

<p style="text-align: center;"><b>Form 5500</b></p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p style="font-size: x-small;">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).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	--

**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**

<p><b>1a</b> Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2030</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>231</u></p>
<p><b>2a</b> 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 &amp; TRUST COMPANY</u></p> <p><u>820 GESSNER ROAD</u> <u>SUITE 1250</u> <u>HOUSTON, TX 77024</u></p>	<p><b>1c</b> Effective date of plan <u>02/01/2022</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>74-2008758</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>713-460-1000</u></p> <p><b>2d</b> Business code (see instructions)</p>

**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.

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

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

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

---

**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

---

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

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

<b>A</b> Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2030</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>231</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS &amp; TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>74-2008758</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
---------------	--

<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

**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)

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	WATERFRONT CONSTRUCTION INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	WATERFRONT CONSTRUCTION INC	<b>c</b> EIN-PN 91-1010788-001
<b>a</b>	Plan name	LEACH CAMPER SALES 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LEACH CAMPER SALES INC	<b>c</b> EIN-PN 42-0926894-001
<b>a</b>	Plan name	MICHAEL J VILAG DDS PC 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL J VILAG DDS PC	<b>c</b> EIN-PN 84-3500534-001
<b>a</b>	Plan name	PRO AIR INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRO AIR INC	<b>c</b> EIN-PN 26-4682398-001
<b>a</b>	Plan name	LEGEND FENCE CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	LEGEND FENCE CORP	<b>c</b> EIN-PN 33-0933059-001
<b>a</b>	Plan name	THE HOMELESS ALLIANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HOMELESS ALLIANCE INC	<b>c</b> EIN-PN 11-3718005-001
<b>a</b>	Plan name	CCI 401K PLAN	
<b>b</b>	Name of plan sponsor	CALHOUN COMMUNICATIONS INC	<b>c</b> EIN-PN 42-1269626-001
<b>a</b>	Plan name	CARE HOME TEAM 401K PLAN	
<b>b</b>	Name of plan sponsor	CARE HOME TEAM LLC	<b>c</b> EIN-PN 82-2227267-001
<b>a</b>	Plan name	A & M LIMOUSINES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	A & M LIMOUSINES LLC	<b>c</b> EIN-PN 14-1920595-001
<b>a</b>	Plan name	ALPHA HOUSE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALPHA HOUSE INC	<b>c</b> EIN-PN 25-1231807-001
<b>a</b>	Plan name	WATTS INSURANCE GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	WATTS INSURANCE GROUP INC	<b>c</b> EIN-PN 47-3560054-001
<b>a</b>	Plan name	DCC 401K PLAN	
