

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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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 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 <u>STATE STREET RETIREMENT RIGHT IN 2025</u>	1b Three-digit plan number (PN) ▶ <u>230</u>
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) <u>HAND BENEFITS & TRUST COMPANY</u> <u>820 GESSNER ROAD</u> <u>SUITE 1250</u> <u>HOUSTON, TX 77024</u>	1c Effective date of plan <u>02/01/2022</u> 2b Employer Identification Number (EIN) <u>74-2008758</u> 2c Plan Sponsor's telephone number <u>713-460-1000</u> 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.

SIGN HERE	Filed with authorized/valid electronic signature.	09/23/2025	HIEN NGUYEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 2025</u>	B Three-digit plan number (PN)	<u>230</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:		
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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)

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	ILLUMITEX INC 401K PSP AND TRUST	
b	Name of plan sponsor	ILLUMITEX INC	c EIN-PN 65-1299327-001
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	CREEK ENTERPRISE 401K PLAN	
b	Name of plan sponsor	CREEK ENTERPRISE INC	c EIN-PN 02-0685190-001
a	Plan name	SAMM TAGUE 401K PLAN	
b	Name of plan sponsor	SAMM TAGUE	c EIN-PN 02-0757012-001
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	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 457B	
b	Name of plan sponsor	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT	c EIN-PN 03-0418895-001
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	CASA NUEVA VIDA INC 401K PSP	
b	Name of plan sponsor	CASA NUEVA VIDA INC	c EIN-PN 04-3012063-002
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	SURE-CRAN SERVICES INC 401K PLAN	
b	Name of plan sponsor	SURE-CRAN SERVICES INC	c EIN-PN 04-3413399-001
a	Plan name	NEW ENGLAND DISCOUNT RETAILERS INC 401K PSP	
b	Name of plan sponsor	NEW ENGLAND DISCOUNT RETAILERS INC	c EIN-PN 04-3490470-001
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

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 SLATER STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA SLATER STAINLESS INC	c EIN-PN 04-3784903-001
a	Plan name	VIEIRA & DIGIANFILIPPO LTD RETIREMENT PLAN	
b	Name of plan sponsor	VIEIRA & DIGIANFILIPPO LTD	c EIN-PN 05-0485583-001
a	Plan name	VALBRUNA STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA STAINLESS INC	c EIN-PN 06-1379799-001
a	Plan name	COGEN CORPORATION 401K PLAN	
b	Name of plan sponsor	COGEN CORPORATION	c EIN-PN 11-3328826-001
a	Plan name	THE HOMELESS ALLIANCE 401K PLAN	
b	Name of plan sponsor	THE HOMELESS ALLIANCE INC	c EIN-PN 11-3718005-001
a	Plan name	DUTCHMAN TREE FARM 401K PLAN	
b	Name of plan sponsor	DUTCHMAN TREE FARMS LLC	c EIN-PN 11-3772653-001
a	Plan name	DCC 401K PLAN	
b	Name of plan sponsor	DURAN CUTTING CORP	c EIN-PN 13-3688747-001
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	GAM LAW 401K PLAN	
b	Name of plan sponsor	MAG LAW OFFICES PC	c EIN-PN 13-4306677-001
a	Plan name	A & M LIMOUSINES LLC 401K PLAN	
b	Name of plan sponsor	A & M LIMOUSINES LLC	c EIN-PN 14-1920595-001
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	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	UNITED INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor	UNITED INSURANCE AGENCY INC	c EIN-PN 16-1356587-001
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	EL AGUILA INC 401K PLAN	
b	Name of plan sponsor	EL AGUILA INC	c EIN-PN 20-0354181-001
a	Plan name	REGINA-ANDREW DESIGN 401K PLAN	
b	Name of plan sponsor	REGINA-ANDREW DESIGN INC	c EIN-PN 20-0740554-001
a	Plan name	TOTAL SECURITY SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	TOTAL SECURITY SOLUTIONS INC	c EIN-PN 20-1159014-001
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	KNH INSURANCE 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KNH INSURANCE SERVICES INC	c EIN-PN 20-1647273-001
a	Plan name	CES USA 401K PLAN	
b	Name of plan sponsor	CES USA	c EIN-PN 20-1706442-001
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	FOODLINKS INC 401K PLAN	
b	Name of plan sponsor	FOODLINKS INC	c EIN-PN 20-2096414-001
a	Plan name	RIGHT ANGLE 401K PLAN	
b	Name of plan sponsor	RIGHT ANGLE DBA ADVANCED MANUFACTURING SVCS	c EIN-PN 20-3251984-001
a	Plan name	SOUTH CENTRAL SEALING LLC 401K PLAN	
b	Name of plan sponsor	SOUTH CENTRAL SEALING LLC	c EIN-PN 20-3982191-001

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 JPLUS ARCHITECTS 401K PLAN	
b	Name of plan sponsor JPLUS ARCHITECTS INC	c EIN-PN 20-4056566-001
a	Plan name CALIFORNIA WINDOW & SOLAR 401K	
b	Name of plan sponsor CALIFORNIA GLASS & WINDOW CORP	c EIN-PN 20-4537258-001
a	Plan name RMC DENT 401K PLAN	
b	Name of plan sponsor RMC DENT REMOVAL INC	c EIN-PN 20-4559545-001
a	Plan name DIVERSE ACQUISITION COMPANY 401K PLAN	
b	Name of plan sponsor DIVERSE ACQUISITION COMPANY INC	c EIN-PN 20-4707578-001
a	Plan name FISHBONE 401K PLAN	
b	Name of plan sponsor FISHBONE SAFETY SOLUTIONS LTD	c EIN-PN 20-4997174-001
a	Plan name SOUTHERNWOOD RETIREMENT PLAN	
b	Name of plan sponsor SOUTHERNWOOD FRAMING LLC	c EIN-PN 20-5159686-001
a	Plan name KILLIAN AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor KILLIAN AUTOMOTIVE	c EIN-PN 20-5227343-001
a	Plan name ARAPAHOE OILFIELD SERVICES 401K PLAN	
b	Name of plan sponsor ARAPAHOE OILFIELD SERVICES LLC	c EIN-PN 20-5439087-001
a	Plan name 360 PROJECT MANAGEMENT 401K PS PLAN	
b	Name of plan sponsor 360 PROJECT MANAGEMENT	c EIN-PN 20-5589904-001
a	Plan name FRAZIER PEST CONTROL INC 401K PROFIT SHAR	
b	Name of plan sponsor FRAZIER PEST CONTROL INC	c EIN-PN 20-8099736-001
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 HEALTHSOURCE INC 401K RETIREMENT PLAN	
b	Name of plan sponsor HEALTHSOURCE INTEGRATED SOLUTIONS INC	c EIN-PN 20-8498601-003

