

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

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.

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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: STATE STREET RETIREMENT RIGHT IN RETIREMENT
1b Three-digit plan number (PN): 228
1c Effective date of plan: 02/01/2022
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, Date, and Name. Rows include: Filed with authorized/valid electronic signature (09/23/2025, HIEN NGUYEN), Signature of plan administrator, Signature of employer/plan sponsor, and Signature of 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>STATE STREET RETIREMENT RIGHT IN RETIREMENT</u>	B Three-digit plan number (PN)	<u>228</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)
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	CES USA 401K PLAN	
b	Name of plan sponsor	CES USA	c EIN-PN 20-1706442-001
a	Plan name	BRENNAN MANAGEMENT GROUP LLC 401K PS PLAN	
b	Name of plan sponsor	BRENNAN MANAGEMENT GROUP LLC	c EIN-PN 02-0624947-001
a	Plan name	PORTER ROOFING CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor	PORTER ROOFING CONTRACTORS INC	c EIN-PN 62-1037198-001
a	Plan name	NORTH COAST HOME CARE RETIREMENT PLAN	
b	Name of plan sponsor	NORTH COAST HOME CARE INC	c EIN-PN 45-1831258-001
a	Plan name	TELL STEEL PROFIT SHARING PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-005
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	FULLBAY INC 401K PLAN	
b	Name of plan sponsor	FULLBAY INC	c EIN-PN 82-5370543-001
a	Plan name	OHIOSE 401K PLAN	
b	Name of plan sponsor	OHIO SE INC	c EIN-PN 99-2245989-001
a	Plan name	CANDEO 401K PLAN	
b	Name of plan sponsor	CREATIVE COMMUNITY OPTIONS INC DBA CANDEO	c EIN-PN 42-1388521-004
a	Plan name	AAA AUTO GLASS RETIREMENT PLAN	
b	Name of plan sponsor	AAA AUTO GLASS INC	c EIN-PN 47-5053179-001
a	Plan name	SCRS - IL 401K PS PLAN	
b	Name of plan sponsor	SOUTHERN CALIFORNIA REHAB SERVICES INC	c EIN-PN 95-3411383-001
a	Plan name	DIVERSE ACQUISITION COMPANY 401K PLAN	
b	Name of plan sponsor	DIVERSE ACQUISITION COMPANY INC	c EIN-PN 20-4707578-001

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	MITCH AND BILL'S INC 401K RATE GROUP PS PLAN
b	Name of plan sponsor	MITCH AND BILLS INC
c	EIN-PN	52-0577701-001
a	Plan name	TNT POWER WASH INC RETIREMENT PLAN
b	Name of plan sponsor	TNT POWER WASH INC
c	EIN-PN	92-0184358-002
a	Plan name	F5 401K PLAN
b	Name of plan sponsor	F5 MORTGAGE LLC
c	EIN-PN	84-3621967-001
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	NEW HOPE TRANSITIONAL HOUSING 401K PLAN
b	Name of plan sponsor	NEW HOPE TRANSITIONAL HOUSING INC
c	EIN-PN	27-1440474-001
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	DALMOLIN EXCAVATING INC 401K PLAN
b	Name of plan sponsor	DALMOLIN EXCAVATING INC
c	EIN-PN	86-0782533-001
a	Plan name	SOLIZE USA CORPORATION 401K PLAN
b	Name of plan sponsor	SOLIZE USA CORPORATION
c	EIN-PN	95-4880869-001
a	Plan name	ENVIRONMENTAL SPRAY SYSTEMS INC 401K PLAN
b	Name of plan sponsor	ENVIRONMENTAL SPRAY SYSTEMS INC
c	EIN-PN	33-0340030-001
a	Plan name	TRANSPREMIER LLC 401K PLAN
b	Name of plan sponsor	TRANSPREMIER LLC
c	EIN-PN	65-1024796-001
a	Plan name	MC VAN KAMPEN TRUCKING INC 401K PLAN
b	Name of plan sponsor	MC VAN KAMPEN TRUCKING INC
c	EIN-PN	38-2393098-001
a	Plan name	NEW LEGEND INC 401K PLAN
b	Name of plan sponsor	NEW LEGEND INC DBA LEGEND TRANSPORTATION
c	EIN-PN	82-2521606-001