<b>b</b>	Name of plan sponsor	DURAN CUTTING CORP	<b>c</b> EIN-PN 13-3688747-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GREAT LAKES BAY SURG & ENDOSCOPY 401K PLAN	
<b>b</b>	Name of plan sponsor	NPS ASSOCIATES LLC DBA GREAT LAKES SURGERY	<b>c</b> EIN-PN 20-8500953-001
<b>a</b>	Plan name	TERRY MCGILL INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TERRY MCGILL INC	<b>c</b> EIN-PN 47-0699093-001
<b>a</b>	Plan name	GEOKEY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GEOKEY INC	<b>c</b> EIN-PN 82-1837352-001
<b>a</b>	Plan name	MELLEN SMITH AND PIVOZ 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MELLEN SMITH & PIVOZ PLC	<b>c</b> EIN-PN 38-2050733-001
<b>a</b>	Plan name	ELITE STRUCTURES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ELITE STRUCTURES INC	<b>c</b> EIN-PN 58-1901587-001
<b>a</b>	Plan name	SPEED AUTO MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	SPEED AUTO MANAGEMENT LLC	<b>c</b> EIN-PN 87-3785587-001
<b>a</b>	Plan name	DISCOVERY FINANCIAL CENTERS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	DISCOVERY FINANCIAL CENTERS INC	<b>c</b> EIN-PN 41-1716745-001
<b>a</b>	Plan name	PORTER ROOFING CONTRACTORS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PORTER ROOFING CONTRACTORS INC	<b>c</b> EIN-PN 62-1037198-001
<b>a</b>	Plan name	KRAUTZBERGER NORTH AMERICA 401K PLAN	
<b>b</b>	Name of plan sponsor	KRAUTZBERGER NORTH AMERICA INC	<b>c</b> EIN-PN 47-1109952-001
<b>a</b>	Plan name	RETIREMENT PREPARATION 401K PLAN	
<b>b</b>	Name of plan sponsor	VILLA DEL SOL APARTMENTS LLC	<b>c</b> EIN-PN 80-0771037-001
<b>a</b>	Plan name	CHESS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE HEALTH ENVIRONMENTAL SAFETY SERVICE	<b>c</b> EIN-PN 41-1757492-001
<b>a</b>	Plan name	IOWA EARTH WORKS 401K PLAN	
<b>b</b>	Name of plan sponsor	BALLARD LLC	<b>c</b> EIN-PN 42-1467898-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CUSTOM DENTAL LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM DENTAL LLC	<b>c</b> EIN-PN 46-0905644-001
<b>a</b>	Plan name	ROLAND ELECTRIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROLAND ELECTRIC	<b>c</b> EIN-PN 33-0517459-001
<b>a</b>	Plan name	MARK HEUETT GENERAL CONTRACTOR INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK HEUETT GENERAL CONTRACTOR INC	<b>c</b> EIN-PN 93-1319951-002
<b>a</b>	Plan name	HANNA CONSTRUCTION INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HANNA CONSTRUCTION INC DBA HANNA CONSTRUCT	<b>c</b> EIN-PN 33-0719144-001
<b>a</b>	Plan name	THE SHERWOOD FOUNDATION 401K PSP	
<b>b</b>	Name of plan sponsor	THE SHERWOOD FOUNDATION	<b>c</b> EIN-PN 47-0824755-001
<b>a</b>	Plan name	TRIAD ENERGY INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRIAD ENERGY INC	<b>c</b> EIN-PN 73-1115516-001
<b>a</b>	Plan name	VISTA METALS GEORGIA 401K & PS PLAN	
<b>b</b>	Name of plan sponsor	VISTA METALS-GEORGIA	<b>c</b> EIN-PN 27-1043263-001
<b>a</b>	Plan name	BEAUTI PROS 401K PLAN	
<b>b</b>	Name of plan sponsor	BEAUTI PROS	<b>c</b> EIN-PN 85-3270701-001
<b>a</b>	Plan name	DALMOLIN EXCAVATING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	DALMOLIN EXCAVATING INC	<b>c</b> EIN-PN 86-0782533-001
<b>a</b>	Plan name	DUSSIAS WITTENBERG KOENIGSBERGER 401K PLAN	
<b>b</b>	Name of plan sponsor	DUSSIAS WITTENBERG KOENIGSBERGER LLP	<b>c</b> EIN-PN 47-2346637-001
<b>a</b>	Plan name	MAVERICK CONVERTING 401K PLAN	