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 GREAT LAKES BAY SURG & ENDOSCOPY 401K PLAN	
b	Name of plan sponsor NPS ASSOCIATES LLC DBA GREAT LAKES SURGERY	c EIN-PN 20-8500953-001
a	Plan name TRI CITY HEATING AND AIR CONDITIONING 401K PL	
b	Name of plan sponsor TRI-CITY HEATING AND AIR CONDITIONING INC	c EIN-PN 20-8903507-001
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 ELLIOTT-MCELWEE INC 401K PROFIT SHARING	
b	Name of plan sponsor ELLIOTT-MCELWEE INC	c EIN-PN 22-2357668-001
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 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 HERITAGE TILE 401K PLAN	
b	Name of plan sponsor HERITAGE TILE & MARBLE CO	c EIN-PN 22-3726239-001
a	Plan name SERVICEONE 401K PLAN	
b	Name of plan sponsor JC ACQUISITIONS INC&SUBSIDIARIES	c EIN-PN 22-3888799-001
a	Plan name MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	
b	Name of plan sponsor MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	c EIN-PN 22-3948303-001
a	Plan name RAY PRICE MOTORS 401K PLAN	
b	Name of plan sponsor RAY PRICE MOTORS	c EIN-PN 23-2635237-001
a	Plan name KTI LTD 401K PLAN	
b	Name of plan sponsor KTI LTD	c EIN-PN 23-2820510-001
a	Plan name OSMOND GENERAL HOSPITAL 401K PLAN	
b	Name of plan sponsor OSMOND GENERAL HOSPITAL	c EIN-PN 23-7161473-001

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	MILLER TRANSFER & RIGGING CO 401K PS PLAN	
b	Name of plan sponsor	MILLER TRANSFER & RIGGING COMPANY	c EIN-PN 25-1189978-001
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	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	INFO-MATRIX CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	INFO-MATRIX CORPORATION	c EIN-PN 25-1788570-001
a	Plan name	ANDERSON PHYSICAL THERAPY INC 401K PS	
b	Name of plan sponsor	ANDERSON PHYSICAL THERAPY INC	c EIN-PN 26-0222060-001
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	SEITEC 401K WEALTH PLAN	
b	Name of plan sponsor	AGRIHORIZON INC	c EIN-PN 26-0659633-001
a	Plan name	MANDUKA LLC RETIREMENT PLAN	
b	Name of plan sponsor	MANDUKA LLC	c EIN-PN 26-1648490-001
a	Plan name	OAK STREET WHOLESALERS 401K PLAN	
b	Name of plan sponsor	OAK STREET WHOLESALERS INC	c EIN-PN 26-1779123-001
a	Plan name	QUIK TEK MACHINING 401K PLAN	
b	Name of plan sponsor	QUIK TEK MACHINING LLC	c EIN-PN 26-1912212-001
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	KIRBY VETERINARY HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor	KIRBY VETERINARY HOSPITAL	c EIN-PN 26-2353403-001

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	EDGE SERVICES 401K PLAN	
b	Name of plan sponsor	EDGE SERVICES INC	c EIN-PN 26-2464207-001
a	Plan name	PRECISION DRYWALL 401K PLAN	
b	Name of plan sponsor	PRECISION DRYWALL INC	c EIN-PN 26-3171157-001
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	BIOMEDGPS 401K SAVINGS PLAN	
b	Name of plan sponsor	BIOMEDGPSLLC	c EIN-PN 26-4134877-001
a	Plan name	PACHIS & ASSOCIATES 401K PLAN	
b	Name of plan sponsor	PACHIS & ASSOCIATES INC	c EIN-PN 26-4213389-001
a	Plan name	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	STILLWATER PROVISIONS 401K PLAN	
b	Name of plan sponsor	STILLWATER PROVISIONS	c EIN-PN 27-0235099-001
a	Plan name	HOT PURPLE ENERGY 401K	
b	Name of plan sponsor	HOT PURPLE INC	c EIN-PN 27-0475938-001
a	Plan name	BYRUM COMPANIES 401K PLAN	
b	Name of plan sponsor	BYRUM BUILDERS	c EIN-PN 27-0508150-001
a	Plan name	AGILE TRANSFORMATION INC RETIREMENT PLAN	
b	Name of plan sponsor	AGILE TRANSFORMATION INC	c EIN-PN 27-0528434-001
a	Plan name	ACHIEVEMENT REHABILITATION THR 401K PSP TRUST	
b	Name of plan sponsor	ACHIEVEMENT REHABILITATION THROUGH THERAPEUT	c EIN-PN 27-0991521-001
a	Plan name	VISTA METALS GEORGIA 401K & PS PLAN	
b	Name of plan sponsor	VISTA METALS-GEORGIA	c EIN-PN 27-1043263-001

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 VISTA METALS GA PRODUCTION EES 401K PLAN	
b	Name of plan sponsor VISTA METALS GEORGIA	c EIN-PN 27-1043263-003
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 SUNIL KUMAR DMD PC 401K PLAN	
b	Name of plan sponsor SUNIL KUMAR DMD PC	c EIN-PN 27-1229490-001
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 HONEST 1 AUTO CARE 401K PLAN	
b	Name of plan sponsor AZALEA PARTNERSHIP TRUSTING DBA HONEST 1 A	c EIN-PN 27-2970097-001
a	Plan name VAERUS AVIATION 401K PLAN	
b	Name of plan sponsor VAERUS AVIATION INC	c EIN-PN 27-3587432-001
a	Plan name GATEWAY HOME CARE LLC 401K PSP AND TRUST	
b	Name of plan sponsor GATEWAY HOME CARE LLC	c EIN-PN 27-4871931-001
a	Plan name TK DESIGN & ASSOCIATES INC 401K PSP AND TRUST	
b	Name of plan sponsor TK DESIGN & ASSOCIATES INC	c EIN-PN 30-0334148-001
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 FLORIDA COASTAL COLORS LLC 401K PLAN	
b	Name of plan sponsor FLORIDA COASTAL COLORS LLC	c EIN-PN 30-0829901-001
a	Plan name WESTERN HILLS COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor WESTERN HILLS COUNTRY CLUB	c EIN-PN 31-0486880-001
a	Plan name CRAIG R GREEN OD & ASSOC INC 401K PLAN	
b	Name of plan sponsor CRAIG R GREEN OD & ASSOCIATES INC	c EIN-PN 31-1001228-001

