

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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.

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: [] a multiemployer plan [] a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.) [] a single-employer plan [X] 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 (less than 12 months)
C If the plan is a collectively-bargained plan, check here. []
D Check box if filing under: [] Form 5558 [] automatic extension [] the DFVC program [] special extension (enter description)
E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. []

Part II Basic Plan Information—enter all requested information

1a Name of plan STATE STREET RETIREMENT RIGHT IN 2020
1b Three-digit plan number (PN) 229
1c Effective date of plan 02/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HAND BENEFITS & TRUST COMPANY
820 GESSNER ROAD SUITE 1250 HOUSTON, TX 77024
2b Employer Identification Number (EIN) 74-2008758
2c Plan Sponsor's telephone number 713-460-1000
2d Business code (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.

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 2020</u>	B Three-digit plan number (PN) ▶	<u>229</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)

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)

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b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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a Name of MTIA, CCT, PSA, or 103-12 IE:

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d Entity code

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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:

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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	RK CHEVROLET INC 401K PLAN	
b	Name of plan sponsor	RK CHEVROLET INC	c EIN-PN 22-2398337-001
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	EDGE SERVICES 401K PLAN	
b	Name of plan sponsor	EDGE SERVICES INC	c EIN-PN 26-2464207-001
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
a	Plan name	SUNSAL DENTAL PLLC 401K PLAN AND TRUST	
b	Name of plan sponsor	SUNSAL DENTAL PLLC	c EIN-PN 46-2377443-001
a	Plan name	ALPERT & ALPERT IRON & METAL LA UNION 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL	c EIN-PN 95-1860560-004
a	Plan name	GRIFFITTS CONSTRUCTION 401K	
b	Name of plan sponsor	GRIFFITTS CONSTRUCTION INC	c EIN-PN 37-0863472-001
a	Plan name	JPLUS ARCHITECTS 401K PLAN	
b	Name of plan sponsor	JPLUS ARCHITECTS INC	c EIN-PN 20-4056566-001
a	Plan name	MEDALLION FINANCIAL STRATEGIES INC 401K PLAN	
b	Name of plan sponsor	MEDALLION FINANCIAL STRATEGIES INC	c EIN-PN 20-1909760-001
a	Plan name	O'BRIEN AND ASSOCIATES 401K PLAN	
b	Name of plan sponsor	OBRIEN SERVICES INC	c EIN-PN 39-1818583-001
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	THE HOMELESS ALLIANCE 401K PLAN	
b	Name of plan sponsor	THE HOMELESS ALLIANCE INC	c EIN-PN 11-3718005-001

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 HEALTHSOURCE INC 401K RETIREMENT PLAN	
b	Name of plan sponsor HEALTHSOURCE INTEGRATED SOLUTIONS INC	c EIN-PN 20-8498601-003
a	Plan name KAY DEE COMPANY OF OMAHA 401K PLAN	
b	Name of plan sponsor KAY DEE COMPANY LLC	c EIN-PN 46-3029426-001
a	Plan name WAYNE METALS LLC 401K PLAN	
b	Name of plan sponsor WAYNE METALS LLC	c EIN-PN 35-2129195-001
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 SEVEN LAKES HOA 401K PLAN	
b	Name of plan sponsor SEVEN LAKES HOMEOWNERS ASSN INC DBA SEVEN	c EIN-PN 95-2814425-001
a	Plan name PACHIS & ASSOCIATES 401K PLAN	
b	Name of plan sponsor PACHIS & ASSOCIATES INC	c EIN-PN 26-4213389-001
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 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 TENNESSEE EQUINE HOSPITAL 401K PLAN	
b	Name of plan sponsor TENNESSEE EQUINE HOSPITAL	c EIN-PN 20-8123097-001
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 GREAT LAKES WEALTH LLC 401K PSP & TRUST	
b	Name of plan sponsor GREAT LAKES WEALTH LLC	c EIN-PN 47-4672827-001
a	Plan name MICHAEL J VILAG DDS PC 401K PLAN	
b	Name of plan sponsor MICHAEL J VILAG DDS PC	c EIN-PN 84-3500534-001