<b>b</b>	Name of plan sponsor	SUPER TECH LEASING INC	<b>c</b> EIN-PN 43-1885157-001
<b>a</b>	Plan name	CHRIS'S CUSTOM CABINETS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CHRISS CUSTOM CABINETS INC	<b>c</b> EIN-PN 86-0394651-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEW HOPE TRANSITIONAL HOUSING 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW HOPE TRANSITIONAL HOUSING INC	<b>c</b> EIN-PN 27-1440474-001
<b>a</b>	Plan name	JIM KAY & ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	JIM KAY & ASSOCIATES	<b>c</b> EIN-PN 36-4199692-001
<b>a</b>	Plan name	ENTHEOS AUDIOLOGY COOPERATIVE INC 401K PSP	
<b>b</b>	Name of plan sponsor	ENTHEOS AUDIOLOGY COOPERATIVE INC	<b>c</b> EIN-PN 46-4270647-002
<b>a</b>	Plan name	STILLWATER PROVISIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	STILLWATER PROVISIONS	<b>c</b> EIN-PN 27-0235099-001
<b>a</b>	Plan name	DPA 401K PLAN	
<b>b</b>	Name of plan sponsor	DEL PETERSON AND ASSOCIATES	<b>c</b> EIN-PN 47-0558743-001
<b>a</b>	Plan name	WEEKS-WILLIAMS-DEVORE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WEEKS-WILLIAMS & DEVORE INC	<b>c</b> EIN-PN 56-0774903-001
<b>a</b>	Plan name	LARRY VOGLER TRUCKING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	LARRY VOGLER TRUCKING LLC	<b>c</b> EIN-PN 20-8176718-001
<b>a</b>	Plan name	ACP CONSTRUCTION & SONS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACP CONSTRUCTION & SONS INC	<b>c</b> EIN-PN 87-2780834-001
<b>a</b>	Plan name	CONTINENTAL LIGHTING CORP 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CONTINENTAL LIGHTING CORP	<b>c</b> EIN-PN 13-3522727-001
<b>a</b>	Plan name	ALPERT & ALPERT IRON & METAL PROD 401K	
<b>b</b>	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	<b>c</b> EIN-PN 95-1860560-007
<b>a</b>	Plan name	GARETH K STORER IK PLAN	
<b>b</b>	Name of plan sponsor	GARETH K STORER	<b>c</b> EIN-PN 26-2124549-001
<b>a</b>	Plan name	STEDMAN FLOOR COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	STEDMAN FLOOR COMPANY	<b>c</b> EIN-PN 31-0823623-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	B&D AUTO PARTS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	B&D AUTO PARTS INC	<b>c</b> EIN-PN 52-2124827-001
<b>a</b>	Plan name	CONSUMER 51 LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CONSUMER 51 LLC	<b>c</b> EIN-PN 45-2501771-001
<b>a</b>	Plan name	DBA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAN BUCKEY ASSOCIATES INC	<b>c</b> EIN-PN 43-1198569-003
<b>a</b>	Plan name	CARMENITA SEAFOOD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARMENITA SEAFOOD HOUSE INC	<b>c</b> EIN-PN 95-4796784-001
<b>a</b>	Plan name	CENTER FOR TRUE HARMONY WELLNESS 401K PLAN	
<b>b</b>	Name of plan sponsor	THE CENTER FOR TRUE HARMONY WELLNESS AND MED	<b>c</b> EIN-PN 20-0775994-001
<b>a</b>	Plan name	VOGUE NAIL SPA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VOGUE NAIL SPA INC	<b>c</b> EIN-PN 88-3569381-001
<b>a</b>	Plan name	BAYSIDE MECHANICAL INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BAYSIDE MECHANICAL INC	<b>c</b> EIN-PN 20-1083341-001
<b>a</b>	Plan name	INVICTUS LAW PC 401K PLAN	
<b>b</b>	Name of plan sponsor	INVICTUS LAW PC	<b>c</b> EIN-PN 45-4292258-001
<b>a</b>	Plan name	AMERICAN MOVERS 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN MOVERS	<b>c</b> EIN-PN 47-2688546-001