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	TOUKAN & COMPANY 401K PLAN	
b	Name of plan sponsor	TOUKAN & COMPANY	c EIN-PN 31-1081751-001
a	Plan name	THE WYETH-SCOTT COMPANY 401K PS PLAN	
b	Name of plan sponsor	WYETH-SCOTT COMPANY	c EIN-PN 31-1169617-001
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
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	HAPPY TRAILER SALES 401K PLAN	
b	Name of plan sponsor	HAPPY TRAILER SALES LLC	c EIN-PN 32-0454017-001
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	ROLAND ELECTRIC RETIREMENT PLAN	
b	Name of plan sponsor	ROLAND ELECTRIC	c EIN-PN 33-0517459-001
a	Plan name	CARICH ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	CARICH ENTERPRISES INC	c EIN-PN 33-0806817-001
a	Plan name	SOUTHWEST STRATEGIES LLC 401K PS PLAN	
b	Name of plan sponsor	SOUTHWEST STRATEGIES LLC	c EIN-PN 33-0900047-003
a	Plan name	LEGEND FENCE CORP 401K PLAN	
b	Name of plan sponsor	LEGEND FENCE CORP	c EIN-PN 33-0933059-001
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	LARIA CHEVROLET-BUICK 401K PS PLAN	
b	Name of plan sponsor	LARIA CHEVROLET-BUICK INC	c EIN-PN 34-1346123-002

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	CHN HOUSING PARTNERS 401K PS PLAN & TRUST	
b	Name of plan sponsor	CHN HOUSING PARTNERS	c EIN-PN 34-1346763-001
a	Plan name	DAVID A LEVY AND ASSOCIATES 401K PLAN	
b	Name of plan sponsor	DAVID A LEVY AND ASSOCIATES	c EIN-PN 34-1392757-001
a	Plan name	THE EPILEPSY CENTER 401K PLAN	
b	Name of plan sponsor	THE EPILEPSY CENTER	c EIN-PN 34-1768270-002
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	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	MEDINA COUNTY PE DEF COMP 457B PLAN	
b	Name of plan sponsor	MEDINA COUNTY	c EIN-PN 34-6001851-001
a	Plan name	OH457IO DEFERRED COMPENSATION	
b	Name of plan sponsor	CITY OF WARREN OHIO	c EIN-PN 34-6002974-001
a	Plan name	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	
b	Name of plan sponsor	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	c EIN-PN 35-0889748-001
a	Plan name	BANKS HARDWOODS INC 401K PS PLAN & TRUST	
b	Name of plan sponsor	BANKS HARDWOODS INC	c EIN-PN 35-1641369-001
a	Plan name	ALDRIDGE INSURANCE 401K PLAN	
b	Name of plan sponsor	ALDRIDGE INSURANCE INC	c EIN-PN 35-1937710-001
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	KIBBECEM INC 401K AND PS PLAN	
b	Name of plan sponsor	KIBBECEM INC	c EIN-PN 35-2132621-001

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	POSSIBILITIES NORTHEAST LLC 401K SALARY	
b	Name of plan sponsor	POSSIBILITIES NORTHEAST LLC	c EIN-PN 35-2151934-001
a	Plan name	REINA DE CIELO INC RETIREMENT PLAN	
b	Name of plan sponsor	REINA DE CIELO INC	c EIN-PN 35-2202763-001
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	AMSA 401K PLAN	
b	Name of plan sponsor	AMERICAN MEDICAL STUDENT ASSOCIATION	c EIN-PN 36-2222695-001
a	Plan name	MECCON INDUSTRIES 401K PLAN	
b	Name of plan sponsor	MECCON INDUSTRIES INC	c EIN-PN 36-3008454-002
a	Plan name	CUSTOM ELECTRONIC DESIGN & INSTALL ASSOC 401K	
b	Name of plan sponsor	CUSTOM ELECTRIC DESIGN & INSTALLATION ASSOC	c EIN-PN 36-3724289-001
a	Plan name	HARTIGAN & O'CONNOR EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	HARTIGAN & OCONNOR PC	c EIN-PN 36-3737154-001
a	Plan name	GLEN DENNING BROTHERS INC 401K PLAN	
b	Name of plan sponsor	GLEN DENNING BROTHERS INC	c EIN-PN 36-3910487-002
a	Plan name	PEDIATRIC PROFESSIONALS PC RETIREMENT PLAN	
b	Name of plan sponsor	PEDIATRIC PROFESSIONALS PC	c EIN-PN 36-4501581-001
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	PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP	
b	Name of plan sponsor	PARTNERSHIP FINANCIAL CREDIT UNION	c EIN-PN 36-6070077-001
a	Plan name	GRIFFITTS CONSTRUCTION 401K	
b	Name of plan sponsor	GRIFFITTS CONSTRUCTION INC	c EIN-PN 37-0863472-001

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 EVAN LLOYD ASSOCIATES INC SAVINGS PLAN	
b	Name of plan sponsor EVAN LLOYD ASSOCIATES INC	c EIN-PN 37-1211141-001
a	Plan name BOB RIDINGS LINCOLN 401K PLAN	
b	Name of plan sponsor BOB RIDINGS LINCOLN INC	c EIN-PN 37-1298771-001
a	Plan name BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC	
b	Name of plan sponsor BUEHLER MOTOR INC	c EIN-PN 37-1492335-002
a	Plan name MY 401K PLAN	
b	Name of plan sponsor KINSTLER BROWN COMPANIES INC	c EIN-PN 37-1792802-001
a	Plan name ECON DEV ALLIANCE OF ST CLAIR COUNTY PLAN	
b	Name of plan sponsor ECONOMIC DEVELOPMENT ALLIANCE	c EIN-PN 38-1410034-001
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 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 BEST MATERIALS PROFIT-SHARING PLAN	
b	Name of plan sponsor BEST BLOCK COMPANY	c EIN-PN 38-1819457-001
a	Plan name EBONEX CORPORATION 401K SAVINGS PLAN	
b	Name of plan sponsor EBONEX CORPORATION	c EIN-PN 38-1854040-001
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 ZILKA HEATING & COOLING INC 401K PLAN	
b	Name of plan sponsor ZILKA HEATING & COOLING INC	c EIN-PN 38-1947015-001
a	Plan name MELLEEN SMITH AND PIVOZ 401K SAVINGS PLAN	
b	Name of plan sponsor MELLEEN SMITH & PIVOZ PLC	c EIN-PN 38-2050733-001

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	LUCKMARR PLASTICS INC 401K SALARY REDUCTION P	
b	Name of plan sponsor	LUCKMARR PLASTICS INC	c EIN-PN 38-2475612-001
a	Plan name	J THEISEN INC 401K PLAN	
b	Name of plan sponsor	J THEISEN INC	c EIN-PN 38-2607616-001
a	Plan name	INTEGRATED CONCEPTS GROUP INC 401K PS PLAN	
b	Name of plan sponsor	INTEGRATED CONCEPTS GROUP INC	c EIN-PN 38-2747514-001
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	ANCA INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	ANCA INC	c EIN-PN 38-2850970-001
a	Plan name	ADVANCE PLUMBING 401K PLAN	
b	Name of plan sponsor	ADVANCE PLUMBING SUPPLY OF WALLED LAKE INC	c EIN-PN 38-2936735-001
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	OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	OAKLAND MANAGEMENT CORP	c EIN-PN 38-3196699-001
a	Plan name	THERMAL ONE INC 401K PLAN & TRUST	
b	Name of plan sponsor	THERMAL ONE INC	c EIN-PN 38-3331535-001
a	Plan name	MMG TRUCK & TRAILER REPAIR 401K PLAN	
b	Name of plan sponsor	MMG TRUCK & TRAILER REPAIR	c EIN-PN 38-3354816-001
a	Plan name	ROYAL STONE SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	ROYAL STONE LLC	c EIN-PN 38-3528028-001