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 BYRUM COMPANIES 401K PLAN	
b	Name of plan sponsor BYRUM BUILDERS	c EIN-PN 27-0508150-001
a	Plan name CASA NUEVA VIDA INC 401K PSP	
b	Name of plan sponsor CASA NUEVA VIDA INC	c EIN-PN 04-3012063-002
a	Plan name SNF RECEIVABLE SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor SNF RECEIVABLE SOLUTIONS LLC	c EIN-PN 82-2061310-001
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
a	Plan name B&D AUTO PARTS INC 401K PLAN	
b	Name of plan sponsor B&D AUTO PARTS INC	c EIN-PN 52-2124827-001
a	Plan name GIBSON CARE INC 401K PLAN	
b	Name of plan sponsor GIBSON CARE INC	c EIN-PN 46-0490771-001
a	Plan name RAPIDIT INC 401K PLAN	
b	Name of plan sponsor RAPIDIT INC	c EIN-PN 03-0529614-001
a	Plan name PALM DESERT RESORTER ASSOCIATION 401K PLAN	
b	Name of plan sponsor PALM DESERT RESORTER ASSOCIATION	c EIN-PN 95-3531263-001
a	Plan name HAPPY TRAILER SALES 401K PLAN	
b	Name of plan sponsor HAPPY TRAILER SALES LLC	c EIN-PN 32-0454017-001
a	Plan name PRODUCTION II 401K RETIREMENT PLAN	
b	Name of plan sponsor PRODUCTION II INC	c EIN-PN 54-0890858-001
a	Plan name HUMBER DESIGN GROUP 401K PLAN	
b	Name of plan sponsor HUMBER DESIGN GROUP INC	c EIN-PN 47-2438517-001
a	Plan name ITI SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor ITI SOLUTIONS INC	c EIN-PN 74-3013771-001

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	EDWARDS AUTO GROUP 401K PLAN	
b Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	c EIN-PN 42-0646357-001
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	WM SHIRLEY 401K PLAN	
b Name of plan sponsor	KAINON CONSULTING INC	c EIN-PN 76-0564806-001
a Plan name	CH SUPPLY INC 401K PLAN	
b Name of plan sponsor	CH SUPPLY INC	c EIN-PN 82-3280608-001
a Plan name	MANDUKA LLC RETIREMENT PLAN	
b Name of plan sponsor	MANDUKA LLC	c EIN-PN 26-1648490-001
a Plan name	GRIFFITTS CONSTRUCTION 401K	
b Name of plan sponsor	GRIFFITTS CONSTRUCTION INC	c EIN-PN 37-0863472-001
a Plan name	MIDWEST MECHANICAL INDUSTRIAL SERVICES 401K	
b Name of plan sponsor	MIDWEST MECHANICAL INDUSTRIAL SERVICES LLC	c EIN-PN 26-4031281-001
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	NEW BEDFORD YACHT CLUB 401K PLAN	
b Name of plan sponsor	NEW BEDFORD YACHT CLUB	c EIN-PN 04-1659530-001
a Plan name	VERSEIO 401K RETIREMENT PLAN	
b Name of plan sponsor	VERSEIO	c EIN-PN 46-2220746-001
a Plan name	JB STEEL 401K PLAN	
b Name of plan sponsor	JB STEEL LLC	c EIN-PN 93-0581861-006
a Plan name	STANTON HEALTH CENTER 457B PLAN	
b Name of plan sponsor	CITY OF STANTON NURSING HOME	c EIN-PN 47-0522636-001

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 DIGIT-ALL 401K PLAN	
b	Name of plan sponsor DIGIT-ALL TECHNOLOGIES INC	c EIN-PN 20-1746777-001
a	Plan name PARADIGM FINANCIAL CORP	
b	Name of plan sponsor PARADIGM FINANCIAL CORP	c EIN-PN 91-1442042-002
a	Plan name VKGS LLC 401K SAVINGS PLAN	
b	Name of plan sponsor VKGS LLC	c EIN-PN 90-0177886-001
a	Plan name VISTA METALS GEORGIA 401K & PS PLAN	
b	Name of plan sponsor VISTA METALS-GEORGIA	c EIN-PN 27-1043263-001
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 PREMIER PARTNERS 401K PLAN	
b	Name of plan sponsor PREMIER PARTNERS REALTY INC	c EIN-PN 20-2048430-002
a	Plan name SCHEESER BUCKLEY MAYFIELD LLC 401K PSP	
b	Name of plan sponsor SCHEESER BUCKLEY MAYFIELD LLC	c EIN-PN 59-3826993-001
a	Plan name MY LIFE FOUNDATION INC 401K PSP	
b	Name of plan sponsor MY LIFE FOUNDATION INC	c EIN-PN 94-3347107-001
a	Plan name ELECTRO MOTOR 401K PLAN	
b	Name of plan sponsor ELECTRO MOTOR INC	c EIN-PN 68-0501075-001
a	Plan name LOCALLOOP INC 401K PLAN	
b	Name of plan sponsor LOCALLOOP INC	c EIN-PN 46-4453814-001
a	Plan name ARC SERVICES OF MACOMB 401K PLAN	
b	Name of plan sponsor ARC SERVICES OF MACOMB INC	c EIN-PN 38-1738601-001
a	Plan name TPI CUSTOM SOLUTIONS 401K AND PSP	
b	Name of plan sponsor TPI CUSTOM SOLUTIONS	c EIN-PN 41-1417264-001