<b>a</b>	Plan name	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	
<b>b</b>	Name of plan sponsor	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	<b>c</b> EIN-PN 35-0889748-001
<b>a</b>	Plan name	TEST X LLC 401K PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TEST X LLC	<b>c</b> EIN-PN 46-5227141-001
<b>a</b>	Plan name	DUPURE 401K PLAN	
<b>b</b>	Name of plan sponsor	BALANCE ENERGY LLC	<b>c</b> EIN-PN 47-1815789-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LOAN AMERICA INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LOAN AMERICA INC	<b>c</b> EIN-PN 95-4658269-001
<b>a</b>	Plan name	MY 401K PLAN	
<b>b</b>	Name of plan sponsor	KINSTLER BROWN COMPANIES INC	<b>c</b> EIN-PN 37-1792802-001
<b>a</b>	Plan name	FIREBIRD AST RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor	FIREBIRD ANALYTICAL SOLUTIONS & TECHNOLOGIES	<b>c</b> EIN-PN 45-1475401-001
<b>a</b>	Plan name	PEARLWIND 401K PLAN	
<b>b</b>	Name of plan sponsor	PEARLWIND LLC	<b>c</b> EIN-PN 27-0627611-001
<b>a</b>	Plan name	GLOBAL COMMUNICATION GROUP INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GLOBAL COMMUNICATION GROUP INC	<b>c</b> EIN-PN 95-4890079-001
<b>a</b>	Plan name	CARRIAGE HOUSE 401K PLAN	
<b>b</b>	Name of plan sponsor	RESURRECTION HOT RODS INC DBA CARRIAGE HOUS	<b>c</b> EIN-PN 82-2438950-001
<b>a</b>	Plan name	WINJET AUTOMOTIVE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WINJET AUTOMOTIVE INC	<b>c</b> EIN-PN 27-0437448-001
<b>a</b>	Plan name	CLASSIC EVENTS 401K PLAN	
<b>b</b>	Name of plan sponsor	DES MOINES A TO Z PARTY RENTAL INC	<b>c</b> EIN-PN 41-1951244-001
<b>a</b>	Plan name	INTELLIGRATED COMMUNICATIONS 401K PSP	
<b>b</b>	Name of plan sponsor	INTELLIGRATED COMMUNICATIONS INC	<b>c</b> EIN-PN 45-2422188-001
<b>a</b>	Plan name	ARAPAHOE OILFIELD SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	ARAPAHOE OILFIELD SERVICES LLC	<b>c</b> EIN-PN 20-5439087-001
<b>a</b>	Plan name	GAM LAW 401K PLAN	
<b>b</b>	Name of plan sponsor	MAG LAW OFFICES PC	<b>c</b> EIN-PN 13-4306677-001
<b>a</b>	Plan name	DIVERSE ACQUISITION COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	DIVERSE ACQUISITION COMPANY INC	<b>c</b> EIN-PN 20-4707578-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TK'S PAINTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TKS PAINTING LLC	<b>c</b> EIN-PN 34-2024414-001
<b>a</b>	Plan name	KIRBY VETERINARY HOSPITAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KIRBY VETERINARY HOSPITAL	<b>c</b> EIN-PN 26-2353403-001
<b>a</b>	Plan name	TFD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TWIETMEYER FAMILY DENTISTRY LLC	<b>c</b> EIN-PN 85-3282857-001
<b>a</b>	Plan name	ENTRENOUS YOUTH EMPOWERMENT SVCS 401K PLAN	
<b>b</b>	Name of plan sponsor	ENTRENOUS YOUTH EMPOWERMENT SERVICES INC	<b>c</b> EIN-PN 45-5621689-001
<b>a</b>	Plan name	ENVIRONMENTAL SPRAY SYSTEMS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL SPRAY SYSTEMS INC	<b>c</b> EIN-PN 33-0340030-001
<b>a</b>	Plan name	SANDHILLS RENEWABLE ENERGY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SANDHILLS RENEWABLE ENERGY LLC	<b>c</b> EIN-PN 93-2382958-001
<b>a</b>	Plan name	FULLBAY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	FULLBAY INC	<b>c</b> EIN-PN 82-5370543-001
