006923-002
a	Plan name	FRESNO DENTAL PROFESSIONALS 401K RETIREMENT
b	Name of plan sponsor	FRESNO DENTAL PROFESSIONALS
c	EIN-PN	94-2371801-002
a	Plan name	BLD 401K PLAN
b	Name of plan sponsor	BOLD LEAD DESIGNS LLC
c	EIN-PN	27-3108442-001
a	Plan name	GW PEOPLES CONTRACTING COMPANY INC 401K
b	Name of plan sponsor	GW PEOPLES CONTRACTING COMPANY INC
c	EIN-PN	25-1365856-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WATERMAN'S 401K RETIREMENT PLAN	
b	Name of plan sponsor	WATERMANS SURFSIDE GRILLE	c EIN-PN 54-1191780-001
a	Plan name	LAW OFFICES OF MIGUEL MARTINEZ	
b	Name of plan sponsor	LAW OFFICES OF MIGUEL MARTINEZ PC	c EIN-PN 84-1531321-001
a	Plan name	THE TIMMERMAN SCHOOL EMPLOYEES PS PLAN	
b	Name of plan sponsor	THE TIMMERMAN SCHOOL INC	c EIN-PN 57-0483452-001
a	Plan name	H & H SHEET METAL INC 401K PLAN	
b	Name of plan sponsor	H & H SHEET METAL INC	c EIN-PN 35-1046960-001
a	Plan name	ARROW CONSULTATION SERVICES 401K	
b	Name of plan sponsor	ARROW CONSULTATION SERVICES	c EIN-PN 35-1821191-001
a	Plan name	VENTURE RESEARCH LABS LLC 401K PLAN	
b	Name of plan sponsor	VENTURE RESEARCH LABS LLC	c EIN-PN 88-3753325-001
a	Plan name	BRYLLAN 401K PLAN	
b	Name of plan sponsor	BRYLLAN LLC	c EIN-PN 27-1568186-001
a	Plan name	JVB 401K PLAN	
b	Name of plan sponsor	JAY VAN BEUSEKOM FINANCIAL ADVISOR LLC	c EIN-PN 39-1460915-001
a	Plan name	KIMBALL COUNTY MANOR 401K PS PLAN	
b	Name of plan sponsor	KIMBALL COUNTY MANOR	c EIN-PN 47-0533826-001
a	Plan name	METROPOLITAN INDUSTRIES INC 401K PLAN	
b	Name of plan sponsor	METROPOLITAN INDUSTRIES INC	c EIN-PN 95-4635067-001
a	Plan name	IMAGINE SCHOOLS INC 401K RET SAVINGS PLAN	
b	Name of plan sponsor	IMAGINE SCHOOLS INC	c EIN-PN 04-3466383-001
a	Plan name	DAVID A LEVY AND ASSOCIATES 401K PLAN	
b	Name of plan sponsor	DAVID A LEVY AND ASSOCIATES	c EIN-PN 34-1392757-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GERBER AUTO RETIREMENT PLAN	
b	Name of plan sponsor	SONNY GERBER AUTO SALES INC	c EIN-PN 47-0414335-001
a	Plan name	RF WORKS CORPORATION 401K PS PLAN & TRUST	
b	Name of plan sponsor	RF WORKS CORPORATION	c EIN-PN 59-3542123-001
a	Plan name	EL AGUILA INC 401K PLAN	
b	Name of plan sponsor	EL AGUILA INC	c EIN-PN 20-0354181-001
a	Plan name	DEKALB SURGICAL ASSOCIATES PA PS PLAN	
b	Name of plan sponsor	DEKALB SURGICAL ASSOCIATES PA	c EIN-PN 58-2296066-002
a	Plan name	MARK HEUETT GENERAL CONTRACTOR INC 401K PLAN	
b	Name of plan sponsor	MARK HEUETT GENERAL CONTRACTOR INC	c EIN-PN 93-1319951-002
a	Plan name	BLUE HILLS ENVIRONMENTAL 401K PLAN	
b	Name of plan sponsor	BLUE HILLS ENVIRONMENTAL ASSOCIATION	c EIN-PN 86-0686263-001
a	Plan name	KOROTKIN INSURANCE GROUP INC 401K SRP	
b	Name of plan sponsor	KOROTKIN INSURANCE GROUP INC DBA KIG	c EIN-PN 38-2022737-001
a	Plan name	RS WAGNER LLC 401K PLAN	
b	Name of plan sponsor	RS WAGNER LLC	c EIN-PN 45-4414308-001
a	Plan name	WANHO MANUFACTURING LLC 401K PLAN	
b	Name of plan sponsor	WANHO MANUFACTURING LLC	c EIN-PN 35-2236840-001
a	Plan name	VALBRUNA STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA STAINLESS INC	c EIN-PN 06-1379799-001
a	Plan name	BLACK MESA COMMUNITY SCHOOL 401K PLAN	
b	Name of plan sponsor	BLACK MESA COMMUNITY SCHOOL	c EIN-PN 86-0357745-001
a	Plan name	CAREGIVERS RETIREMENT PLAN	
b	Name of plan sponsor	MAGNOLIA HEALTH CORPORATION	c EIN-PN 42-1591995-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DRB CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	DRB CONSTRUCTION INC	c EIN-PN 90-1003817-001