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	VISTA METALS CORP UNION 401K PLAN	
b	Name of plan sponsor	VISTA METALS CORPORATION	c EIN-PN 95-2139701-005
a	Plan name	CONTINENTAL LIGHTING CORP 401K PS PLAN	
b	Name of plan sponsor	CONTINENTAL LIGHTING CORP	c EIN-PN 13-3522727-001
a	Plan name	S3 INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SAFETY SERVICE SYSTEMS INC	c EIN-PN 36-4077377-001
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	INNOVATIVE SLEEP CENTERS 401K PLAN	
b	Name of plan sponsor	INNOVATIVE SLEEP CENTRES INC	c EIN-PN 47-1276359-001
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	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	AXTELLA LLC 401K PLAN	
b	Name of plan sponsor	AXTELLA LLC	c EIN-PN 38-3627552-001
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	WINDSOR INVESTMENTS 401K PS PLAN & TRUST	
b	Name of plan sponsor	WINDSOR INVESTMENTS LLC	c EIN-PN 56-2230286-001
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	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	MEDICAL RESOURCES LIMITED 401K PLAN	
b	Name of plan sponsor	M & R OF FREDRICKSTOWN LIMITED	c EIN-PN 34-1917057-001
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	BJ OILFIELD CONSTRUCTION INC 401K PLAN	
b	Name of plan sponsor	BJ OILFIELD CONSTRUCTION INC	c EIN-PN 73-1213144-002
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	MASPORT INC RETIREMENT PLAN	
b	Name of plan sponsor	MASPORT INCORPORATED	c EIN-PN 47-0596383-001
a	Plan name	BCA CONSULTING 401K PLAN	
b	Name of plan sponsor	BROWN CONSULTING ASSOCIATES INC	c EIN-PN 82-0527616-001
a	Plan name	V&A PROCESS INC 401K PLAN	
b	Name of plan sponsor	V&A PROCESS INC	c EIN-PN 34-1143181-001
a	Plan name	VIP SEAFOOD RESTAURANT INC 401K PLAN	
b	Name of plan sponsor	VIP SEAFOOD RESTAURANT INC 4	c EIN-PN 26-3924932-001
a	Plan name	AXIS 401K RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-001
a	Plan name	5D MINING 401K PLAN	
b	Name of plan sponsor	5D MINING & CONSTRUCTION INC	c EIN-PN 20-1211201-001
a	Plan name	ENVIRONMENTAL TEST SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	ENVIRONMENTAL TEST SYSTEMS INC	c EIN-PN 20-2152949-001
a	Plan name	HARVEST CREATIVE SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	HARVEST PRODUCTIONS INC	c EIN-PN 38-3087053-001

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	TEACHSTONE 401K PLAN	
b	Name of plan sponsor	TEACHSTONE TRAINING LLC	c EIN-PN 80-0560774-001
a	Plan name	MEMORIAL HOME INC 401K RSP	
b	Name of plan sponsor	MEMORIAL HOME INC	c EIN-PN 48-0643239-001
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	FIFTH AVENUE ICE CREAM OF NEVADA INC 401K PLA	
b	Name of plan sponsor	FIFTH AVENUE ICE CREAM OF NEVADA INC	c EIN-PN 22-3228763-001
a	Plan name	CREEK ENTERPRISE 401K PLAN	
b	Name of plan sponsor	CREEK ENTERPRISE INC	c EIN-PN 02-0685190-001
a	Plan name	SILVER SEAL PRODUCTS CO INC 401K PLAN	
b	Name of plan sponsor	SILVER SEAL PRODUCTS CO INC	c EIN-PN 38-1658716-001
a	Plan name	AMERICAN INSTITUTIONAL MGMT SERVICES INC 401K	
b	Name of plan sponsor	AMERICAN INSTITUTIONAL MGMT SERVICES INC	c EIN-PN 38-3350526-002
a	Plan name	ACCESSDX 401K PLAN	
b	Name of plan sponsor	ARANSCIA LLC	c EIN-PN 84-2725709-001
a	Plan name	ROY JACKSON ELECTRIC INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ROY JACKSON ELECTRIC INC	c EIN-PN 84-1103569-001
a	Plan name	FOUNDRY PRODUCTS INC PS PLAN & TRUST	
b	Name of plan sponsor	FOUNDRY PRODUCTS INC	c EIN-PN 38-2488924-001
a	Plan name	RETAIL SHIPPING PARTNERS 401K PLAN	
b	Name of plan sponsor	RETAIL SHIPPING PARTNERS INC	c EIN-PN 20-8451041-001
a	Plan name	EAST LOS ANGELES WOMENS CENTER 401K PLAN	
b	Name of plan sponsor	EAST LOS ANGELES WOMENS CENTER	c EIN-PN 51-0204577-001