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	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	AXTELLA LLC 401K PLAN	
b	Name of plan sponsor	AXTELLA LLC	c EIN-PN 38-3627552-001
a	Plan name	MAYER & NEWTON 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF MAYER & NEWTON	c EIN-PN 38-3736904-001
a	Plan name	CREEK PLASTICS 401K PLAN	
b	Name of plan sponsor	CREEK PLASTICS LLC	c EIN-PN 38-3834228-001
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	JVB 401K PLAN	
b	Name of plan sponsor	JAY VAN BEUSEKOM FINANCIAL ADVISOR LLC	c EIN-PN 39-1460915-001
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	WORLDBRIDGE PARTNERS OF OMAHA 401K SAVINGS	
b	Name of plan sponsor	WORLDBRIDGE PARTNERS OF OMAHA	c EIN-PN 39-2044660-001
a	Plan name	TPI CUSTOM SOLUTIONS 401K AND PSP	
b	Name of plan sponsor	TPI CUSTOM SOLUTIONS	c EIN-PN 41-1417264-001
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	MINSER CHIROPRACTIC CLINIC 401K PLAN	
b	Name of plan sponsor	MINSER CHIROPRACTIC CLINIC PA INC	c EIN-PN 41-1768916-001
a	Plan name	AXIS 401K RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-001

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 AXIS 401K UNION RETIREMENT PLAN	
b	Name of plan sponsor AXIS MINNESOTA INC	c EIN-PN 41-1852557-002
a	Plan name CLASSIC EVENTS 401K PLAN	
b	Name of plan sponsor DES MOINES A TO Z PARTY RENTAL INC	c EIN-PN 41-1951244-001
a	Plan name GETHMANN CONSTRUCTION CO INC 401K PSP	
b	Name of plan sponsor GETHMANN CONSTRUCTION COMPANY INC	c EIN-PN 42-0271670-001
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 FUTURE FOAM INC 401K PS RETIREMENT PLAN	
b	Name of plan sponsor FUTURE FOAM INC	c EIN-PN 42-0836191-001
a	Plan name LEACH CAMPER SALES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor LEACH CAMPER SALES INC	c EIN-PN 42-0926894-001
a	Plan name 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 ATC INC 401K PLAN	
b	Name of plan sponsor ATC INC	c EIN-PN 42-1095528-001
a	Plan name CCI 401K PLAN	
b	Name of plan sponsor CALHOUN COMMUNICATIONS INC	c EIN-PN 42-1269626-001
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 IOWA MOLD & ENGINEERING INC 401K PLAN	
b	Name of plan sponsor IOWA MOLD & ENGINEERING INC	c EIN-PN 42-1411689-001
a	Plan name GARY'S FOODS 401K PLAN	
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	UNICO BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICO BANK	c EIN-PN 43-0338550-002
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	MP INDUSTRIES INC 401K PLAN & TRUST	
b	Name of plan sponsor	MP INDUSTRIES INC	c EIN-PN 43-1006923-002
a	Plan name	ARMSTRONG CITYWIDE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ARMSTRONG CITYWIDE INC	c EIN-PN 43-1441456-001
a	Plan name	CII & GPAL RETIREMENT PLAN	
b	Name of plan sponsor	CEREAL INGREDIENTS INC	c EIN-PN 43-1527502-001
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	ALLIED RETAIL CONCEPTS LLC 401K PS PLAN	
b	Name of plan sponsor	ALLIED RETAIL CONCEPTS LLC	c EIN-PN 43-1878517-001
a	Plan name	THE FEDERAL SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor	THE FEDERAL SAVINGS BANK	c EIN-PN 43-1883419-001
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	STRASBURG STATE BANK PSP	
b	Name of plan sponsor	STRASBURG STATE BANK	c EIN-PN 45-0259552-001
a	Plan name	FIREBIRD AST RETIREMENT TRUST	
b	Name of plan sponsor	FIREBIRD ANALYTICAL SOLUTIONS & TECHNOLOGIES	c EIN-PN 45-1475401-001
a	Plan name	SPIRIT AND SONS 401K PLAN	
b	Name of plan sponsor	SPIRIT AND SONS INC	c EIN-PN 45-1485937-001

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 JW LOGISTICS LLC 401K PLAN	
b	Name of plan sponsor JW LOGISTICS LLC	c EIN-PN 45-2214807-001
a	Plan name INTELLIGRATED COMMUNICATIONS 401K PSP	
b	Name of plan sponsor INTELLIGRATED COMMUNICATIONS INC	c EIN-PN 45-2422188-001
a	Plan name CONSUMER 51 LLC 401K PLAN	
b	Name of plan sponsor CONSUMER 51 LLC	c EIN-PN 45-2501771-001
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 OMEGACOMP INC 401K PLAN	
b	Name of plan sponsor OMEGACOMP INC	c EIN-PN 45-2854307-001
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 STEELBRIDGE VENTURES CONSULTING 401K P/S PLAN	
b	Name of plan sponsor STEELBRIDGE VENTURES CONSULTING LLC	c EIN-PN 45-4125594-001
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 RS WAGNER LLC 401K PLAN	
b	Name of plan sponsor RS WAGNER LLC	c EIN-PN 45-4414308-001
a	Plan name AVANT TECNO USA INC 401K PLAN	
b	Name of plan sponsor AVANT TECNO USA INC	c EIN-PN 45-5334621-001
a	Plan name ENTRENOUS YOUTH EMPOWERMENT SVCS 401K PLAN	
b	Name of plan sponsor ENTRENOUS YOUTH EMPOWERMENT SERVICES INC	c EIN-PN 45-5621689-001
a	Plan name SHANNON CAPITAL INC 401K PLAN	
b	Name of plan sponsor SHANNON CAPITAL INC	c EIN-PN 46-0391539-001