a	Plan name	INNOVATIVE TOOLING SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	INNOVATIVE TOOLING SOLUTIONS INC	c EIN-PN 48-1265558-001
a	Plan name	CUMBERLAND DEVELOPMENT COMPANY LLC 401K PLAN	
b	Name of plan sponsor	CUMBERLAND DEVELOPMENT COMPANY LLC	c EIN-PN 20-2730909-001
a	Plan name	LYP INSURANCE & FINANCIAL SERVICES INC	
b	Name of plan sponsor	LOKYAN M YIP PATTERSON	c EIN-PN 47-2603845-001
a	Plan name	MEGAN L NIEDENS DVM INDIVIDUAL K PLAN	
b	Name of plan sponsor	MEGAN L NIEDENS DVM	c EIN-PN 82-3601684-001
a	Plan name	LEACH MOUNCE ARCHITECTS PS 401K PLAN	
b	Name of plan sponsor	LEACH MOUNCE ARCHITECTS	c EIN-PN 95-2706686-002
a	Plan name	POOLE'S PLUMBING INC 401K	
b	Name of plan sponsor	POOLES PLUMBING INC	c EIN-PN 56-2134201-001
a	Plan name	TOONE & ASSOCIATES LLP 401K PLAN	
b	Name of plan sponsor	TOONE & ASSOCIATES LLP	c EIN-PN 52-2126951-001
a	Plan name	HANDYDADS 401K PLAN	
b	Name of plan sponsor	HANDYDADS CONSTRUCTION INC	c EIN-PN 85-3925360-001
a	Plan name	HEART 2 HEART HOME CARE 401K AND TRUST PLAN	
b	Name of plan sponsor	HEART 2 HEART HOME CARE	c EIN-PN 25-1899288-001
a	Plan name	CORNERSTONE SECURITY 401K PLAN	
b	Name of plan sponsor	CORNERSTONE SECURITY INC	c EIN-PN 58-2145515-001
a	Plan name	EDWARDS AUTO GROUP 401K PLAN	
b	Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	c EIN-PN 42-0646357-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name AGILE TRANSFORMATION INC RETIREMENT PLAN	
b	Name of plan sponsor AGILE TRANSFORMATION INC	c EIN-PN 27-0528434-001
a	Plan name LAKOTA CORP 401K PLAN	
b	Name of plan sponsor LAKOTA CORP	c EIN-PN 20-2970922-001
a	Plan name LEE'S MOTORCYCLE INC 401K PL	
b	Name of plan sponsor LEES MOTORCYCLES INC	c EIN-PN 94-2906714-002
a	Plan name HOSPITAL SYSTEMS INC 401K PLAN	
b	Name of plan sponsor HOSPITAL SYSTEMS INC	c EIN-PN 95-1976576-001
a	Plan name BRIAN C FOOTE DMD 401K PS PLAN	
b	Name of plan sponsor BRIAN C FOOTE DMD PC	c EIN-PN 04-2978447-001
a	Plan name RAY PRICE MOTORS 401K PLAN	
b	Name of plan sponsor RAY PRICE MOTORS	c EIN-PN 23-2635237-001
a	Plan name INFO-MATRIX CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor INFO-MATRIX CORPORATION	c EIN-PN 25-1788570-001
a	Plan name PENDLETON OIL & GAS OF ROY 401K PS PLAN	
b	Name of plan sponsor PENDLETON OIL & GAS OF ROY	c EIN-PN 85-0153869-001
a	Plan name SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	
b	Name of plan sponsor SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	c EIN-PN 35-0889748-001
a	Plan name VALBRUNA SLATER STAINLESS INC 401K PLAN	
b	Name of plan sponsor VALBRUNA SLATER STAINLESS INC	c EIN-PN 04-3784903-001
a	Plan name BACK'S CONSTRUCTION INC 401K PLAN	
b	Name of plan sponsor BACKS CONSTRUCTION INC	c EIN-PN 20-8875079-001
a	Plan name MANASSA BOJCZUK PC 401K P/S PLAN	
b	Name of plan sponsor MANASSA BOJCZUK PC	c EIN-PN 27-0377867-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CEDAR LAKE NURSING HOME INC 401K PS PLAN	
b	Name of plan sponsor	CEDAR LAKE NURSING HOME INC	c EIN-PN 75-1667895-001
a	Plan name	DBA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DAN BUCKEY ASSOCIATES INC	c EIN-PN 43-1198569-003
a	Plan name	RONALD L DAMORE DDS 401K PLAN	
b	Name of plan sponsor	RONALD L DAMORE DDS	c EIN-PN 23-2336664-001
a	Plan name	CARIN R WHITEHURST IND 401K	
b	Name of plan sponsor	CARIN R WHITEHURST	c EIN-PN 86-1024892-001
a	Plan name	DAVE SINCLAIR LINCOLN INC SALARIED PLAN	
b	Name of plan sponsor	DAVE SINCLAIR LINCOLN	c EIN-PN 43-1785334-001