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 RIOS AND MARTINEZ DENTAL INC 401K PLAN	
b	Name of plan sponsor RIOS AND MARTINEZ DENTAL INC	c EIN-PN 46-2515300-001
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 ROLAND ELECTRIC RETIREMENT PLAN	
b	Name of plan sponsor ROLAND ELECTRIC	c EIN-PN 33-0517459-001
a	Plan name COUTURE TEE COMPANY 401K PLAN	
b	Name of plan sponsor COUTURE TEE COMPANY	c EIN-PN 45-3815936-001
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 WHEELHOUSE INNOVATIONS LLC 401K PLAN	
b	Name of plan sponsor WHEELHOUSE INNOVATIONS LLC	c EIN-PN 27-4934290-001
a	Plan name CII & GPAL RETIREMENT PLAN	
b	Name of plan sponsor CEREAL INGREDIENTS INC	c EIN-PN 43-1527502-001
a	Plan name VIRGINIA PLASTIC SURGERY PLLC 401K RETIREMENT	
b	Name of plan sponsor VIRGINIA PLASTIC SURGERY PLLC	c EIN-PN 86-2181229-001
a	Plan name SOUTHERNWOOD RETIREMENT PLAN	
b	Name of plan sponsor SOUTHERNWOOD FRAMING LLC	c EIN-PN 20-5159686-001
a	Plan name LAGOON PUMPING & DREDGING INC 401K PLAN	
b	Name of plan sponsor LAGOON PUMPING & DREDGING INC	c EIN-PN 43-2010523-001
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 MOBILE PIPE & WELDING 401K RETIREMENT PLAN	
b	Name of plan sponsor MOBILE PIPE & WELDING INC	c EIN-PN 63-0863324-001

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 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 WINGTAT CARGO USA INC 401K PLAN	
b	Name of plan sponsor WINGTAT CARGO USA INC	c EIN-PN 84-2902301-001
a	Plan name PIONEER STEEL 401K PLAN	
b	Name of plan sponsor PIONEER STEEL AND PIPE CO INC	c EIN-PN 74-2201703-001
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 BABICH & ASSOCIATES INC 401K PSP	
b	Name of plan sponsor BABICH & ASSOCIATES INC	c EIN-PN 75-2250032-001
a	Plan name COGEN CORPORATION 401K PLAN	
b	Name of plan sponsor COGEN CORPORATION	c EIN-PN 11-3328826-001
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 AXIA RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor AXIA CONTRACTING LLC	c EIN-PN 47-2345730-001
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 THE PEEK LAW FIRM 401K PLAN	
b	Name of plan sponsor THE PEEK LAW FIRM PA	c EIN-PN 45-5472386-001
a	Plan name HAMBLIN FAMILY DENTISTRY 401K PLAN	
b	Name of plan sponsor HAMBLIN FAMILY DENTISTRY	c EIN-PN 85-2650346-001
a	Plan name THE WYETH-SCOTT COMPANY 401K PS PLAN	
b	Name of plan sponsor WYETH-SCOTT COMPANY	c EIN-PN 31-1169617-001

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 SOUTH CENTRAL SEALING LLC 401K PLAN	
b	Name of plan sponsor SOUTH CENTRAL SEALING LLC	c EIN-PN 20-3982191-001
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 ADVANCED CALIBRATION DESIGNS INC 401K PLAN	
b	Name of plan sponsor ADVANCED CALIBRATION DESIGNS INC	c EIN-PN 93-0981766-001
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 THOMPSON LAW PLLC 401K P/S PLAN	
b	Name of plan sponsor THOMPSON LAW PLLC	c EIN-PN 84-3997217-001
a	Plan name KILLIAN AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor KILLIAN AUTOMOTIVE	c EIN-PN 20-5227343-001
a	Plan name J2 ENGINEERING INC 401K PLAN	
b	Name of plan sponsor J2 ENGINEERING INC	c EIN-PN 77-0341296-001
a	Plan name CONTOUR LANDSCAPE 401K PLAN	
b	Name of plan sponsor CONTOUR LANDSCAPE	c EIN-PN 47-4649821-001
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 1ST BANK YUMA 401K PLAN	
b	Name of plan sponsor 1ST BANK YUMA INC	c EIN-PN 86-0968262-001
a	Plan name MIDLAKE PRODUCTS & MANUFACTURING CO INC	
b	Name of plan sponsor MIDLAKE PRODUCTS & MANUFACTURING CO INC	c EIN-PN 34-1571105-001
a	Plan name SHORCO INC PROFIT SHARING PLAN	
b	Name of plan sponsor SHORCO INC	c EIN-PN 47-0486579-001