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	GIBSON CARE INC 401K PLAN	
b	Name of plan sponsor	GIBSON CARE INC	c EIN-PN 46-0490771-001
a	Plan name	GUTSHALL & KOHLE EYECARE LLC 401K PLAN	
b	Name of plan sponsor	GUTSHALL & KOHLE EYECARE LLC	c EIN-PN 46-0516831-001
a	Plan name	JKWON INC 401K PLAN	
b	Name of plan sponsor	JKWON INC	c EIN-PN 46-0679964-001
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	NEK LAW 401K PLAN	
b	Name of plan sponsor	NORTHEAST KINGDOM LAW PLLC	c EIN-PN 46-1337690-001
a	Plan name	GOOD MOVES 401K	
b	Name of plan sponsor	GOOD MOVES DELIVERY INC	c EIN-PN 46-1933984-001
a	Plan name	MACKIE CONSTRUCTION INC 401K PLAN	
b	Name of plan sponsor	MACKIE CONSTRUCTION INC	c EIN-PN 46-2025320-001
a	Plan name	WENZL COLLISION CENTER 401K PLAN	
b	Name of plan sponsor	WENZL COLLISION CENTER	c EIN-PN 46-2076899-001
a	Plan name	VERSEIO 401K RETIREMENT PLAN	
b	Name of plan sponsor	VERSEIO	c EIN-PN 46-2220746-001
a	Plan name	BK BUILDERS 401K PLAN	
b	Name of plan sponsor	BRET MIRICK HOMES LLC DBA BK BUILDERS	c EIN-PN 46-2224667-001
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	KAY DEE COMPANY OF OMAHA 401K PLAN	
b	Name of plan sponsor	KAY DEE COMPANY LLC	c EIN-PN 46-3029426-001

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 ENTHEOS AUDIOLOGY COOPERATIVE INC 401K PSP	
b	Name of plan sponsor ENTHEOS AUDIOLOGY COOPERATIVE INC	c EIN-PN 46-4270647-002
a	Plan name ISIS COMMERCIAL INTERIORS INC RETIREMENT PLAN	
b	Name of plan sponsor ISIS COMMERCIAL INTERIORS INC	c EIN-PN 46-4621261-001
a	Plan name CAMPBELL PROPERTIES 401K PLAN	
b	Name of plan sponsor CAMPBELL PROPERTIES PAYROLL LLC	c EIN-PN 46-4677430-001
a	Plan name SHIPMAN CONSTRUCTION 401K PLAN	
b	Name of plan sponsor SHIPMAN CONSTRUCTION LLC	c EIN-PN 46-4697549-001
a	Plan name SILVERCARE MANAGEMENT 401K PLAN	
b	Name of plan sponsor SILVERCARE MANAGEMENT LLC	c EIN-PN 46-4909373-002
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 CHARITY COMPLIANCE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor CHARITY COMPLIANCE SOLUTIONS INC	c EIN-PN 46-5426371-001
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 CORRECTIVESOLUTIONS 401K PLAN	
b	Name of plan sponsor AMERICAN JUSTICE SOLUTIONS INC	c EIN-PN 46-5647159-001
a	Plan name SOUP TO NUTS ENTERPRISES 401K PLAN	
b	Name of plan sponsor SOUP TO NUTS ENTERPRISES INC	c EIN-PN 46-5972678-001
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 FLATWATER BANK 401K RETIREMENT PLAN	
b	Name of plan sponsor FLATWATER BANK	c EIN-PN 47-0175510-001

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 THERMO KING CHRISTENSEN 401K RETIREMENT	
b	Name of plan sponsor THERMO KING CHRISTENSEN INC	c EIN-PN 47-0411741-001
a	Plan name PACKERS HIDE 401K SAVINGS PLAN	
b	Name of plan sponsor PACKERS HIDE ASSOCIATION INC	c EIN-PN 47-0461400-001
a	Plan name DUFFY BROTHERS CONSTRUCTION 401K PLAN	
b	Name of plan sponsor DUFFY BROTHERS CONSTRUCTION INC	c EIN-PN 47-0469948-002
a	Plan name SHORCO INC PROFIT SHARING PLAN	
b	Name of plan sponsor SHORCO INC	c EIN-PN 47-0486579-001
a	Plan name WN MOREHOUSE TRUCK LINE INC 401K PLAN	
b	Name of plan sponsor WN MOREHOUSE TRUCK LINE INC	c EIN-PN 47-0519808-002
a	Plan name STANTON HEALTH CENTER 457B PLAN	
b	Name of plan sponsor CITY OF STANTON NURSING HOME	c EIN-PN 47-0522636-001
a	Plan name VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VALLEY CORPORATION	c EIN-PN 47-0543890-001
a	Plan name BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN	
b	Name of plan sponsor BORSHEIM JEWELRY COMPANY INC	c EIN-PN 47-0546003-001
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 DPA 401K PLAN	
b	Name of plan sponsor DEL PETERSON AND ASSOCIATES	c EIN-PN 47-0558743-001
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 WOODHOUSE AUTO FAMILY 401K PLAN	
b	Name of plan sponsor WOODHOUSE FORD INC	c EIN-PN 47-0565206-001

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	PTS 401K PLAN
b	Name of plan sponsor	POOLES TRUCK SERVICE INC
c	EIN-PN	47-0580932-001
a	Plan name	TROTTER INC 401K PLAN
b	Name of plan sponsor	TROTTER INC
c	EIN-PN	47-0580954-001
a	Plan name	SENTRY ELECTRIC INC 401K PROFIT SHARING
b	Name of plan sponsor	SENTRY ELECTRIC INC
c	EIN-PN	47-0638377-001
a	Plan name	E-Z KITCHENS 401K PLAN
b	Name of plan sponsor	E-Z KITCHENS INC
c	EIN-PN	47-0677911-001
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	AOI CORPORATION 401K PLAN
b	Name of plan sponsor	AOI CORPORATION
c	EIN-PN	47-0687965-001
a	Plan name	LARSON MOTORS INC 401K PLAN
b	Name of plan sponsor	LARSON MOTORS INC
c	EIN-PN	47-0690377-001
a	Plan name	BODY BASICS 401K PLAN
b	Name of plan sponsor	BODY BASICS INC
c	EIN-PN	47-0698272-001
a	Plan name	RYAN COLLISION CTR 401K PROFIT SHARING PLAN
b	Name of plan sponsor	RYAN COLLISION CENTER INC DBA ABRA AUTO
c	EIN-PN	47-0708055-001
a	Plan name	TOMASEK MACHINE SHOP 401K PLAN
b	Name of plan sponsor	TOMASEK MACHINE SHOP
c	EIN-PN	47-0716284-001
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	MARTINS COUNTER TOPS INC 401K PS PLAN
b	Name of plan sponsor	MARTINS COUNTER TOPS INC
c	EIN-PN	47-0735289-001