<b>a</b>	Plan name	MARTINS COUNTER TOPS INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	MARTINS COUNTER TOPS INC	<b>c</b> EIN-PN 47-0735289-001
<b>a</b>	Plan name	NTG 401K PLAN	
<b>b</b>	Name of plan sponsor	NTG GROUPS LLC	<b>c</b> EIN-PN 47-5117707-001
<b>a</b>	Plan name	HENRY S SE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	J J C V B GANDARA INC	<b>c</b> EIN-PN 95-4746842-001
<b>a</b>	Plan name	CREEK PLASTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	CREEK PLASTICS LLC	<b>c</b> EIN-PN 38-3834228-001
<b>a</b>	Plan name	CAT HOSPITAL OF TUCSON 401K PLAN	
<b>b</b>	Name of plan sponsor	JOHNSTON VETERINARY CARE LLC	<b>c</b> EIN-PN 88-0783762-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RAPIDIT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RAPIDIT INC	<b>c</b> EIN-PN 03-0529614-001
<b>a</b>	Plan name	JONES MOBILITY 401K PLAN	
<b>b</b>	Name of plan sponsor	JONES ADAPTIVE MOBILITY	<b>c</b> EIN-PN 51-0676212-001
<b>a</b>	Plan name	BK BUILDERS 401K PLAN	
<b>b</b>	Name of plan sponsor	BRET MIRICK HOMES LLC DBA BK BUILDERS	<b>c</b> EIN-PN 46-2224667-001
<b>a</b>	Plan name	CANNON UTILITY SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CANNON UTILITY SERVICES LLC	<b>c</b> EIN-PN 27-3701067-001
<b>a</b>	Plan name	ELLIE SEWING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ELLIE SEWING INC	<b>c</b> EIN-PN 81-1243919-001
<b>a</b>	Plan name	B A B INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BAB INC	<b>c</b> EIN-PN 47-0596241-001
<b>a</b>	Plan name	WHEELHOUSE INNOVATIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WHEELHOUSE INNOVATIONS LLC	<b>c</b> EIN-PN 27-4934290-001
<b>a</b>	Plan name	ARCSTAR ELECTRIC LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARCSTAR ELECTRIC LLC	<b>c</b> EIN-PN 83-4467357-001
<b>a</b>	Plan name	HOME TITLE CONNECT LLC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	HOME TITLE CONNECT LLC	<b>c</b> EIN-PN 20-0346889-001
<b>a</b>	Plan name	LAGOON PUMPING & DREDGING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LAGOON PUMPING & DREDGING INC	<b>c</b> EIN-PN 43-2010523-001
<b>a</b>	Plan name	HUMBER DESIGN GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	HUMBER DESIGN GROUP INC	<b>c</b> EIN-PN 47-2438517-001
<b>a</b>	Plan name	LANDMARK ALLIANCE CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	LANDMARK ALLIANCE CORPORATION	<b>c</b> EIN-PN 75-2720707-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VKGS LLC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VKGS LLC	<b>c</b> EIN-PN 90-0177886-001
<b>a</b>	Plan name	BRYLLAN 401K PLAN	
<b>b</b>	Name of plan sponsor	BRYLLAN LLC	<b>c</b> EIN-PN 27-1568186-001
<b>a</b>	Plan name	MKFRN 401K PLAN	
<b>b</b>	Name of plan sponsor	MKFRN LLC	<b>c</b> EIN-PN 85-4149812-001
<b>a</b>	Plan name	LAB 57 INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAB 57 INC	<b>c</b> EIN-PN 46-4920260-001
<b>a</b>	Plan name	CONTRACTORS INSURANCE AGENCY 401K PLAN	
<b>b</b>	Name of plan sponsor	CONTRACTORS INSURANCE AGENCY INC	<b>c</b> EIN-PN 37-1789030-001
<b>a</b>	Plan name	JC DESMARAIS & ASSOCIATES INC/IRRIGATION	
<b>b</b>	Name of plan sponsor	JC DESMARAIS AND ASSOCIATES INC	<b>c</b> EIN-PN 04-3056097-001
<b>a</b>	Plan name	GATEWAY HOME CARE LLC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	GATEWAY HOME CARE LLC	<b>c</b> EIN-PN 27-4871931-001