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	PINO'S PRODUCE INC 401K PLAN	
b	Name of plan sponsor	PINOS PRODUCE INC	c EIN-PN 33-0109032-001
a	Plan name	L2 CONSTRUCTION MANAGEMENT CORP 401K PLAN	
b	Name of plan sponsor	L2 CONSTRUCTION MANAGEMENT CORPORATION	c EIN-PN 47-4910431-001
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	ARROW ROOFING & SUPPLY INC PS PLAN	
b	Name of plan sponsor	ARROW ROOFING & SUPPLY INC	c EIN-PN 38-1893198-001
a	Plan name	TEST X LLC 401K PS PLAN AND TRUST	
b	Name of plan sponsor	TEST X LLC	c EIN-PN 46-5227141-001
a	Plan name	FULLBAY INC 401K PLAN	
b	Name of plan sponsor	FULLBAY INC	c EIN-PN 82-5370543-001
a	Plan name	MED FREE LIVING LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MED FREE LIVING LLC	c EIN-PN 47-2983197-001
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	ARASH KIARASH MD PC 401K PLAN	
b	Name of plan sponsor	ARASH KIARASH MD PC	c EIN-PN 68-0655441-001
a	Plan name	BROTHERS MANAGEMENT 401K PLAN	
b	Name of plan sponsor	BROTHERS MANAGEMENT INC	c EIN-PN 75-1843785-001
a	Plan name	TRIGON STAFF 401K PLAN	
b	Name of plan sponsor	TRIGON STAFF ADMINISTRATORS INC	c EIN-PN 86-1014493-001
a	Plan name	CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	CARLOS LOPEZ & ASSOCIATES LLC	c EIN-PN 47-5275587-001

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	COVINA IRRIGATING COMPANY RETIREMENT TRUST PL	
b Name of plan sponsor	COVINA IRRIGATING COMPANY	c EIN-PN 95-1186705-002
a Plan name	KTI LTD 401K PLAN	
b Name of plan sponsor	KTI LTD	c EIN-PN 23-2820510-001
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	SCRS - IL 401K PS PLAN	
b Name of plan sponsor	SOUTHERN CALIFORNIA REHAB SERVICES INC	c EIN-PN 95-3411383-001
a Plan name	SHANNON CAPITAL INC 401K PLAN	
b Name of plan sponsor	SHANNON CAPITAL INC	c EIN-PN 46-0391539-001
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	PORTER ROOFING CONTRACTORS INC 401K PLAN	
b Name of plan sponsor	PORTER ROOFING CONTRACTORS INC	c EIN-PN 62-1037198-001
a Plan name	ELECTRO MOTOR 401K PLAN	
b Name of plan sponsor	ELECTRO MOTOR INC	c EIN-PN 68-0501075-001
a Plan name	BIOMEDGPS 401K SAVINGS PLAN	
b Name of plan sponsor	BIOMEDGPSLLC	c EIN-PN 26-4134877-001
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	CHESS INC 401K PLAN	
b Name of plan sponsor	COMPLETE HEALTH ENVIRONMENTAL SAFETY SERVICE	c EIN-PN 41-1757492-001
a Plan name	ILLUMITEX INC 401K PSP AND TRUST	
b Name of plan sponsor	ILLUMITEX INC	c EIN-PN 65-1299327-001