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	KLEIN FAMILY TRUCKING 401K PLAN	
b Name of plan sponsor	KLEIN FAMILY TRUCKING INC	c EIN-PN 47-0764701-001
a Plan name	BRANDING INC 401K PLAN	
b Name of plan sponsor	BRANDING INC	c EIN-PN 47-0791243-001
a Plan name	LOGISTICS 365 401K PLAN	
b Name of plan sponsor	LOGISTICS 365	c EIN-PN 47-0799641-001
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	WAYNE'S BODY SHOP SALARY SAVINGS PLAN	
b Name of plan sponsor	WAYNES BODY SHOP INC	c EIN-PN 47-0811392-001
a Plan name	HEARTLAND PERIODONTICS RETIREMENT PLAN	
b Name of plan sponsor	HEARTLAND PERIODONTICS & IMPLANT DENTISTRY	c EIN-PN 47-0812386-001
a Plan name	IDEAL IMAGES RETIREMENT PLAN	
b Name of plan sponsor	IDEAL IMAGES INC	c EIN-PN 47-0813679-001
a Plan name	MORRISSEY ENGINEERING INC 401K RETIREMENT	
b Name of plan sponsor	MORRISSEY ENGINEERING INC	c EIN-PN 47-0818042-001
a Plan name	PHI 401K SAVINGS PLAN	
b Name of plan sponsor	PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a Plan name	SELECT SPRAYERS 401K PLAN	
b Name of plan sponsor	SELECT SPRAYERS & EQUIPMENT LLC	c EIN-PN 47-0828257-001
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	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	TRISTA ONESTI DDS LLC 401K PLAN
b	Name of plan sponsor	TRISTA ONESTI DDS LLC
c	EIN-PN	47-1081791-001
a	Plan name	DUPURE 401K PLAN
b	Name of plan sponsor	BALANCE ENERGY LLC
c	EIN-PN	47-1815789-002
a	Plan name	JASON MECHANICAL INC 401K PLAN
b	Name of plan sponsor	JASON MECHANICAL INC
c	EIN-PN	47-2013596-001
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	MCCULLERS SPORTS GROUP 401K PS PLAN
b	Name of plan sponsor	MCCULLERS SPORTS GROUP LLC
c	EIN-PN	47-2358691-001
a	Plan name	FAIRMOUNT FAMILY DENTIST LLC 401K PLAN
b	Name of plan sponsor	FAIRMOUNT FAMILY DENTIST LLC
c	EIN-PN	47-3724838-001
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	VASTEK INC 401K PLAN
b	Name of plan sponsor	VASTEK INC
c	EIN-PN	47-4047975-001
a	Plan name	RA ELECTRIC 401K PLAN
b	Name of plan sponsor	RA CUSTOMS LLC
c	EIN-PN	47-4961162-001
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	CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN
b	Name of plan sponsor	CARLOS LOPEZ & ASSOCIATES LLC
c	EIN-PN	47-5275587-001
a	Plan name	TOPEKA COUNTRY CLUB 401K PLAN
b	Name of plan sponsor	TOPEKA COUNTRY CLUB
c	EIN-PN	48-0451300-002

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	GUARANTEED FOODS INC 401K PLAN	
b	Name of plan sponsor	GUARANTEED FOODS INC	c EIN-PN 48-0637416-001
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	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	SEK GENETICS INC 401K PLAN	
b	Name of plan sponsor	SEK GENETICS INC	c EIN-PN 48-1162192-001
a	Plan name	INNOVATIVE TOOLING SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	INNOVATIVE TOOLING SOLUTIONS INC	c EIN-PN 48-1265558-001
a	Plan name	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	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	NTT ASSOCIATES 401K PLAN	
b	Name of plan sponsor	NTT ASSOCIATES INC	c EIN-PN 52-1111045-001
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	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	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	PHOENIX IDA 457B RETIREMENT PLAN	
b	Name of plan sponsor	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE	c EIN-PN 52-2038405-001

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&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	ROBERT J TIGANI DDS LLC 401K RGPS PLAN	
b	Name of plan sponsor	ROBERT J TIGANI DDS LLC	c EIN-PN 52-2183768-003
a	Plan name	JD ALLMAN INC 401K PLAN & TRUST	
b	Name of plan sponsor	JD ALLMAN INC	c EIN-PN 52-2380800-001
a	Plan name	RAFALY ELECTRIC 401K SAVINGS PLAN	
b	Name of plan sponsor	RAFALY ELECTRICAL CONTRACTORS INC	c EIN-PN 54-1527095-001
a	Plan name	WEEKS-WILLIAMS-DEVORE INC 401K PLAN	
b	Name of plan sponsor	WEEKS-WILLIAMS & DEVORE INC	c EIN-PN 56-0774903-001
a	Plan name	CAROBELL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CAROBELL INC	c EIN-PN 56-0936909-001
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	LUPOLI REAL ESTATE & CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LUPOLI REAL ESTATE AND CONSTRUCTION CO INC	c EIN-PN 56-1568808-001
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	THE TIMMERMAN SCHOOL EMPLOYEES PS PLAN	
b	Name of plan sponsor	THE TIMMERMAN SCHOOL INC	c EIN-PN 57-0483452-001
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	ALL SOUTH WAREHOUSE D/C INC 401K PLAN	
b	Name of plan sponsor	ALL SOUTH WAREHOUSE D/C INC	c EIN-PN 58-1380373-002

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	ELITE STRUCTURES INC 401K PLAN	
b	Name of plan sponsor	ELITE STRUCTURES INC	c EIN-PN 58-1901587-001
a	Plan name	DEHART AND HILL ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	DEHART AND HILL ELECTRIC INC	c EIN-PN 58-2672068-001
a	Plan name	GUNDERLIN LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GUNDERLIN LTD	c EIN-PN 59-0691691-002
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	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	PORTER ROOFING CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor	PORTER ROOFING CONTRACTORS INC	c EIN-PN 62-1037198-001
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	IMPACT ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor	IMPACT ASSOCIATES INC	c EIN-PN 62-1802820-001
a	Plan name	SCD INFORMATION TECHNOLOGY LLC 401K PSP	
b	Name of plan sponsor	SCD INFORMATION TECHNOLOGY LLC	c EIN-PN 62-2007898-001
a	Plan name	MOBILE PIPE & WELDING 401K RETIREMENT PLAN	
b	Name of plan sponsor	MOBILE PIPE & WELDING INC	c EIN-PN 63-0863324-001
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	TRANSPREMIER LLC 401K PLAN	
b	Name of plan sponsor	TRANSPREMIER LLC	c EIN-PN 65-1024796-001

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	ANAYA CONSTRUCTION PREVAILING WAGE 401K PLAN	
b	Name of plan sponsor	JESUS ANAYA SOLE PROP DBA ANAYA CONSTRUCTI	c EIN-PN 68-0411731-001
a	Plan name	ELECTRO MOTOR 401K PLAN	
b	Name of plan sponsor	ELECTRO MOTOR INC	c EIN-PN 68-0501075-001
a	Plan name	THE HONEST KITCHEN 401K PLAN	
b	Name of plan sponsor	THE HONEST KITCHENINC	c EIN-PN 68-0513034-001
a	Plan name	STONE CONCEPTS INC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	STONE CONCEPTS INC	c EIN-PN 68-0540299-001
a	Plan name	ARASH KIARASH MD PC 401K PLAN	
b	Name of plan sponsor	ARASH KIARASH MD PC	c EIN-PN 68-0655441-001
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	THE FIRST BANK OF THOMAS 401K PLAN	
b	Name of plan sponsor	THE FIRST BANK OF THOMAS	c EIN-PN 73-0479743-001
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	DRAELOS METABOLIC 401K PLAN	
b	Name of plan sponsor	MATHEW T DRAELOS MD PC	c EIN-PN 73-1512735-002
a	Plan name	THE BANK OF SAN JACINTO COUNTY 401K PLAN	
b	Name of plan sponsor	THE BANK OF SAN JACINTO COUNTY	c EIN-PN 74-1472817-001
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	SCI 401K PLAN	
b	Name of plan sponsor	SABLE CONSTRUCTION INC	c EIN-PN 74-2477572-001