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	DCC 401K PLAN	
b	Name of plan sponsor	DURAN CUTTING CORP	c EIN-PN 13-3688747-001
a	Plan name	SPACE COAST MASSAGE THERAPY INC 401K PLAN	
b	Name of plan sponsor	SPACE COAST MASSAGE THERAPY INC	c EIN-PN 59-3246661-001
a	Plan name	GLOBAL COMMUNICATION GROUP INC 401K PLAN	
b	Name of plan sponsor	GLOBAL COMMUNICATION GROUP INC	c EIN-PN 95-4890079-001
a	Plan name	MCPHAILS AUTO SALES INC 401K PSP & TRUST	
b	Name of plan sponsor	MCPHAILS AUTO SALES INC	c EIN-PN 20-4885311-001
a	Plan name	CONTRACTORS INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	CONTRACTORS INSURANCE AGENCY INC	c EIN-PN 37-1789030-001
a	Plan name	TOPEKA COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	TOPEKA COUNTRY CLUB	c EIN-PN 48-0451300-002
a	Plan name	CAROBELL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CAROBELL INC	c EIN-PN 56-0936909-001
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	THE COLGIN COMPANIES 401K PLAN	
b	Name of plan sponsor	RICHARD E COLGIN I LTD	c EIN-PN 75-2257704-001
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	LANE PIPELINE CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LANE PIPELINE CONSTRUCTION	c EIN-PN 82-1843849-001
a	Plan name	ANDYS PRODUCE CO INC 401K PLAN	
b	Name of plan sponsor	ANDYS PRODUCE CO INC	c EIN-PN 16-1347881-003

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	WISE CONSULTING AND TRAINING 401K PS PLAN	
b	Name of plan sponsor	WISE CONSULTING AND TRAINING	c EIN-PN 86-0877529-001
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	AHERN AGRIBUSINESS INC 401K PS PLAN	
b	Name of plan sponsor	AHERN AGRIBUSINESS INC	c EIN-PN 33-0145028-001
a	Plan name	LOAN AMERICA INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LOAN AMERICA INC	c EIN-PN 95-4658269-001
a	Plan name	ACCOUNTING & TAX SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	ACCOUNTING & TAX SOLUTIONS INC	c EIN-PN 26-0562900-001
a	Plan name	BROTHERS MANAGEMENT 401K PLAN	
b	Name of plan sponsor	BROTHERS MANAGEMENT INC	c EIN-PN 75-1843785-001
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	WHEELHOUSE INNOVATIONS LLC 401K PLAN	
b	Name of plan sponsor	WHEELHOUSE INNOVATIONS LLC	c EIN-PN 27-4934290-001
a	Plan name	TAYLOR TRUCKING INC RETIREMENT PLAN	
b	Name of plan sponsor	TAYLOR TRUCKING INC	c EIN-PN 82-0370689-001
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	UNICO BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICO BANK	c EIN-PN 43-0338550-002
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	THE HOMELESS ALLIANCE 401K PLAN
b	Name of plan sponsor	THE HOMELESS ALLIANCE INC
c	EIN-PN	11-3718005-001
a	Plan name	VISITING ANGELS 401K PLAN
b	Name of plan sponsor	ST JULES LLC
c	EIN-PN	82-1019530-001
a	Plan name	VISTA METALS GA PRODUCTION EES 401K PLAN
b	Name of plan sponsor	VISTA METALS GEORGIA
c	EIN-PN	27-1043263-003
a	Plan name	WHITE'S ENERGY SERVICES LLC 401K PLAN
b	Name of plan sponsor	WHITES ENERGY SERVICES LLC
c	EIN-PN	47-2326344-001
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	NECO INDUSTRIES INC EMPLOYEES SAVINGS TRUST
b	Name of plan sponsor	NECO INDUSTRIESINC
c	EIN-PN	73-1093067-003
a	Plan name	TRI-REP SALES 401K PLAN
b	Name of plan sponsor	TRI-REP SALES INC
c	EIN-PN	20-0280914-001
a	Plan name	SUBLIME ENTERPRISES LLC 401K PLAN
b	Name of plan sponsor	SUBLIME ENTERPRISES LLC
c	EIN-PN	82-4307554-001
a	Plan name	HARRIS MANUFACTURING INC 401K PLAN
b	Name of plan sponsor	HARRIS MANUFACTURING INC
c	EIN-PN	94-2514493-001
a	Plan name	LAKOTA CORP 401K PLAN
b	Name of plan sponsor	LAKOTA CORP
c	EIN-PN	20-2970922-001
a	Plan name	CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN
b	Name of plan sponsor	CARLOS LOPEZ & ASSOCIATES LLC
c	EIN-PN	47-5275587-001
a	Plan name	CARHART LUMBER COMPANY 401K PLAN AND TRUST
b	Name of plan sponsor	CARHART LUMBER COMPANY
c	EIN-PN	47-0119720-001