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	UNITED DIESEL SERVICE INC 401K PLAN	c	EIN-PN	95-2668961-001
b	Name of plan sponsor	UNITED DIESEL SERVICE INC	c	EIN-PN	95-2668961-001
a	Plan name	REGINA-ANDREW DESIGN 401K PLAN	c	EIN-PN	20-0740554-001
b	Name of plan sponsor	REGINA-ANDREW DESIGN INC	c	EIN-PN	20-0740554-001
a	Plan name	B & B FOREIGN CAR CENTER 401K PLAN	c	EIN-PN	77-0448605-001
b	Name of plan sponsor	B & B FOREIGN CAR CENTER	c	EIN-PN	77-0448605-001
a	Plan name	RAPPORT INC 401K PLAN & TRUST	c	EIN-PN	84-1262279-001
b	Name of plan sponsor	RAPPORT INC	c	EIN-PN	84-1262279-001
a	Plan name	QUINN INSURANCE INC 401K PSP AND TRUST	c	EIN-PN	47-0484197-001
b	Name of plan sponsor	QUINN INSURANCE INC	c	EIN-PN	47-0484197-001
a	Plan name	DRIGGERS CONSTRUCTION 401K P/S PLAN	c	EIN-PN	85-4071720-001
b	Name of plan sponsor	DRIGGERS CONSTRUCTION OF MIDDLE GA LLC	c	EIN-PN	85-4071720-001
a	Plan name	THE WALLACE FIRM 401K PLAN	c	EIN-PN	46-0916400-001
b	Name of plan sponsor	THE WALLACE FIRM PLLC	c	EIN-PN	46-0916400-001
a	Plan name	VISITING ANGELS 401K PLAN	c	EIN-PN	82-1019530-001
b	Name of plan sponsor	ST JULES LLC	c	EIN-PN	82-1019530-001
a	Plan name	AB GOLDEN RETIREMENT PLAN	c	EIN-PN	85-3134997-001
b	Name of plan sponsor	AB GOLDEN LLC	c	EIN-PN	85-3134997-001
a	Plan name	THE FIRST BANK OF THOMAS 401K PLAN	c	EIN-PN	73-0479743-001
b	Name of plan sponsor	THE FIRST BANK OF THOMAS	c	EIN-PN	73-0479743-001
a	Plan name	GLOBAL COMMUNICATION GROUP INC 401K PLAN	c	EIN-PN	95-4890079-001
b	Name of plan sponsor	GLOBAL COMMUNICATION GROUP INC	c	EIN-PN	95-4890079-001
a	Plan name	GARY'S FOODS 401K PLAN	c	EIN-PN	42-6167526-001
b	Name of plan sponsor	D & G INC	c	EIN-PN	42-6167526-001

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	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	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	SMILE DESIGNS 401K PLAN	
b	Name of plan sponsor	SMILE DESIGNS OF SOUTHERN OHIO LLC	c EIN-PN 82-3339733-001
a	Plan name	PHI 401K SAVINGS PLAN	
b	Name of plan sponsor	PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a	Plan name	TAYLOR DAVIS LANDSCAPE COMPANY 401K PLAN	
b	Name of plan sponsor	TAYLOR DAVIS LANDSCAPE COMPANY INC	c EIN-PN 04-3549575-001
a	Plan name	ACHIEVEMENT REHABILITATION THR 401K PSP TRUST	
b	Name of plan sponsor	ACHIEVEMENT REHABILITATION THROUGH THERAPEUT	c EIN-PN 27-0991521-001
a	Plan name	ALTA ALLOYS 401K PLAN	
b	Name of plan sponsor	ALTA ALLOYS	c EIN-PN 87-1031781-001
a	Plan name	CROFT 401K PLAN	
b	Name of plan sponsor	CROFT PRODUCTION SYSTEMS INC	c EIN-PN 20-5650231-001
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	MEDICAL RESOURCES LIMITED 401K PLAN	
b	Name of plan sponsor	M & R OF FREDRICKSTOWN LIMITED	c EIN-PN 34-1917057-001
a	Plan name	HOT PURPLE ENERGY 401K	
b	Name of plan sponsor	HOT PURPLE INC	c EIN-PN 27-0475938-001
a	Plan name	RETAIL SHIPPING PARTNERS 401K PLAN	
b	Name of plan sponsor	RETAIL SHIPPING PARTNERS INC	c EIN-PN 20-8451041-001

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	WILDCAT FEEDS LLC 401K PLAN	
b	Name of plan sponsor	WILDCAT FEEDS LLC	c EIN-PN 48-1247947-001
a	Plan name	JOHN'S PLUMBING COMPANY INC 401K PLAN	
b	Name of plan sponsor	JOHNS PLUMBING COMPANY INC	c EIN-PN 47-0718632-001
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	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	INTELLIGRATED COMMUNICATIONS 401K PSP	
b	Name of plan sponsor	INTELLIGRATED COMMUNICATIONS INC	c EIN-PN 45-2422188-001
a	Plan name	OHIOSE 401K PLAN	
b	Name of plan sponsor	OHIO SE INC	c EIN-PN 99-2245989-001
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	JW LOGISTICS LLC 401K PLAN	
b	Name of plan sponsor	JW LOGISTICS LLC	c EIN-PN 45-2214807-001
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	STANTON HEALTH CENTER 457B PLAN	
b	Name of plan sponsor	CITY OF STANTON NURSING HOME	c EIN-PN 47-0522636-001
a	Plan name	ETTENBERG FOUNDATION 401K PLAN	
b	Name of plan sponsor	THE SELMA AND IRVING ETTENBERG FOUNDATION	c EIN-PN 90-0959410-001
a	Plan name	VAERUS AVIATION 401K PLAN	
b	Name of plan sponsor	VAERUS AVIATION INC	c EIN-PN 27-3587432-001