a	Plan name	TRIAD ENERGY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIAD ENERGY INC	c EIN-PN 73-1115516-001
a	Plan name	BADGER STEEL 401K PLAN	
b	Name of plan sponsor	BADGER STEEL AND FABRICATING INC	c EIN-PN 39-1722261-001
a	Plan name	ALLIED INSURANCE MANAGERS INC PS RETIREMENT	
b	Name of plan sponsor	ALLIED INSURANCE MANAGERS INC	c EIN-PN 38-2751873-001
a	Plan name	UNILAND CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNILAND CORPORATION	c EIN-PN 38-1882801-001
a	Plan name	MRJJ LLC 401K PLAN	
b	Name of plan sponsor	CRDN OF WESTERN WISCONSIN	c EIN-PN 27-1744926-001
a	Plan name	HOUSING AUTHORITY OF BREVARD COUNTY EMPLOYEE	
b	Name of plan sponsor	HOUSING AUTHORITY OF BREVARD COUNTY	c EIN-PN 59-1866364-002
a	Plan name	GEXCON US INC 401K PLAN	
b	Name of plan sponsor	GEXCON US INC	c EIN-PN 46-0520636-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CUSTOM AG FORMULATORS INC RETIREMENT PLAN	
b	Name of plan sponsor	CUSTOM AGRICULTURAL FORMULATORS INC	c EIN-PN 77-0536417-001
a	Plan name	OR TECH 401K PLAN	
b	Name of plan sponsor	OR TECHNOLOGIES INC	c EIN-PN 27-2080693-001
a	Plan name	NORTH SACRAMENTO FUNERAL HOME INC 401K PS	
b	Name of plan sponsor	NORTH SACRAMENTO FUNERAL HOME INC	c EIN-PN 26-1653192-002
a	Plan name	CHESS INC 401K PLAN	
b	Name of plan sponsor	COMPLETE HEALTH ENVIRONMENTAL SAFETY SERVICE	c EIN-PN 41-1757492-001
a	Plan name	EVA RODRIGUEZ INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	EVA DOES HAIR LLC	c EIN-PN 92-2828232-001
a	Plan name	MINCHIN BUICK GMC TRUCK 401K PLAN	
b	Name of plan sponsor	MINCHIN OF STAMFORD LLC	c EIN-PN 84-3535051-001
a	Plan name	SERVICE PROS PLUMBERS INC 401K PLAN	
b	Name of plan sponsor	SERVICE PROS PLUMBERS INC	c EIN-PN 81-1660222-001
a	Plan name	THE PASLAY GROUP 401K PLAN	
b	Name of plan sponsor	RALPH G PASLAY CUSTOM HOMES	c EIN-PN 37-1340487-001
a	Plan name	BEST MATERIALS PROFIT-SHARING PLAN	
b	Name of plan sponsor	BEST BLOCK COMPANY	c EIN-PN 38-1819457-001
a	Plan name	REIS PLUMBING INC 401K PLAN	
b	Name of plan sponsor	REIS PLUMBING INC	c EIN-PN 82-0383442-001
a	Plan name	DAHM BROTHERS INC 401K SALARY REDUCTION PLAN	
b	Name of plan sponsor	DAHM BROTHERS INC	c EIN-PN 35-0259100-001
a	Plan name	WISE & HEALTHY AGING 401K PLAN	
b	Name of plan sponsor	WISE & HEALTHY AGING	c EIN-PN 95-2788014-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	MASTERCRAFT DESIGN INC 401K P/S PLAN	
b Name of plan sponsor	MASTERCRAFT DESIGN INC	c EIN-PN 54-1874686-001
a Plan name	LEGACY HARLEY DAVIDSON 401K PLAN	
b Name of plan sponsor	LEGACY HARLEY DAVIDSON	c EIN-PN 75-1997133-001
a Plan name	AUTOMATION & MODULAR COMPONENTS INC 401K	
b Name of plan sponsor	AUTOMATION & MODULAR COMPONENTS INC	c EIN-PN 38-2831279-002
a Plan name	COMPLOGIX INC 401K & PROFIT SHARING PLAN	
b Name of plan sponsor	COMPLOGIX INC	c EIN-PN 47-0808677-001
a Plan name	ADVANCE ELECTRICAL 401K PLAN	
b Name of plan sponsor	ADVANCE ELECTRICAL CORP	c EIN-PN 05-0491574-001
a Plan name	NORTH EASTERN TREE SERVICE 401K PLAN	
b Name of plan sponsor	NORTH EASTERN TREE SERVICE	c EIN-PN 05-0401011-001
a Plan name	MATTHEW DE LUCA 401K	
b Name of plan sponsor	SONORAN RETIREMENT ADVISOR LLC	c EIN-PN 82-1785078-001
a Plan name	UCHIDA OF AMERICA CORPORATION 401K SALARY	
b Name of plan sponsor	UCHIDA OF AMERICA CORPORATION	c EIN-PN 13-2755324-001
a Plan name	CROSSOVER K PLAN	
b Name of plan sponsor	CROSSOVER INTERNATIONAL	c EIN-PN 27-0719579-001
a Plan name	STONE CONCEPTS INC EMPLOYEE RETIREMENT PLAN	