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	SUZANNE TRUJILLO INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	SUZANNE TRUJILLO	c EIN-PN 20-8480612-001
a	Plan name	FLATWATER BANK 401K RETIREMENT PLAN	
b	Name of plan sponsor	FLATWATER BANK	c EIN-PN 47-0175510-001
a	Plan name	UNITED INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor	UNITED INSURANCE AGENCY INC	c EIN-PN 16-1356587-001
a	Plan name	OUTER BANKS BLUE REALTY SERVICES 401K PS PLAN	
b	Name of plan sponsor	OUTER BANKS BLUE LLC D/B/A OUTER BANKS REAL	c EIN-PN 32-0150985-001
a	Plan name	TUSTIN COMMUNITY BANK PS 401K PLAN	
b	Name of plan sponsor	TUSTIN COMMUNITY BANK	c EIN-PN 95-3538278-002
a	Plan name	THE FEDERAL SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor	THE FEDERAL SAVINGS BANK	c EIN-PN 43-1883419-001
a	Plan name	PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP	
b	Name of plan sponsor	PARTNERSHIP FINANCIAL CREDIT UNION	c EIN-PN 36-6070077-001
a	Plan name	LOW MOUNTAIN CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LOW MOUNTAIN CONSTRUCTION INC	c EIN-PN 86-0705725-001
a	Plan name	HOT PURPLE ENERGY 401K	
b	Name of plan sponsor	HOT PURPLE INC	c EIN-PN 27-0475938-001
a	Plan name	SERVICES BY DESIGN DBA CARING SOLUTIONS 401K	
b	Name of plan sponsor	SERVICES BY DESIGN DBA CARING SOLUTIONS	c EIN-PN 03-0374478-001
a	Plan name	WRIGHTWOOD PRECISION PRODUCTS CO 401K PLAN	
b	Name of plan sponsor	WRIGHTWOOD PRECISION PRODUCTS COMPANY	c EIN-PN 36-2597002-003
a	Plan name	TITAN MODULAR SPARTAN CARGO 401K PLAN	
b	Name of plan sponsor	TITAN MODULAR SYSTEMS INC	c EIN-PN 46-0843552-001

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	CCI 401K PLAN	
b	Name of plan sponsor	CALHOUN COMMUNICATIONS INC	c EIN-PN 42-1269626-001
a	Plan name	MARTINS COUNTER TOPS INC 401K PS PLAN	
b	Name of plan sponsor	MARTINS COUNTER TOPS INC	c EIN-PN 47-0735289-001
a	Plan name	HEARTLAND PERIODONTICS RETIREMENT PLAN	
b	Name of plan sponsor	HEARTLAND PERIODONTICS & IMPLANT DENTISTRY	c EIN-PN 47-0812386-001
a	Plan name	MAXUS PROPERTIES LLC 401K RETIREMENT SAVING	
b	Name of plan sponsor	MAXUS PROPERTIES LLC	c EIN-PN 43-1638032-001
a	Plan name	THE AMBASSADOR HOLDING CO 401K PS PLAN	
b	Name of plan sponsor	THE AMBASSADOR HOLDING COMPANY	c EIN-PN 47-0684278-001
a	Plan name	VOGEL SHEET METAL AND HEATING 401K PLAN	
b	Name of plan sponsor	VOGEL SHEET METAL AND HEATING INC	c EIN-PN 43-0964662-001
a	Plan name	SUNIL KUMAR DMD PC 401K PLAN	
b	Name of plan sponsor	SUNIL KUMAR DMD PC	c EIN-PN 27-1229490-001
a	Plan name	MINSER CHIROPRACTIC CLINIC 401K PLAN	
b	Name of plan sponsor	MINSER CHIROPRACTIC CLINIC PA INC	c EIN-PN 41-1768916-001
a	Plan name	ACME TUBE BENDING CO INC 401K PLAN & TRUST	
b	Name of plan sponsor	ACME TUBE BENDING CO INC	c EIN-PN 38-1852754-001
a	Plan name	PHOENIX IDA 457B RETIREMENT PLAN	
b	Name of plan sponsor	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE	c EIN-PN 52-2038405-001
a	Plan name	CREST 401K PLAN	
b	Name of plan sponsor	CREST RETIREMENT ADVISORS LLC	c EIN-PN 47-0984091-001
a	Plan name	ADVANCED CALIBRATION DESIGNS INC 401K PLAN	
b	Name of plan sponsor	ADVANCED CALIBRATION DESIGNS INC	c EIN-PN 93-0981766-001