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	ISPEAKCOM 401K PLAN	
b	Name of plan sponsor	ISPEAKCOM INC	c EIN-PN 74-2923086-001
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	HEALTHCONNECT PROPERTIES INC 401K PS PLAN	
b	Name of plan sponsor	HEALTHCONNECT PROPERTIES INC	c EIN-PN 74-3032830-001
a	Plan name	JEROME O CARTER MD PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor	JEROME O CARTER MD PLLC	c EIN-PN 74-3166511-001
a	Plan name	PAJ 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PAJ INC	c EIN-PN 75-2257448-001
a	Plan name	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	SHELTON-KELLER 401K PLAN	
b	Name of plan sponsor	SHELTON-KELLER GROUP INC	c EIN-PN 75-2617657-001
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	SORRELS LAW 401K PLAN	
b	Name of plan sponsor	SORRELLS LAW	c EIN-PN 76-0065736-001
a	Plan name	QSI 401K PLAN	
b	Name of plan sponsor	QUALIFIED SPECIALISTS LLC	c EIN-PN 76-0289687-001
a	Plan name	WM SHIRLEY 401K PLAN	
b	Name of plan sponsor	KAINON CONSULTING INC	c EIN-PN 76-0564806-001
a	Plan name	ISTHMUS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ISTHMUS ENGINEERING INC	c EIN-PN 76-0717206-001

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	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	J2 ENGINEERING INC 401K PLAN
b	Name of plan sponsor	J2 ENGINEERING INC
c	EIN-PN	77-0341296-001
a	Plan name	B & B FOREIGN CAR CENTER 401K PLAN
b	Name of plan sponsor	B & B FOREIGN CAR CENTER
c	EIN-PN	77-0448605-001
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	STOECKLE AGRICULTURAL CONSULTING 401K PLAN
b	Name of plan sponsor	STOECKLE AGRICULTURAL CONSULTING
c	EIN-PN	77-0511417-001
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	CAMILLE G CASH MD PA 401K PLAN
b	Name of plan sponsor	CAMILLE G CASH MD PA
c	EIN-PN	77-0591252-001
a	Plan name	SOUTHWINDS INSPECTION CORP 401K PLAN
b	Name of plan sponsor	SOUTHWINDS INSPECTION CORP
c	EIN-PN	80-0011552-001
a	Plan name	XTREME SOLUTIONS INC 401K RETIREMENT PLAN
b	Name of plan sponsor	XTREME SOLUTIONS INC
c	EIN-PN	80-0037246-002
a	Plan name	TRANSWIDE NORTH AMERICA INC 401K PLAN
b	Name of plan sponsor	ALPEGA TMS NORTH AMERICA INC
c	EIN-PN	80-0326682-001
a	Plan name	TEACHSTONE 401K PLAN
b	Name of plan sponsor	TEACHSTONE TRAINING LLC
c	EIN-PN	80-0560774-001
a	Plan name	I & E SOLUTIONS 401K PLAN
b	Name of plan sponsor	I & E SOLUTIONS LLC
c	EIN-PN	80-0646172-001

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	MIRTECH HARVEST CENTER INC 401K	
b	Name of plan sponsor	MIRTECH HARVEST CENTER INC	c EIN-PN 81-3901960-001
a	Plan name	MBF PRINTGROUP INC 401K PLAN	
b	Name of plan sponsor	MBF PRINTGROUP INC	c EIN-PN 81-4925042-001
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	TAYLOR TRUCKING INC RETIREMENT PLAN	
b	Name of plan sponsor	TAYLOR TRUCKING INC	c EIN-PN 82-0370689-001
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	VISITING ANGELS 401K PLAN	
b	Name of plan sponsor	ST JULES LLC	c EIN-PN 82-1019530-001
a	Plan name	NOCO ROOFING LLC 401K PLAN	
b	Name of plan sponsor	NOCO ROOFING LLC	c EIN-PN 82-1547727-001
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	SNF RECEIVABLE SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	SNF RECEIVABLE SOLUTIONS LLC	c EIN-PN 82-2061310-001
a	Plan name	CARE HOME TEAM 401K PLAN	
b	Name of plan sponsor	CARE HOME TEAM LLC	c EIN-PN 82-2227267-001
a	Plan name	PARDO FLEET SOLUTIONS 401K PLAN	
b	Name of plan sponsor	PARDO FLEET SOLUTIONS LLC	c EIN-PN 82-2366819-001
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	NEDIA FINANCIAL FUTURE PLAN	
b	Name of plan sponsor	NEDIA GROUP LLC DBA FANTASIA SALON AND HAIR	c EIN-PN 82-3386047-001
a	Plan name	THERESE E HARRIS INDIVIDUAL K	
b	Name of plan sponsor	THERESE E HARRIS	c EIN-PN 82-4716752-001
a	Plan name	FULLBAY INC 401K PLAN	
b	Name of plan sponsor	FULLBAY INC	c EIN-PN 82-5370543-001
a	Plan name	CREATIVE CHILD CARE 401K SAVINGS PLAN	
b	Name of plan sponsor	CREATIVE CHILD CARE LEARNING CENTER LLC	c EIN-PN 83-0721382-001
a	Plan name	WICHITA PRIMARY CARE LLC 401K PLAN	
b	Name of plan sponsor	WICHITA PRIMARY CARE LLC	c EIN-PN 83-0856818-001
a	Plan name	CORN FED CONCRETE SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	CORN FED CONCRETE SOLUTIONS LLC	c EIN-PN 83-2966465-001
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	COMPLEX HEALTHCARE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	COMPLEX HEALTHCARE SOLUTIONS LLC	c EIN-PN 83-3356744-001
a	Plan name	ARCSTAR ELECTRIC LLC 401K PLAN	
b	Name of plan sponsor	ARCSTAR ELECTRIC LLC	c EIN-PN 83-4467357-001
a	Plan name	R V WORLD 401K PLAN	
b	Name of plan sponsor	RV WORLD RECREATION VEHICLE CENTRE LLC	c EIN-PN 83-4486585-001
a	Plan name	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	ARGUS OF COLORADO 401K PLAN	
b	Name of plan sponsor	ARGUS OF COLORADO DBA ARGUS HOME HEALTH	c EIN-PN 84-1163767-001