b Name of plan sponsor	STONE CONCEPTS INC	c EIN-PN 68-0540299-001
a Plan name	CUSTOM ELECTRONIC DESIGN & INSTALL ASSOC 401K	
b Name of plan sponsor	CUSTOM ELECTRIC DESIGN & INSTALLATION ASSOC	c EIN-PN 36-3724289-001
a Plan name	EMPLOYEE BENEFITS CONSULTANTS OF NEW ENGLAND	
b Name of plan sponsor	EMPLOYEE BENEFITS CONSULTANTS OF NEW ENGLAND	c EIN-PN 20-8553495-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	DEVINE FLOORING LLC 401K PLAN	
b	Name of plan sponsor	DEVINE FLOORING LLC	c EIN-PN 02-0515873-001
a	Plan name	FALL CREEK LOGGING INC 401K PLAN	
b	Name of plan sponsor	FALL CREEK LOGGING INC	c EIN-PN 93-1234710-001
a	Plan name	CID'S FOOD MARKET INC 401K PS PLAN	
b	Name of plan sponsor	CIDS FOOD MARKET INC	c EIN-PN 85-0388124-001
a	Plan name	VAERUS AVIATION 401K PLAN	
b	Name of plan sponsor	VAERUS AVIATION INC	c EIN-PN 27-3587432-001
a	Plan name	UNICOLD CORP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICOLD CORPORATION	c EIN-PN 94-1535689-001
a	Plan name	ERIKSEN CONSTRUCTION CO INC 401K PLAN	
b	Name of plan sponsor	ERIKSEN CONSTRUCTION CO INC	c EIN-PN 47-0664052-001
a	Plan name	WESTERN HILLS COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	WESTERN HILLS COUNTRY CLUB	c EIN-PN 31-0486880-001
a	Plan name	BRADLEY R GILMER DDS 401K PLAN	
b	Name of plan sponsor	BRADLEY R GILMER DDS LLC	c EIN-PN 26-4037356-001
a	Plan name	ARMSTRONG CITYWIDE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ARMSTRONG CITYWIDE INC	c EIN-PN 43-1441456-001
a	Plan name	STRAUSS & STRAUSS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STRAUSS & STRAUSS A PROFESSIONAL CORPORATION	c EIN-PN 77-0432516-002
a	Plan name	AUTOMATIC DOOR SPECIALISTS INC 401K PLAN	
b	Name of plan sponsor	AUTOMATIC DOOR SPECIALISTS INC	c EIN-PN 99-0331969-001
a	Plan name	MECHANICAL SALES INC 401K PLAN	
b	Name of plan sponsor	MECHANICAL SALES INC	c EIN-PN 47-0519512-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MODERN DOOR & EQUIPMENT SALES INC401K PSP	
b	Name of plan sponsor	MODERN DOOR & EQUIPMENT SALES INC	c EIN-PN 52-1382311-001
a	Plan name	GREAT LAKES BAY SURG & ENDOSCOPY 401K PLAN	
b	Name of plan sponsor	NPS ASSOCIATES LLC DBA GREAT LAKES SURGERY	c EIN-PN 20-8500953-001
a	Plan name	RESCO ELECTRIC 401K SAVINGS PLAN	
b	Name of plan sponsor	RESCO ELECTRIC	c EIN-PN 76-0554575-001
a	Plan name	THE MSR GROUP 401K PLAN	
b	Name of plan sponsor	THE MSR GROUP	c EIN-PN 84-4456361-001
a	Plan name	IDEAL IMAGES RETIREMENT PLAN	
b	Name of plan sponsor	IDEAL IMAGES INC	c EIN-PN 47-0813679-001
a	Plan name	IMBS 401K PLAN	
b	Name of plan sponsor	INSURANCE AND MEDICAL BILLING SERVICES INC	c EIN-PN 20-0556959-001
a	Plan name	ARCHIVE DATA SOLUTIONS 401K PLAN	
b	Name of plan sponsor	ARCHIVE DATA SOLUTIONS LLC	c EIN-PN 26-2657068-001
a	Plan name	WN MOREHOUSE TRUCK LINE INC 401K PLAN	
b	Name of plan sponsor	WN MOREHOUSE TRUCK LINE INC	c EIN-PN 47-0519808-002
a	Plan name	TERRY MCGILL INC 401K PLAN	
b	Name of plan sponsor	TERRY MCGILL INC	c EIN-PN 47-0699093-001
a	Plan name	CHRIS'S CUSTOM CABINETS INC 401K PLAN	
b	Name of plan sponsor	CHRISS CUSTOM CABINETS INC	c EIN-PN 86-0394651-001
a	Plan name	SEQUOIA APPLIED SOLUTIONS INC 401K PSP	
b	Name of plan sponsor	SEQUOIA APPLIED SOLUTIONS INC	c EIN-PN 45-5146532-002
a	Plan name	MAXWELL FINANCIAL MANAGEMENT LLC 401K PLAN	
b	Name of plan sponsor	MAXWELL FINANCIAL MANAGEMENT LLC	c EIN-PN 20-1963888-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	KANSAS SOYBEAN ASSOCIATION 401K PLAN	
b	Name of plan sponsor	KANSAS SOYBEAN ASSOCIATION	c EIN-PN 36-3141909-001