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 TOKUYAMA AND HANSEN 401K PLAN	
b	Name of plan sponsor JY TOKUYAMA DDS AND LE HANSEN DDS	c EIN-PN 95-2787703-001
a	Plan name OSBORNE INSURANCE SERVICES 401K PLAN	
b	Name of plan sponsor OSBORNE INSURANCE SERVICES INC	c EIN-PN 20-1853961-001
a	Plan name ALPHA HOUSE INC 401K PLAN	
b	Name of plan sponsor ALPHA HOUSE INC	c EIN-PN 25-1231807-001
a	Plan name F STREET DEV GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor F STREET DEVELOPMENT GROUP LLC	c EIN-PN 26-3977115-001
a	Plan name MCCABE ORTHODONTICS PC 401K SAFE HARBOR	
b	Name of plan sponsor MCCABE ORTHODONTICS PC	c EIN-PN 20-2727851-001
a	Plan name FISHBONE 401K PLAN	
b	Name of plan sponsor FISHBONE SAFETY SOLUTIONS LTD	c EIN-PN 20-4997174-001
a	Plan name 360 PROJECT MANAGEMENT 401K PS PLAN	
b	Name of plan sponsor 360 PROJECT MANAGEMENT	c EIN-PN 20-5589904-001
a	Plan name K & P CONSTRUCTION SERVICES 401K PLAN	
b	Name of plan sponsor K & P COMMERCIAL CONTRACTORS LLC DBA K & P	c EIN-PN 47-3957289-001
a	Plan name PACIFIC INDUSTRIAL ELECTRIC PSP	
b	Name of plan sponsor PACIFIC INTL ELECTRIC CO INC DBA PIE	c EIN-PN 95-2870436-001
a	Plan name OH457IO DEFERRED COMPENSATION	
b	Name of plan sponsor CITY OF WARREN OHIO	c EIN-PN 34-6002974-001
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 RK CHEVROLET INC 401K PLAN	
b	Name of plan sponsor RK CHEVROLET INC	c EIN-PN 22-2398337-001

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	JW LOGISTICS LLC 401K PLAN	
b	Name of plan sponsor	JW LOGISTICS LLC	c EIN-PN 45-2214807-001
a	Plan name	VISTA METALS CORP 401K & PS PLAN	
b	Name of plan sponsor	VISTA METALS CORP	c EIN-PN 95-2139701-001
a	Plan name	DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP 401K	
b	Name of plan sponsor	DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP	c EIN-PN 84-0783694-001
a	Plan name	LARIA CHEVROLET-BUICK 401K PS PLAN	
b	Name of plan sponsor	LARIA CHEVROLET-BUICK INC	c EIN-PN 34-1346123-002
a	Plan name	MECA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	METROPOLITAN ENTERTAINMENT & CONVENTION	c EIN-PN 91-1846837-001
a	Plan name	SFS SECURITY FIRE SYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor	SFS SECURITY FIRE SYSTEMS INC	c EIN-PN 75-2523646-001
a	Plan name	CHATEAU DEVELOPMENT 401K PLAN	
b	Name of plan sponsor	CHATEAU DEVELOPMENT LLC	c EIN-PN 47-0797757-001
a	Plan name	MORGAN BRONZE PRODUCTS INC 401K PLAN	
b	Name of plan sponsor	MORGAN BRONZE PRODUCTS INC	c EIN-PN 36-2100305-001
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	1ST BANK YUMA 401K PLAN	
b	Name of plan sponsor	1ST BANK YUMA INC	c EIN-PN 86-0968262-001
a	Plan name	DUTCHMAN TREE FARM 401K PLAN	
b	Name of plan sponsor	DUTCHMAN TREE FARMS LLC	c EIN-PN 11-3772653-001
a	Plan name	REGINA-ANDREW DESIGN 401K PLAN	
b	Name of plan sponsor	REGINA-ANDREW DESIGN INC	c EIN-PN 20-0740554-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THE AHBE GROUP 401K PLAN AND TRUST	
b	Name of plan sponsor THE AHBE GROUP INC	c EIN-PN 84-1326860-002
a	Plan name FRIENDLY NEIGHBOR HEALTHCARE LLC 401K PLAN	
b	Name of plan sponsor FRIENDLY NEIGHBOR HEALTHCARE LLC	c EIN-PN 81-5392328-001
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 CORRECTIVESOLUTIONS 401K PLAN	
b	Name of plan sponsor AMERICAN JUSTICE SOLUTIONS INC	c EIN-PN 46-5647159-001
a	Plan name SCHNELLER PLUMBING HEATING & AIR INC 401K	
b	Name of plan sponsor SCHNELLER PLUMBING HEATING & AIR INC	c EIN-PN 27-5429250-001
a	Plan name PHI 401K SAVINGS PLAN	
b	Name of plan sponsor PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a	Plan name GROUND WATER SYSTEMS 401K PSP AND TRUST	
b	Name of plan sponsor GROUND WATER SYSTEMS INC	c EIN-PN 16-1045313-001
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 FAMILY EXTENSION FOSTER CARE 401K PLAN & TR	
b	Name of plan sponsor FAMILY EXTENSION FOSTER CARE INC	c EIN-PN 68-0630818-001
a	Plan name SEMINGSON ARCHITECTS INC 401K PLAN	
b	Name of plan sponsor SEMINGSTON ARCHITECTS INC	c EIN-PN 20-5981770-001
a	Plan name STATCARE URGENT & WALK IN MEDICAL 401K PLAN	
b	Name of plan sponsor STATCARE URGENT & WALK IN MEDICAL CARE PLLC	c EIN-PN 45-2756491-001
a	Plan name VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VALLEY CORPORATION	c EIN-PN 47-0543890-001