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 MY FUTURE PAYCHECK 401K PLAN	
b	Name of plan sponsor R & C WELDING FAB TRUCKING & SERVICES INC	c EIN-PN 46-0936806-001
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 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 HARRY HAYES PLUMBING 401K PLAN	
b	Name of plan sponsor HARRY HAYES PLUMBING	c EIN-PN 20-3035479-001
a	Plan name CUSTOM LIGHT & SOUND INC 401K PS PLAN	
b	Name of plan sponsor CUSTOM LIGHT & SOUND INC	c EIN-PN 56-1176591-001
a	Plan name SCHULER CONSTRUCTION 401K PLAN	
b	Name of plan sponsor SCHULER CONSTRUCTION LLC	c EIN-PN 59-3839183-001
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 EAST LOS ANGELES WOMENS CENTER 401K PLAN	
b	Name of plan sponsor EAST LOS ANGELES WOMENS CENTER	c EIN-PN 51-0204577-001
a	Plan name OMEGACOMP INC 401K PLAN	
b	Name of plan sponsor OMEGACOMP INC	c EIN-PN 45-2854307-001
a	Plan name ADVANCE INSTALLATIONS INC 401K PLAN	
b	Name of plan sponsor ADVANCE INSTALLATIONS INC	c EIN-PN 88-0150572-001
a	Plan name OBARS MACHINE & TOOL COMPANY PS 401K PLAN	
b	Name of plan sponsor OBARS MACHINE & TOOL COMPANY INC	c EIN-PN 34-0965850-001
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

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	OSMOND GENERAL HOSPITAL 401K PLAN	
b	Name of plan sponsor	OSMOND GENERAL HOSPITAL	c EIN-PN 23-7161473-001
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	CHRISTIAN SUPPLY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CHRISTIAN SUPPLY INC	c EIN-PN 57-0516963-002
a	Plan name	EDGECOMBE CPA 401K PLAN	
b	Name of plan sponsor	LENORE LEE EDGECOMBE CPA PC	c EIN-PN 68-0496754-001
a	Plan name	BRANDING INC 401K PLAN	
b	Name of plan sponsor	BRANDING INC	c EIN-PN 47-0791243-001
a	Plan name	OXFORD NURSING HOME 401K RETIREMENT PLAN	
b	Name of plan sponsor	OXFORD NURSING HOME INC	c EIN-PN 11-3157922-001
a	Plan name	AUTO WORKS COLLISION AND PAINT INC 401K PLAN	
b	Name of plan sponsor	AUTO WORKS COLLISION AND PAINT INC	c EIN-PN 65-0313171-001
a	Plan name	PETER LITTRUP LLC 401K PLAN	
b	Name of plan sponsor	PETER LITTRUP LLC	c EIN-PN 47-2605373-001
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	NTT ASSOCIATES 401K PLAN	
b	Name of plan sponsor	NTT ASSOCIATES INC	c EIN-PN 52-1111045-001
a	Plan name	WORLDBRIDGE PARTNERS OF OMAHA 401K SAVINGS	
b	Name of plan sponsor	WORLDBRIDGE PARTNERS OF OMAHA	c EIN-PN 39-2044660-001
a	Plan name	UNICO BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICO BANK	c EIN-PN 43-0338550-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-2
b	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC
c	EIN-PN	87-2964267-002
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	NEW YORK PROFESSIONAL NURSES UNION RET PLAN
b	Name of plan sponsor	NEW YORK PROFESSIONAL NURSES UNION
c	EIN-PN	13-3642959-001
a	Plan name	ITI SOLUTIONS INC 401K PLAN
b	Name of plan sponsor	ITI SOLUTIONS INC
c	EIN-PN	74-3013771-001
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	THE FEDERAL SAVINGS BANK RETIREMENT PLAN
b	Name of plan sponsor	THE FEDERAL SAVINGS BANK
c	EIN-PN	43-1883419-001
a	Plan name	MEP AMERICA INC EMPLOYEES SAVINGS PLAN
b	Name of plan sponsor	MEP AMERICA INC
c	EIN-PN	13-3994242-001
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	AOI CORPORATION 401K PLAN
b	Name of plan sponsor	AOI CORPORATION
c	EIN-PN	47-0687965-001
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	ALDRIDGE INSURANCE 401K PLAN
b	Name of plan sponsor	ALDRIDGE INSURANCE INC
c	EIN-PN	35-1937710-001
a	Plan name	COASTLINE FINANCIAL RESOURCES 401K PLAN
b	Name of plan sponsor	COASTLINE FINANCIAL RESOURCESLLC
c	EIN-PN	45-5485291-001