a	Plan name	ATLAS CRYPT AND MANUFACTURING 401K RET PLAN	
b	Name of plan sponsor	ATLAS CRYPT AND MANUFACTURING CO INC	c EIN-PN 41-0951243-001
a	Plan name	AST & I 401K PLAN	
b	Name of plan sponsor	AUTOMATIC SPRINKLER TESTING & INSPECTION	c EIN-PN 68-0107608-001
a	Plan name	SPORTCHASSIS 401K PLAN	
b	Name of plan sponsor	SPORTCHASSIS HOLDINGS INC	c EIN-PN 27-0931398-001
a	Plan name	MANDUKA LLC RETIREMENT PLAN	
b	Name of plan sponsor	MANDUKA LLC	c EIN-PN 26-1648490-001
a	Plan name	ROBERTSON'S AUTO SALVAGE INC 401K PS PLAN	
b	Name of plan sponsor	ROBERTSONS AUTO SALVAGE INC	c EIN-PN 04-2462641-001
a	Plan name	WEEMS INDUSTRIES INC 401K RETIREMENT SAV PL	
b	Name of plan sponsor	WEEMS INDUSTRIES INC	c EIN-PN 42-1364576-002
a	Plan name	FOREFRONT TECHNOLOGY'S 401K PS PLAN	
b	Name of plan sponsor	FOREFRONT TECHNOLOGY SOLUTIONS CORP	c EIN-PN 27-1814097-001
a	Plan name	DARK HORSE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DARK HORSE COMICS LLC	c EIN-PN 93-0978055-001
a	Plan name	JIM XAMIS FORD 401K PLAN	
b	Name of plan sponsor	JIM XAMIS FORD LINCOLN MERCURY INC	c EIN-PN 37-1109879-001
a	Plan name	PHI 401K SAVINGS PLAN	
b	Name of plan sponsor	PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a	Plan name	WAYNE METALS LLC 401K PLAN	
b	Name of plan sponsor	WAYNE METALS LLC	c EIN-PN 35-2129195-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ICRB 401K PLAN	
b	Name of plan sponsor INDIANA COMPENSATION RATING BUREAU	c EIN-PN 35-0837318-002
a	Plan name FISHER MECHANICAL CONTRACTORS INC 401K PSP	
b	Name of plan sponsor FISHER MECHANICAL CONTRACTORS INC	c EIN-PN 84-0886867-001
a	Plan name KNIGHT FIRE PROTECTION INC 401K PLAN	
b	Name of plan sponsor KNIGHT FIRE PROTECTION INC	c EIN-PN 91-1699529-001
a	Plan name MORRISSEY ENGINEERING INC 401K RETIREMENT	
b	Name of plan sponsor MORRISSEY ENGINEERING INC	c EIN-PN 47-0818042-001
a	Plan name MADISON LAWN AND LANDSCAPE 401K PLAN	
b	Name of plan sponsor MADISON LAWN AND LANDSCAPE INC	c EIN-PN 45-4612676-001
a	Plan name TEXAS TITLE COMPANY 401K PLAN	
b	Name of plan sponsor TEXAS TITLE COMPANY	c EIN-PN 26-2717873-001
a	Plan name TRI-STATE COMMODITIES 401K PS PLAN	
b	Name of plan sponsor TRI-STATE COMMODITIES	c EIN-PN 84-0632108-001
a	Plan name MCCAULEY AG & PEST 401K PLAN	
b	Name of plan sponsor MCCAULEY AGRICULTURAL AND PEST SERVICES INC	c EIN-PN 47-1226475-001
a	Plan name DAVE SINCLAIR FORD INC UNION PLAN	
b	Name of plan sponsor DAVE SINCLAIR FORD INC	c EIN-PN 43-0834994-002
a	Plan name SLOSBURG COMPANY 401K RETIREMENT PLAN	
b	Name of plan sponsor SLOSBURG COMPANY	c EIN-PN 47-0721027-001
a	Plan name RS DALE CO INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor RS DALE CO INC	c EIN-PN 27-0755164-001
a	Plan name BODY BASICS 401K PLAN	
b	Name of plan sponsor BODY BASICS INC	c EIN-PN 47-0698272-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACCESS CONTROL DEVICES INC 401K PLAN	
b	Name of plan sponsor	ACCESS CONTROL DEVICES INC	c EIN-PN 71-0756645-001
a	Plan name	MITEC SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	MITEC SOLUTIONS INC	c EIN-PN 26-0590889-001
a	Plan name	ROCKY VISTA UNIVERSITY LLC 401K RETIREMENT	
b	Name of plan sponsor	ROCKY VISTA UNIVERSITY LLC	c EIN-PN 20-4761077-001
a	Plan name	DAVE SINCLAIR LINCOLN INC UNION PLAN	
b	Name of plan sponsor	DAVE SINCLAIR LINCOLN	c EIN-PN 43-1785334-002
a	Plan name	RICHARD E MCDANIEL 401K PLAN	
b	Name of plan sponsor	RICHARD E MCDANIEL	c EIN-PN 68-0477412-001