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	BURDITT CONSULTANTS LLC 401K PLAN	
b	Name of plan sponsor	BURDITT CONSULTANTS LLC	c EIN-PN 36-4604937-001
a	Plan name	SANDHILLS RENEWABLE ENERGY LLC 401K PLAN	
b	Name of plan sponsor	SANDHILLS RENEWABLE ENERGY LLC	c EIN-PN 93-2382958-001
a	Plan name	TROTTER INC 401K PLAN	
b	Name of plan sponsor	TROTTER INC	c EIN-PN 47-0580954-001
a	Plan name	SAF-T-CAB INC 401K PLAN	
b	Name of plan sponsor	SAF-T-CAB INC	c EIN-PN 94-1666151-002
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	THE COCOPAH INDIAN TRIBE 401K RETIREMENT	
b	Name of plan sponsor	COCOPAH INDIAN TRIBE	c EIN-PN 86-0255690-002
a	Plan name	MECCON INDUSTRIES 401K PLAN	
b	Name of plan sponsor	MECCON INDUSTRIES INC	c EIN-PN 36-3008454-002
a	Plan name	MIDWEST ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	MIDWEST ENGINEERING INC	c EIN-PN 30-0379511-002
a	Plan name	RAPPORT INC 401K PLAN & TRUST	
b	Name of plan sponsor	RAPPORT INC	c EIN-PN 84-1262279-001
a	Plan name	HOME TITLE CONNECT LLC 401K PROFIT SHARING	
b	Name of plan sponsor	HOME TITLE CONNECT LLC	c EIN-PN 20-0346889-001
a	Plan name	QUINN INSURANCE INC 401K PSP AND TRUST	
b	Name of plan sponsor	QUINN INSURANCE INC	c EIN-PN 47-0484197-001
a	Plan name	TORRANCE ORTHOPAEDIC SPORTS MEDICINE GRP 401K	
b	Name of plan sponsor	TORRANCE ORTHOPAEDIC & SPORTS MEDICINE GROUP	c EIN-PN 95-3791747-001

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	SAINT DOMINIC ACADEMY 401K PLAN
b	Name of plan sponsor	SAINT DOMINIC ACADEMY
c	EIN-PN	22-1597129-001
a	Plan name	LANDMARK ALLIANCE CORPORATION 401K PLAN
b	Name of plan sponsor	LANDMARK ALLIANCE CORPORATION
c	EIN-PN	75-2720707-001
a	Plan name	JIM HAWK TRUCK TRAILERS INC 401K SAVINGS
b	Name of plan sponsor	JIM HAWK TRUCK TRAILERS INC
c	EIN-PN	42-1022818-002
a	Plan name	AMSA 401K PLAN
b	Name of plan sponsor	AMERICAN MEDICAL STUDENT ASSOCIATION
c	EIN-PN	36-2222695-001
a	Plan name	RIO HOT INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	RIO HOT INC
c	EIN-PN	62-1463157-001
a	Plan name	ESTATE & BUSINESS LAW GROUP PC 401K PLAN
b	Name of plan sponsor	ESTATE & BUSINESS LAW GROUP PC
c	EIN-PN	27-0110962-001
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	R A M PRODUCE DISTRIBUTORS LLC 401K PROF
b	Name of plan sponsor	RAM PRODUCE DISTRIBUTIONS LLC
c	EIN-PN	38-3624126-001
a	Plan name	WOODHOUSE AUTO FAMILY 401K PLAN
b	Name of plan sponsor	WOODHOUSE FORD INC
c	EIN-PN	47-0565206-001
a	Plan name	MOUNTAIN UTAH FAMILY MEDICINE 401K PLAN
b	Name of plan sponsor	MOUNTAIN UTAH FAMILY MEDICINE
c	EIN-PN	87-0509414-001
a	Plan name	THERMO KING CHRISTENSEN 401K RETIREMENT
b	Name of plan sponsor	THERMO KING CHRISTENSEN INC
c	EIN-PN	47-0411741-001
a	Plan name	CONTEMPORARY OBSTETRICS PC 401K PS PLAN
b	Name of plan sponsor	CONTEMPORARY OBSTETRICS PC
c	EIN-PN	38-2688194-001