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	SHELTON-KELLER 401K PLAN
b	Name of plan sponsor	SHELTON-KELLER GROUP INC
c	EIN-PN	75-2617657-001
a	Plan name	CES USA 401K PLAN
b	Name of plan sponsor	CES USA
c	EIN-PN	20-1706442-001
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
a	Plan name	WM SHIRLEY 401K PLAN
b	Name of plan sponsor	KAINON CONSULTING INC
c	EIN-PN	76-0564806-001
a	Plan name	EXCALIBUR LAUNDRIES INC 401K PSP & TRUST
b	Name of plan sponsor	EXCALIBUR LAUNDRIES INC
c	EIN-PN	39-1391734-001
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	STRATEGIC COMPLIANCE PARTNERS 401K RETIREMENT
b	Name of plan sponsor	STRATEGIC COMPLIANCE PARTNERS
c	EIN-PN	46-5591861-001
a	Plan name	QSI 401K PLAN
b	Name of plan sponsor	QUALIFIED SPECIALISTS LLC
c	EIN-PN	76-0289687-001
a	Plan name	SPORTCHASSIS 401K PLAN
b	Name of plan sponsor	SPORTCHASSIS HOLDINGS INC
c	EIN-PN	27-0931398-001
a	Plan name	CAMP-A-WAY 401K PLAN
b	Name of plan sponsor	QUEENLAND INC
c	EIN-PN	47-0789616-001
a	Plan name	STATEWIDE PEST CONTROL CO 401K PSP & TRUST
b	Name of plan sponsor	STATEWIDE PEST CONTROL CO INC
c	EIN-PN	95-3974674-001
a	Plan name	COMMUNITY PHARMACY SERVICES INC 401K PLAN
b	Name of plan sponsor	COMMUNITY PHARMACY SERVICES INC
c	EIN-PN	26-2122849-001

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	VALBRUNA STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA STAINLESS INC	c EIN-PN 06-1379799-001
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	SUNIL KUMAR DMD PC 401K PLAN	
b	Name of plan sponsor	SUNIL KUMAR DMD PC	c EIN-PN 27-1229490-001
a	Plan name	GUARANTEED FOODS INC 401K PLAN	
b	Name of plan sponsor	GUARANTEED FOODS INC	c EIN-PN 48-0637416-001
a	Plan name	VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VALLEY CORPORATION	c EIN-PN 47-0543890-001
a	Plan name	TRANSPREMIER LLC 401K PLAN	
b	Name of plan sponsor	TRANSPREMIER LLC	c EIN-PN 65-1024796-001
a	Plan name	BAKERS CANDIES 401K PLAN	
b	Name of plan sponsor	BAKERS CANDIES INC	c EIN-PN 47-0711638-001
a	Plan name	AXIS 401K RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-001
a	Plan name	IRA GROSSER DDS PROFIT SHARING PLAN	
b	Name of plan sponsor	IRA GROSSER DDS	c EIN-PN 11-3461192-001
a	Plan name	ENGINEERING & ENVIRONMENTAL CONSULTANTS 401K	
b	Name of plan sponsor	ENGINEERING & ENVIRONMENTAL CONSULTANTS	c EIN-PN 86-0579251-001
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	RAFALY ELECTRIC 401K SAVINGS PLAN	
b	Name of plan sponsor	RAFALY ELECTRICAL CONTRACTORS INC	c EIN-PN 54-1527095-001