a	Plan name	D8 ALUMINUM 401K PLAN	
b	Name of plan sponsor	D8 ALUMINUM LLC	c EIN-PN 46-3318066-001
a	Plan name	INTEGRAL HOUSING COMPLIANCE IK PLAN	
b	Name of plan sponsor	INTEGRAL HOUSING COMPLIANCE LLC	c EIN-PN 86-1524655-001
a	Plan name	CAPITOL FIRE PROTECTION 401K PLAN	
b	Name of plan sponsor	CAPITOL FIRE PROTECTION LLC	c EIN-PN 81-1022181-002
a	Plan name	ILLINI FIRE EQUIPMENT 401K	
b	Name of plan sponsor	ILLINI FIRE EQUIPMENT	c EIN-PN 37-0953854-001
a	Plan name	NORTHEAST PUBLIC SEWER DISTRICT 401 A PLAN	
b	Name of plan sponsor	NORTHEAST PUBLIC SEWER DISTRICT	c EIN-PN 43-1200905-002
a	Plan name	HEARTLAND FAMILY SERVICE RETIREMENT PLAN	
b	Name of plan sponsor	HEARTLAND FAMILY SERVICE	c EIN-PN 47-0390618-003
a	Plan name	CITY OF BEAUMONT ELIGIBLE 457 PLAN	
b	Name of plan sponsor	CITY OF BEAUMONT	c EIN-PN 95-6000676-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name KIBBECHEM INC 401K AND PS PLAN	
b	Name of plan sponsor KIBBECHEM INC	c EIN-PN 35-2132621-001
a	Plan name J&J'S TRI-STATE DELIVERY SERVICE PS PLAN	
b	Name of plan sponsor J&JS TRI-STATE DELIVERY SERVICE INC	c EIN-PN 22-2827737-001
a	Plan name PINO'S PRODUCE INC 401K PLAN	
b	Name of plan sponsor PINOS PRODUCE INC	c EIN-PN 33-0109032-001
a	Plan name CAREAGE 401K PLAN	
b	Name of plan sponsor SENIOR MANAGEMENT SERVICES LLC	c EIN-PN 26-3988687-002
a	Plan name SIPPICAN WEALTH STRATEGIES LLC 401K PLAN	
b	Name of plan sponsor SIPPICAN WEALTH STRATEGIES LLC	c EIN-PN 87-3672054-001
a	Plan name DIVERSE ACQUISITION COMPANY 401K PLAN	
b	Name of plan sponsor DIVERSE ACQUISITION COMPANY INC	c EIN-PN 20-4707578-001
a	Plan name CASTLE REALTY 401K RETIREMENT PLAN	
b	Name of plan sponsor CASTLE REALTY LLC	c EIN-PN 27-1664603-001
a	Plan name ANDERSON INDUST ENGINE CO 401K	
b	Name of plan sponsor ANDERSON INDUSTRIAL ENGINES CO INC	c EIN-PN 47-0557609-001
a	Plan name STILES BYRUM & HORNE LLP 401K	
b	Name of plan sponsor STILES BYRUM & HORNE LLP	c EIN-PN 56-2124926-002
a	Plan name RICK FULLER INC 401K PLAN	
b	Name of plan sponsor RICK FULLER INC	c EIN-PN 20-2157217-001
a	Plan name BJ OILFIELD CONSTRUCTION INC 401K PLAN	
b	Name of plan sponsor BJ OILFIELD CONSTRUCTION INC	c EIN-PN 73-1213144-002
a	Plan name PALACE ENTERTAINMENT 401K PLAN	
b	Name of plan sponsor FESTIVAL FUN PARKS LLC	c EIN-PN 77-0486724-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BOB RIDINGS 401K	
b	Name of plan sponsor	BOB RIDINGS FORD OF JACKSONVILLE INC	c EIN-PN 37-0960602-001
a	Plan name	AXTELLA LLC 401K PLAN	
b	Name of plan sponsor	AXTELLA LLC	c EIN-PN 38-3627552-001
a	Plan name	CRANBERRY GROWERS SERVICE INC	
b	Name of plan sponsor	CRANBERRY GROWERS SERVICE INC	c EIN-PN 04-2473423-001
a	Plan name	DAVE SINCLAIR FORD INC SALARIED PLAN	
b	Name of plan sponsor	DAVE SINCLAIR FORD INC	c EIN-PN 43-0834994-001
a	Plan name	PACIFIC PLASTICS 401K PLAN	
b	Name of plan sponsor	PACIFIC PLASTICS INC	c EIN-PN 95-3452955-001
a	Plan name	IMPACT ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor	IMPACT ASSOCIATES INC	c EIN-PN 62-1802820-001
a	Plan name	PLASTIC SERVICE CENTER INC 401K PLAN	
b	Name of plan sponsor	PLASTIC SERVICE CENTER INC	c EIN-PN 38-3270852-001
a	Plan name	MCMULLEN FORD INC 401K P/S PLAN AND TRUST	
b	Name of plan sponsor	MCMULLEN FORD INC	c EIN-PN 42-0886004-001
a	Plan name	PATRICK O'CONNOR 401K	
b	Name of plan sponsor	PATRICK OCONNOR	c EIN-PN 20-5613820-001
a	Plan name	CARL'S COLLISION CENTER 401K PLAN	
b	Name of plan sponsor	CARLS COLLISION CENTER	c EIN-PN 04-3218991-001