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	MCINTOSH JEWELRY INC 401K PLAN	
b	Name of plan sponsor	MCINTOSH JEWELRY INC	c EIN-PN 47-055541-001
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	B A B INC PROFIT SHARING PLAN	
b	Name of plan sponsor	BAB INC	c EIN-PN 47-0596241-001
a	Plan name	ARGUS OF COLORADO 401K PLAN	
b	Name of plan sponsor	ARGUS OF COLORADO DBA ARGUS HOME HEALTH	c EIN-PN 84-1163767-001
a	Plan name	NIECE EQUIPMENT LP 401K PS PLAN & TRUST	
b	Name of plan sponsor	NIECE EQUIPMENT LP	c EIN-PN 02-0613117-001
a	Plan name	AAA TEAM MARKETING 401K SAVINGS PLAN	
b	Name of plan sponsor	AAA TEAM MARKETING LLC	c EIN-PN 86-3069871-001
a	Plan name	PALACE ENTERTAINMENT 401K PLAN	
b	Name of plan sponsor	FESTIVAL FUN PARKS LLC	c EIN-PN 77-0486724-001
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	LUCKMARR PLASTICS INC 401K SALARY REDUCTION P	
b	Name of plan sponsor	LUCKMARR PLASTICS INC	c EIN-PN 38-2475612-001
a	Plan name	PAJ 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PAJ INC	c EIN-PN 75-2257448-001
a	Plan name	SEK GENETICS INC 401K PLAN	
b	Name of plan sponsor	SEK GENETICS INC	c EIN-PN 48-1162192-001
a	Plan name	DELRAY TIRE & RETREADING INC 401K PS PLAN	
b	Name of plan sponsor	DELRAY TIRE & RETREADING INC	c EIN-PN 77-0334475-001

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	MOBILE PIPE & WELDING 401K RETIREMENT PLAN	c	EIN-PN	63-0863324-001
b	Name of plan sponsor	MOBILE PIPE & WELDING INC	c	EIN-PN	63-0863324-001
a	Plan name	FUTURE FOAM INC 401K PS RETIREMENT PLAN	c	EIN-PN	42-0836191-001
b	Name of plan sponsor	FUTURE FOAM INC	c	EIN-PN	42-0836191-001
a	Plan name	STATEWIDE PEST CONTROL CO 401K PSP & TRUST	c	EIN-PN	95-3974674-001
b	Name of plan sponsor	STATEWIDE PEST CONTROL CO INC	c	EIN-PN	95-3974674-001
a	Plan name	SHELTON-KELLER 401K PLAN	c	EIN-PN	75-2617657-001
b	Name of plan sponsor	SHELTON-KELLER GROUP INC	c	EIN-PN	75-2617657-001
a	Plan name	ANAYA CONSTRUCTION PREVAILING WAGE 401K PLAN	c	EIN-PN	68-0411731-001
b	Name of plan sponsor	JESUS ANAYA SOLE PROP DBA ANAYA CONSTRUCTI	c	EIN-PN	68-0411731-001
a	Plan name	RIED INTERNATIONAL CORP 401K PS PLAN	c	EIN-PN	11-3388374-001
b	Name of plan sponsor	RIED INTERNATIONAL CORP	c	EIN-PN	11-3388374-001
a	Plan name	OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	c	EIN-PN	38-3196699-001
b	Name of plan sponsor	OAKLAND MANAGEMENT CORP	c	EIN-PN	38-3196699-001
a	Plan name	TUFFLI COMPANY INCORPORATED 401K PLAN	c	EIN-PN	95-3292672-003
b	Name of plan sponsor	TUFFLI COMPANY INCORPORATED	c	EIN-PN	95-3292672-003
a	Plan name	ARROW ROOFING & SUPPLY INC PS PLAN	c	EIN-PN	38-1893198-001
b	Name of plan sponsor	ARROW ROOFING & SUPPLY INC	c	EIN-PN	38-1893198-001
a	Plan name	UNITED OF OMAHA FOR VARIOUS RET PLANS	c	EIN-PN	43-1795138-001
b	Name of plan sponsor	UNITED OF OMAHA	c	EIN-PN	43-1795138-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

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 STATE STREET RETIREMENT RIGHT IN RETIREMENT	B Three-digit plan number (PN) ▶ 228
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.

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	12532
		11301
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	572281
(2) U.S. Government securities	1c(2)	800700
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	38775756
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	26204351
(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	39360569	27016352
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2125	1861
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2125	1861
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	39358444	27014491

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)	30553	
(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)		30553
(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)	22608770	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	20566828	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		2041942
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	619517	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2692012

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)	23872	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		23872
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		23872

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2668140
l Transfers of assets:			
(1) To this plan.....	2l(1)		6846417
(2) From this plan	2l(2)		21858510

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 _____.