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	DUTCHMAN TREE FARM 401K PLAN	
b	Name of plan sponsor	DUTCHMAN TREE FARMS LLC	c EIN-PN 11-3772653-001
a	Plan name	CARHART LUMBER COMPANY 401K PLAN AND TRUST	
b	Name of plan sponsor	CARHART LUMBER COMPANY	c EIN-PN 47-0119720-001
a	Plan name	CCI 401K PLAN	
b	Name of plan sponsor	CALHOUN COMMUNICATIONS INC	c EIN-PN 42-1269626-001
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	STANG INDUSTRIAL PRODUCTS PS 401K PLAN	
b	Name of plan sponsor	STANG INDUSTRIES INC	c EIN-PN 95-2677607-001
a	Plan name	KAHRS INTERNATIONAL INC 401K PS PLAN	
b	Name of plan sponsor	KAHRS INTERNATIONAL INC	c EIN-PN 23-2417661-001
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	CAROBELL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CAROBELL INC	c EIN-PN 56-0936909-001
a	Plan name	ANDYS PRODUCE CO INC 401K PLAN	
b	Name of plan sponsor	ANDYS PRODUCE CO INC	c EIN-PN 16-1347881-003
a	Plan name	5 TATE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	5 TATE INC	c EIN-PN 75-2702367-001
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	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	JB STEEL 401K PLAN	
b	Name of plan sponsor	JB STEEL LLC	c EIN-PN 93-0581861-006
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	JC DESMARAIS & ASSOCIATES INC/IRRIGATION	
b	Name of plan sponsor	JC DESMARAIS AND ASSOCIATES INC	c EIN-PN 04-3056097-001
a	Plan name	OH457IO DEFERRED COMPENSATION	
b	Name of plan sponsor	CITY OF WARREN OHIO	c EIN-PN 34-6002974-001
a	Plan name	FREDERICK GYMNASTICS CLUB INC 401K PS PLAN	
b	Name of plan sponsor	FREDERICK GYMNASTICS CLUB INC	c EIN-PN 52-1518254-001
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	DALMOLIN EXCAVATING INC 401K PLAN	
b	Name of plan sponsor	DALMOLIN EXCAVATING INC	c EIN-PN 86-0782533-001
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	COCHRAN ABSTRACT COMPANY 401K PLAN	
b	Name of plan sponsor	COCHRAN ABSTRACT COMPANY	c EIN-PN 73-0189600-001
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	CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
b	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-001

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 DELRAY TIRE & RETREADING INC 401K PS PLAN	
b	Name of plan sponsor DELRAY TIRE & RETREADING INC	c EIN-PN 77-0334475-001
a	Plan name OHIO VEIN & VASCULAR INC 401K PLAN	
b	Name of plan sponsor OHIO VEIN & VASCULAR INC	c EIN-PN 46-2564421-001
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 MEMPHIS IN MAY RETIREMENT PLAN	
b	Name of plan sponsor MEMPHIS IN MAY INTERNATIONAL FESTIVAL	c EIN-PN 23-7308001-002
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 VARICOSITY LLC 401K PLAN	
b	Name of plan sponsor VARICOSITY LLC	c EIN-PN 01-0746953-001
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 WRIGHTWOOD PRECISION PRODUCTS CO 401K PLAN	
b	Name of plan sponsor WRIGHTWOOD PRECISION PRODUCTS COMPANY	c EIN-PN 36-2597002-003
a	Plan name LTM QUICK LUBE OF MI INC 401K PLAN	
b	Name of plan sponsor LTM QUICK LUBE OF MI INC	c EIN-PN 38-3468964-001
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 UNITED INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor UNITED INSURANCE AGENCY INC	c EIN-PN 16-1356587-001
a	Plan name BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC	
b	Name of plan sponsor BUEHLER MOTOR INC	c EIN-PN 37-1492335-002

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	SPRINGFIELD TOWNSHIP 457B PLAN	
b	Name of plan sponsor	SPRINGFIELD TOWNSHIP	c EIN-PN 31-6000601-001
a	Plan name	FLORIDA COASTAL COLORS LLC 401K PLAN	
b	Name of plan sponsor	FLORIDA COASTAL COLORS LLC	c EIN-PN 30-0829901-001
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	SELECT SPRAYERS 401K PLAN	
b	Name of plan sponsor	SELECT SPRAYERS & EQUIPMENT LLC	c EIN-PN 47-0828257-001
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	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	TERRY RIFKIN HAWN INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	TERRY A RIFKIN L C S W	c EIN-PN 33-0402033-001
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	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	TITAN MODULAR SPARTAN CARGO 401K PLAN	
b	Name of plan sponsor	TITAN MODULAR SYSTEMS INC	c EIN-PN 46-0843552-001
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	JOHNSON HARDWARE COMPANY LLC PS PLAN	
b	Name of plan sponsor	JOHNSON HARDWARE COMPANY LLC	c EIN-PN 47-0845233-001