a	Plan name	PIONEER ELECTRIC PENSION PLAN	
b	Name of plan sponsor	PIONEER ELECTRIC LTD	c EIN-PN 88-0166469-001
a	Plan name	NORTHEAST PUBLIC SEWER DIST	
b	Name of plan sponsor	NORTHEAST PUBLIC SEWER DISTRICT	c EIN-PN 43-1200905-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CII & GPAL RETIREMENT PLAN	
b	Name of plan sponsor CEREAL INGREDIENTS INC	c EIN-PN 43-1527502-001
a	Plan name MARBLE MACHINE 401K PLAN	
b	Name of plan sponsor MARBLE MACHINE INC	c EIN-PN 37-1134225-001
a	Plan name STEAD AUTOMOTIVE GROUP #2 401K PLAN	
b	Name of plan sponsor WAYNE STEAD CADILLAC INC	c EIN-PN 94-2673324-003
a	Plan name THOMPSON HANCOCK WITTE & ASSOC 401K PSP & TRU	
b	Name of plan sponsor THOMPSON HANCOCK WITTE & ASSOC	c EIN-PN 58-1108140-001
a	Plan name DEALS PUBLICATIONS INC 401K PLAN	
b	Name of plan sponsor DEALS PUBLICATIONS INC	c EIN-PN 36-3201978-001
a	Plan name MIDWEST WALNUT COMPANY OF IOWA PS PLAN	
b	Name of plan sponsor MIDWEST WALNUT COMPANY OF IOWA	c EIN-PN 42-0768100-001
a	Plan name SURE-CRAN SERVICES INC 401K PLAN	
b	Name of plan sponsor SURE-CRAN SERVICES INC	c EIN-PN 04-3413399-001
a	Plan name ISTHMUS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor ISTHMUS ENGINEERING INC	c EIN-PN 76-0717206-001
a	Plan name PEDIATRIC PARTNERS LLC 401K SAFE HARBOR PLAN	
b	Name of plan sponsor PEDIATRIC PARTNERS LLC	c EIN-PN 47-0815051-001
a	Plan name EX-CEL SOLUTIONS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor EX-CEL SOLUTIONS INC	c EIN-PN 47-0688058-003
a	Plan name TEACHSTONE 401K PLAN	
b	Name of plan sponsor TEACHSTONE TRAINING LLC	c EIN-PN 80-0560774-001
a	Plan name SCHNELL DESIGN 401K	
b	Name of plan sponsor SCHNELL DESIGN LLC	c EIN-PN 45-4582754-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NEW BEDFORD YACHT CLUB 401K PLAN	
b	Name of plan sponsor	NEW BEDFORD YACHT CLUB	c EIN-PN 04-1659530-001
a	Plan name	BANKS HARDWOODS INC 401K PS PLAN & TRUST	
b	Name of plan sponsor	BANKS HARDWOODS INC	c EIN-PN 35-1641369-001
a	Plan name	BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN	
b	Name of plan sponsor	BORSHEIM JEWELRY COMPANY INC	c EIN-PN 47-0546003-001
a	Plan name	ISURITY INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ISURITY INC	c EIN-PN 56-1932314-001
a	Plan name	CONDOMINIUM FINANCIAL MANAGEMENT INC PS&401K	
b	Name of plan sponsor	CONDOMINIUM FINANCIAL MANAGEMENT INC	c EIN-PN 68-0063673-001
a	Plan name	LUSTIG 401K	
b	Name of plan sponsor	THE LUSTIG GROUP INC	c EIN-PN 20-5249766-001
a	Plan name	FIBERPRO INC 401K SAVINGS PLAN	
b	Name of plan sponsor	FIBERPRO INC	c EIN-PN 43-2036968-001
a	Plan name	CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN	
b	Name of plan sponsor	CUYAHOGA COUNTY OF OHIO	c EIN-PN 34-6000817-001
a	Plan name	ROYAL STONE SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	ROYAL STONE LLC	c EIN-PN 38-3528028-001
a	Plan name	SCOTT'S ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	SCOTTS ELECTRIC INC	c EIN-PN 45-0405047-001
a	Plan name	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	
b	Name of plan sponsor	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	c EIN-PN 22-3948303-001
a	Plan name	AMERICAN TARGET ADVERTISING INC 401K PLAN	
b	Name of plan sponsor	AMERICAN TARGET ADVERTISING INC	c EIN-PN 54-1648117-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	VIEIRA & DIGIANFILIPPO LTD RETIREMENT PLAN	
b	Name of plan sponsor	VIEIRA & DIGIANFILIPPO LTD	c EIN-PN 05-0485583-001
a	Plan name	JANSSEN AUTO GROUP 401K PLAN	