<b>a</b>	Plan name	RESONANCE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RESONANCE INC	<b>c</b> EIN-PN 73-1396354-001
<b>a</b>	Plan name	SOUTHWEST STRATEGIES LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST STRATEGIES LLC	<b>c</b> EIN-PN 33-0900047-003
<b>a</b>	Plan name	NEDIA FINANCIAL FUTURE PLAN	
<b>b</b>	Name of plan sponsor	NEDIA GROUP LLC DBA FANTASIA SALON AND HAIR	<b>c</b> EIN-PN 82-3386047-001
<b>a</b>	Plan name	401K GAYLA ADAMS 401K	
<b>b</b>	Name of plan sponsor	GAYLA ADAMS LLC	<b>c</b> EIN-PN 87-2735041-001
<b>a</b>	Plan name	NORMANDEAU TECHNOLOGIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	NORMANDEAU TECHNOLOGIES INC	<b>c</b> EIN-PN 04-3431594-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TOUKAN & COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	TOUKAN & COMPANY	<b>c</b> EIN-PN 31-1081751-001
<b>a</b>	Plan name	MDS 401K PLAN	
<b>b</b>	Name of plan sponsor	MODERN DISPOSAL SYSTEMS LLC	<b>c</b> EIN-PN 39-1966606-001
<b>a</b>	Plan name	THE FAIRFAX INSURANCE GROUP LLC PSP AND TRUST	
<b>b</b>	Name of plan sponsor	THE FAIRFAX INSURANCE GROUP LLC	<b>c</b> EIN-PN 54-1941896-001
<b>a</b>	Plan name	D'ANDREA & ASSOCIATES LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	DANDREA & ASSOCIATES LTD	<b>c</b> EIN-PN 36-4028688-001
<b>a</b>	Plan name	FIFTH AVENUE ICE CREAM OF NEVADA INC 401K PLA	
<b>b</b>	Name of plan sponsor	FIFTH AVENUE ICE CREAM OF NEVADA INC	<b>c</b> EIN-PN 22-3228763-001
<b>a</b>	Plan name	JAMII LAW 401K PLAN	
<b>b</b>	Name of plan sponsor	JAMII LAW	<b>c</b> EIN-PN 82-3830711-001
<b>a</b>	Plan name	DIANE N MARTIN 401K	
<b>b</b>	Name of plan sponsor	DIANE N MARTIN	<b>c</b> EIN-PN 82-3609055-001
<b>a</b>	Plan name	SHELTON-KELLER 401K PLAN	
<b>b</b>	Name of plan sponsor	SHELTON-KELLER GROUP INC	<b>c</b> EIN-PN 75-2617657-001
<b>a</b>	Plan name	WHITELEATHER GRAIN LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WHITELEATHER GRAIN LLC	<b>c</b> EIN-PN 27-1176976-001
<b>a</b>	Plan name	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	
<b>b</b>	Name of plan sponsor	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	<b>c</b> EIN-PN 22-3948303-001
<b>a</b>	Plan name	KTI LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	KTI LTD	<b>c</b> EIN-PN 23-2820510-001
<b>a</b>	Plan name	SEQUOIA APPLIED SOLUTIONS INC 401K PSP	
<b>b</b>	Name of plan sponsor	SEQUOIA APPLIED SOLUTIONS INC	<b>c</b> EIN-PN 45-5146532-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VACAYZEN 401K PLAN	
<b>b</b>	Name of plan sponsor	30A BEACH HOSPITALITY HOLDINGS LLC	<b>c</b> EIN-PN 84-3759073-001
<b>a</b>	Plan name	STRATEGIC COMPLIANCE PARTNERS 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	STRATEGIC COMPLIANCE PARTNERS	<b>c</b> EIN-PN 46-5591861-001
<b>a</b>	Plan name	MEMORIAL HOME INC 401K RSP	
<b>b</b>	Name of plan sponsor	MEMORIAL HOME INC	<b>c</b> EIN-PN 48-0643239-001
<b>a</b>	Plan name	MACKIE CONSTRUCTION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MACKIE CONSTRUCTION INC	<b>c</b> EIN-PN 46-2025320-001
<b>a</b>	Plan name	NOCO ROOFING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NOCO ROOFING LLC	<b>c</b> EIN-PN 82-1547727-001
<b>a</b>	Plan name	FAIRMOUNT FAMILY DENTIST LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	FAIRMOUNT FAMILY DENTIST LLC	<b>c</b> EIN-PN 47-3724838-001
<b>a</b>	Plan name	LK AUTO D/B/A TOYOTA OF VINELAND 401K PLAN	