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	ANCA INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	ANCA INC	c EIN-PN 38-2850970-001
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	HENDERSON EYE CENTER 401K PLAN	
b	Name of plan sponsor	HENDERSON & POSEGATE EYE CENTER PC	c EIN-PN 20-2247391-001
a	Plan name	BSA TOYS LLC 401K PS PLAN & TRUST	
b	Name of plan sponsor	BSA TOYS LLC	c EIN-PN 27-3791216-003
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	PAJ 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PAJ INC	c EIN-PN 75-2257448-001
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	ENVIRONMENTAL SPRAY SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	ENVIRONMENTAL SPRAY SYSTEMS INC	c EIN-PN 33-0340030-001
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	NATIONAL TOOLING & MACHINING ASSOCIATION 401K	
b	Name of plan sponsor	NATIONAL TOOLING & MACHINING ASSOC	c EIN-PN 34-0646162-002
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	LAKOTA CORP 401K PLAN	
b	Name of plan sponsor	LAKOTA CORP	c EIN-PN 20-2970922-001

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	B A B INC PROFIT SHARING PLAN	
b	Name of plan sponsor	BAB INC	c EIN-PN 47-0596241-001
a	Plan name	TROTTER INC 401K PLAN	
b	Name of plan sponsor	TROTTER INC	c EIN-PN 47-0580954-001
a	Plan name	HUSKER AG LLC 401K PLAN	
b	Name of plan sponsor	HUSKER AG LLC	c EIN-PN 47-0836953-001
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	ROD-MAR 401K PLAN	
b	Name of plan sponsor	RODNEY J DEAN MD PC	c EIN-PN 42-1432698-001
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	FOODLINKS INC 401K PLAN	
b	Name of plan sponsor	FOODLINKS INC	c EIN-PN 20-2096414-001
a	Plan name	ANTOINE WAKIM DDS PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ANTOINE WAKIM DDS PA	c EIN-PN 48-1042189-001
a	Plan name	THIELEN FOLEY & MIRDO LLC 401K PSP & TRUST	
b	Name of plan sponsor	THIELEN FOLEY & MIRDO LLC	c EIN-PN 36-4556774-001
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	CORRECTIVESOLUTIONS 401K PLAN	
b	Name of plan sponsor	AMERICAN JUSTICE SOLUTIONS INC	c EIN-PN 46-5647159-001
a	Plan name	SOUTHERN OHIO EYE ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	SOUTHERN OHIO EYE ASSOCIATES LLC	c EIN-PN 31-1744464-001

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	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	MOUNTAIN UTAH FAMILY MEDICINE 401K PLAN	
b	Name of plan sponsor	MOUNTAIN UTAH FAMILY MEDICINE	c EIN-PN 87-0509414-001
a	Plan name	CONTEMPORARY OBSTETRICS PC 401K PS PLAN	
b	Name of plan sponsor	CONTEMPORARY OBSTETRICS PC	c EIN-PN 38-2688194-001
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	THE COCOPAH INDIAN TRIBE 401K RETIREMENT	
b	Name of plan sponsor	COCOPAH INDIAN TRIBE	c EIN-PN 86-0255690-002
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	OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	OAKLAND MANAGEMENT CORP	c EIN-PN 38-3196699-001
a	Plan name	INFESTATION CONTROL INC 401K PS PLAN	
b	Name of plan sponsor	INFESTATION CONTROL INC	c EIN-PN 52-1168770-001
a	Plan name	HARVEST CREATIVE SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	HARVEST PRODUCTIONS INC	c EIN-PN 38-3087053-001
a	Plan name	INWOOD VILLAGE PEDIATRICS 401K PS PLAN	
b	Name of plan sponsor	KH&D INWOOD VILLAGE PEDIATRICS PLLC	c EIN-PN 05-0622563-001
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	LK AUTO D/B/A TOYOTA OF VINELAND 401K PLAN	
b	Name of plan sponsor	LK AUTO SALES INC DBA TOYOTA OF VINELAND	c EIN-PN 22-3083829-001

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 2020	B Three-digit plan number (PN) 229
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)	46711 23182
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1416856 1367452
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	61168455 47974328
(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	62632022	49364962
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	5874	278219
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	5874	278219
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	62626148	49086743

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)	37904	
(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)		37904
(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)	20142638	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	17778061	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		2364577
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1843752	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1843752

		(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		4246233

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)	36964	
(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)		36964
j Total expenses. Add all expense amounts in column (b) and enter total	2j		36964

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4209269
l Transfers of assets:			
(1) To this plan	2l(1)		6742223
(2) From this plan	2l(2)		24490897

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 _____.