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	RAPPORT INC 401K PLAN & TRUST	
b	Name of plan sponsor	RAPPORT INC	c EIN-PN 84-1262279-001
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	TOTAL PEOPLE MANAGEMENT 401K PLAN	
b	Name of plan sponsor	TOTAL PEOPLE MANAGEMENT	c EIN-PN 84-2221885-001
a	Plan name	ACCESSDX 401K PLAN	
b	Name of plan sponsor	ARANSCIA LLC	c EIN-PN 84-2725709-001
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	LINTYCHAN TRANSPORTATION INDIVIDUAL 401K PL	
b	Name of plan sponsor	LINTYCHAN TRANSPORTATION	c EIN-PN 84-3569854-001
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	COPLEY ROEMMICH FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	COPLEY ROEMMICH FAMILY DENTAL	c EIN-PN 84-4049209-001
a	Plan name	BEAUTI PROS 401K PLAN	
b	Name of plan sponsor	BEAUTI PROS	c EIN-PN 85-3270701-001
a	Plan name	FISHER INSURANCE GROUP LLC 401K PLAN	
b	Name of plan sponsor	FISHER INSURANCE GROUP LLC	c EIN-PN 85-3619481-001
a	Plan name	UAI 401K PLAN	
b	Name of plan sponsor	UNITED APPAREL INDUSTRIES	c EIN-PN 85-3926972-001
a	Plan name	DRIGGERS CONSTRUCTION 401K P/S PLAN	
b	Name of plan sponsor	DRIGGERS CONSTRUCTION OF MIDDLE GA LLC	c EIN-PN 85-4071720-001

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 COCOPAH INDIAN TRIBE 401K RETIREMENT	
b	Name of plan sponsor COCOPAH INDIAN TRIBE	c EIN-PN 86-0255690-002
a	Plan name TMM FAMILY SERVICES INC 401K PLAN	
b	Name of plan sponsor TMM FAMILY SERVICES INC	c EIN-PN 86-0379677-001
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 DALMOLIN EXCAVATING INC 401K PLAN	
b	Name of plan sponsor DALMOLIN EXCAVATING INC	c EIN-PN 86-0782533-001
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 TRIGON STAFF 401K PLAN	
b	Name of plan sponsor TRIGON STAFF ADMINISTRATORS INC	c EIN-PN 86-1014493-001
a	Plan name GEN-MARK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GEMCO-REMARK SALES LLC	c EIN-PN 86-1168002-001
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 MOUNTAIN UTAH FAMILY MEDICINE 401K PLAN	
b	Name of plan sponsor MOUNTAIN UTAH FAMILY MEDICINE	c EIN-PN 87-0509414-001
a	Plan name ALTA ALLOYS 401K PLAN	
b	Name of plan sponsor ALTA ALLOYS	c EIN-PN 87-1031781-001
a	Plan name BRIAN CARR & ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor BRIAN CARR & ASSOCIATES INC	c EIN-PN 87-1697566-001
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

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	CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
b	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-001
a	Plan name	ADVANCE INSTALLATIONS INC 401K PLAN	
b	Name of plan sponsor	ADVANCE INSTALLATIONS INC	c EIN-PN 88-0150572-001
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	WATERFRONT CONSTRUCTION INC 401K PS PLAN	
b	Name of plan sponsor	WATERFRONT CONSTRUCTION INC	c EIN-PN 91-1010788-001
a	Plan name	S & S MASONRY INC 401K PLAN	
b	Name of plan sponsor	S & S MASONRY INC	c EIN-PN 91-1747784-001
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	JB STEEL 401K PLAN	
b	Name of plan sponsor	JB STEEL LLC	c EIN-PN 93-0581861-006
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	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	SANDHILLS RENEWABLE ENERGY LLC 401K PLAN	
b	Name of plan sponsor	SANDHILLS RENEWABLE ENERGY LLC	c EIN-PN 93-2382958-001
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	MY LIFE FOUNDATION INC 401K PSP	
b	Name of plan sponsor	MY LIFE FOUNDATION INC	c EIN-PN 94-3347107-001

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	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	ALPERT & ALPERT IRON & METAL LB UNION 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-006
a	Plan name	ALPERT & ALPERT IRON & METAL INC 401K PS PLAN	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-001
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	TELL STEEL PROFIT SHARING PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-005
a	Plan name	TELL STEEL INC 401K PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-002
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	VISTA METALS CORP 401K & PS PLAN	
b	Name of plan sponsor	VISTA METALS CORP	c EIN-PN 95-2139701-001
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	WISE & HEALTHY AGING 401K PLAN	
b	Name of plan sponsor	WISE & HEALTHY AGING	c EIN-PN 95-2788014-002
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	PACIFIC INDUSTRIAL ELECTRIC PSP	
b	Name of plan sponsor	PACIFIC INTL ELECTRIC CO INC DBA PIE	c EIN-PN 95-2870436-001

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	REPUBLIC FENCE 401K PLAN	
b	Name of plan sponsor	REPUBLIC FENCE CO INC	c EIN-PN 95-3300909-001
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	PALM DESERT RESORTER ASSOCIATION 401K PLAN	
b	Name of plan sponsor	PALM DESERT RESORTER ASSOCIATION	c EIN-PN 95-3531263-001
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	TORRANCE ORTHOPAEDIC SPORTS MEDICINE GRP 401K	
b	Name of plan sponsor	TORRANCE ORTHOPAEDIC & SPORTS MEDICINE GROUP	c EIN-PN 95-3791747-001
a	Plan name	TPPM 401K PLAN	
b	Name of plan sponsor	TORREY PINES PROPERTY MANAGEMENT INC	c EIN-PN 95-3802727-001
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	LOAN AMERICA INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LOAN AMERICA INC	c EIN-PN 95-4658269-001
a	Plan name	HENRY S SE RETIREMENT PLAN	
b	Name of plan sponsor	JJCVB GANDARA INC	c EIN-PN 95-4746842-001
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	OHIOSE 401K PLAN	
b	Name of plan sponsor	OHIO SE INC	c EIN-PN 99-2245989-001
a	Plan name	UNITED OF OMAHA FOR VARIOUS RET PLANS	
b	Name of plan sponsor	UNITED OF OMAHA	c EIN-PN 43-1795138-001

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 2025	B Three-digit plan number (PN) ▶ 230
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)	41764
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	585899
(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)	82967890
(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	103176499	83595553
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	426841	30060
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	426841	30060
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	102749658	83565493

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)	68990	
(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)		68990
(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)	37051223	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	31745833	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		5305390
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3568935	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3568935

		(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		8943315

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)	63862	
(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)		63862
j Total expenses. Add all expense amounts in column (b) and enter total	2j		63862

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8879453
l Transfers of assets:			
(1) To this plan	2l(1)		21109479
(2) From this plan	2l(2)		49173097

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 _____.