<b>b</b>	Name of plan sponsor	LK AUTO SALES INC DBA TOYOTA OF VINELAND	<b>c</b> EIN-PN 22-3083829-001
<b>a</b>	Plan name	THOMPSON LAW PLLC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON LAW PLLC	<b>c</b> EIN-PN 84-3997217-001
<b>a</b>	Plan name	EXCALIBUR LAUNDRIES INC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	EXCALIBUR LAUNDRIES INC	<b>c</b> EIN-PN 39-1391734-001
<b>a</b>	Plan name	MAGNISON & MOEN INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MAGNISON & MOEN INC	<b>c</b> EIN-PN 95-2644487-001
<b>a</b>	Plan name	VIP SEAFOOD RESTAURANT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VIP SEAFOOD RESTAURANT INC 4	<b>c</b> EIN-PN 26-3924932-001
<b>a</b>	Plan name	MINSTER CHIROPRACTIC CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	MINSTER CHIROPRACTIC CENTER LLC	<b>c</b> EIN-PN 47-5132405-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NEW GENERATION MEDICAL PRACTICE 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW GENERATION MEDICAL PRACTICE PLLC	<b>c</b> EIN-PN 27-1295512-001
<b>a</b>	Plan name	NORTHEAST MACHINE & MOTOR SUPPLY INC 401K	
<b>b</b>	Name of plan sponsor	NORTHEAST MACHINE & MOTOR SUPPLY INC	<b>c</b> EIN-PN 16-1118105-001
<b>a</b>	Plan name	TK DESIGN & ASSOCIATES INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	TK DESIGN & ASSOCIATES INC	<b>c</b> EIN-PN 30-0334148-001
<b>a</b>	Plan name	ABC SEAMLESS 401K PLAN	
<b>b</b>	Name of plan sponsor	ABC METRO INC	<b>c</b> EIN-PN 20-2807880-001
<b>a</b>	Plan name	UNITED DIESEL SERVICE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED DIESEL SERVICE INC	<b>c</b> EIN-PN 95-2668961-001
<b>a</b>	Plan name	TOPEKA COUNTRY CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor	TOPEKA COUNTRY CLUB	<b>c</b> EIN-PN 48-0451300-002
<b>a</b>	Plan name	CHARITY COMPLIANCE SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHARITY COMPLIANCE SOLUTIONS INC	<b>c</b> EIN-PN 46-5426371-001
<b>a</b>	Plan name	THE TIMMERMAN SCHOOL EMPLOYEES PS PLAN	
<b>b</b>	Name of plan sponsor	THE TIMMERMAN SCHOOL INC	<b>c</b> EIN-PN 57-0483452-001
<b>a</b>	Plan name	SFS SECURITY FIRE SYSTEMS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SFS SECURITY FIRE SYSTEMS INC	<b>c</b> EIN-PN 75-2523646-001
<b>a</b>	Plan name	BAKERS CANDIES 401K PLAN	
<b>b</b>	Name of plan sponsor	BAKERS CANDIES INC	<b>c</b> EIN-PN 47-0711638-001
<b>a</b>	Plan name	TUSTIN COMMUNITY BANK PS 401K PLAN	
<b>b</b>	Name of plan sponsor	TUSTIN COMMUNITY BANK	<b>c</b> EIN-PN 95-3538278-002
<b>a</b>	Plan name	CASA NUEVA VIDA INC 401K PSP	
<b>b</b>	Name of plan sponsor	CASA NUEVA VIDA INC	<b>c</b> EIN-PN 04-3012063-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name ROBERT J TIGANI DDS LLC 401K RGPS PLAN	
<b>b</b>	Name of plan sponsor ROBERT J TIGANI DDS LLC	<b>c</b> EIN-PN 52-2183768-003
<b>a</b>	Plan name CENTRAL OHIO PLASTIC SURGERY 401K PLAN	
<b>b</b>	Name of plan sponsor CENTRAL OHIO PLASTIC SURGERY INC	<b>c</b> EIN-PN 20-2940809-001
<b>a</b>	Plan name AGILE TRANSFORMATION INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AGILE TRANSFORMATION INC	<b>c</b> EIN-PN 27-0528434-001
<b>a</b>	Plan name CUSTOM AG FORMULATORS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CUSTOM AGRICULTURAL FORMULATORS INC	<b>c</b> EIN-PN 77-0536417-001
<b>a</b>	Plan name SUNIL KUMAR DMD PC 401K PLAN	