b	Name of plan sponsor	JANSSEN & SONS INC	c EIN-PN 47-0808815-001
a	Plan name	MURRAY & STAFFORD INC PSP	
b	Name of plan sponsor	MURRAY & STAFFORD INC	c EIN-PN 84-0568215-001
a	Plan name	SWINK COPLEN & COMPANY PC 401K PLAN	
b	Name of plan sponsor	SWINK COPLEN & COMPANY PC	c EIN-PN 43-1428008-001
a	Plan name	RETIREMENT PLN FOR EE NEBRASKA CITY UTILITIES	
b	Name of plan sponsor	THE DEPT OF UTILITIES OF NE CITY NE	c EIN-PN 47-6000312-001
a	Plan name	WAYNE'S BODY SHOP SALARY SAVINGS PLAN	
b	Name of plan sponsor	WAYNES BODY SHOP INC	c EIN-PN 47-0811392-001
a	Plan name	ZAMORAS AUTO BODY INC 401K PS PLAN	
b	Name of plan sponsor	ZAMORAS AUTO BODY INC	c EIN-PN 52-1816215-001
a	Plan name	SERVICEONE 401K PLAN	
b	Name of plan sponsor	JC ACQUISITIONS INC&SUBSIDIARIES	c EIN-PN 22-3888799-001
a	Plan name	LEACH CAMPER SALES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEACH CAMPER SALES INC	c EIN-PN 42-0926894-001
a	Plan name	LAKE CITY INDUSTRIES INC 401K PSP	
b	Name of plan sponsor	LAKE CITY INDUSTRIES INC	c EIN-PN 59-1829630-001
a	Plan name	WORLDWIDE SETTLEMENTS INC 401K PS PLAN	
b	Name of plan sponsor	WORLDWIDE SETTLEMENTS INC	c EIN-PN 20-1255428-002
a	Plan name	RAY-MAC INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RAY-MAC INC	c EIN-PN 46-0320438-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	LEACH CAMPER SALES OF LINCOLN 401K PS PLAN	
b Name of plan sponsor	LEACH CAMPER SALES OF LINCOLN	c EIN-PN 47-0630886-001

a Plan name	BAYPORT CREDIT UNION 401K PLAN AND TRUST	
b Name of plan sponsor	BAYPORT CREDIT UNION	c EIN-PN 54-0314180-002

a Plan name	ERICKSON & SEDERSTROM PC 401K PS PLN & TRUST	
b Name of plan sponsor	ERICKSON & SEDERSTROM PC	c EIN-PN 47-0574895-001

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan DIRECTIONS 5 - AGGRESSIVE	B Three-digit plan number (PN) ▶ 245
C Plan sponsor's name as shown on line 2a of Form 5500 HAND BENEFITS & TRUST COMPANY	D Employer Identification Number (EIN) 74-2008758

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	656 17920
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	4147237 5524814
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	250821560 264982128
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	254969453	270524862
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	16527	39502
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	16527	39502
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	254952926	270485360

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	251726	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		251726
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	33740479	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	27998972	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		5741507
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	24953351	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		24953351

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		30946584

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	92612	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	37803	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		130415
j Total expenses. Add all expense amounts in column (b) and enter total	2j		130415

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		30816169
l Transfers of assets:			
(1) To this plan	2l(1)		18256035
(2) From this plan	2l(2)		33539770

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined
 If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.