<b>b</b>	Name of plan sponsor SUNIL KUMAR DMD PC	<b>c</b> EIN-PN 27-1229490-001
<b>a</b>	Plan name B & B FOREIGN CAR CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor B & B FOREIGN CAR CENTER	<b>c</b> EIN-PN 77-0448605-001
<b>a</b>	Plan name KASSIK MILLING CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor KASSIK MILLING CO INC	<b>c</b> EIN-PN 47-0561540-001
<b>a</b>	Plan name AB GOLDEN RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AB GOLDEN LLC	<b>c</b> EIN-PN 85-3134997-001
<b>a</b>	Plan name NEK LAW 401K PLAN	
<b>b</b>	Name of plan sponsor NORTHEAST KINGDOM LAW PLLC	<b>c</b> EIN-PN 46-1337690-001
<b>a</b>	Plan name MANAGEDWAY COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor MANAGEDWAY COMPANY	<b>c</b> EIN-PN 20-4408287-001
<b>a</b>	Plan name INNOVATIVE SLEEP CENTERS 401K PLAN	
<b>b</b>	Name of plan sponsor INNOVATIVE SLEEP CENTRES INC	<b>c</b> EIN-PN 47-1276359-001
<b>a</b>	Plan name G & M WELL DRILLING INC 40K PLAN	
<b>b</b>	Name of plan sponsor G & M WELL DRILLING INC	<b>c</b> EIN-PN 81-0928327-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	HEALTHCONNECT PROPERTIES INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	HEALTHCONNECT PROPERTIES INC	<b>c</b> EIN-PN 74-3032830-001
<b>a</b>	Plan name	LOGISTICS 365 401K PLAN	
<b>b</b>	Name of plan sponsor	LOGISTICS 365	<b>c</b> EIN-PN 47-0799641-001
<b>a</b>	Plan name	OBARS MACHINE & TOOL COMPANY PS 401K PLAN	
<b>b</b>	Name of plan sponsor	OBARS MACHINE & TOOL COMPANY INC	<b>c</b> EIN-PN 34-0965850-001
<b>a</b>	Plan name	DRIGGERS CONSTRUCTION 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	DRIGGERS CONSTRUCTION OF MIDDLE GA LLC	<b>c</b> EIN-PN 85-4071720-001
<b>a</b>	Plan name	MOBILE PIPE & WELDING 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOBILE PIPE & WELDING INC	<b>c</b> EIN-PN 63-0863324-001
<b>a</b>	Plan name	VISTA METALS CORP UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	VISTA METALS CORPORATION	<b>c</b> EIN-PN 95-2139701-005
<b>a</b>	Plan name	ELITE SCHOOL MANAGEMENT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ELITE SCHOOL MANAGEMENT INC	<b>c</b> EIN-PN 46-2542895-001
<b>a</b>	Plan name	EL AGUILA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	EL AGUILA INC	<b>c</b> EIN-PN 20-0354181-001
<b>a</b>	Plan name	O'BRIEN AND ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	O'BRIEN SERVICES INC	<b>c</b> EIN-PN 39-1818583-001
<b>a</b>	Plan name	ATC INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ATC INC	<b>c</b> EIN-PN 42-1095528-001
<b>a</b>	Plan name	OAK STREET WHOLESALERS 401K PLAN	
<b>b</b>	Name of plan sponsor	OAK STREET WHOLESALERS INC	<b>c</b> EIN-PN 26-1779123-001
<b>a</b>	Plan name	DE INVESTMENTS INC INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	DE INVESTMENTS INC	<b>c</b> EIN-PN 86-3403411-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WALKER PLUMBING SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	WALKER PLUMBING SERVICES INC	<b>c</b> EIN-PN 90-0041887-001
<b>a</b>	Plan name	MISSOURI BOARD OF LAW EXAMINERS RETIREMENT PL	
<b>b</b>	Name of plan sponsor	MISSOURI BOARD OF LAW EXAMINERS	<b>c</b> EIN-PN 43-1893265-002
<b>a</b>	Plan name	ADVANCE PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE PLUMBING SUPPLY OF WALLED LAKE INC	<b>c</b> EIN-PN 38-2936735-001
<b>a</b>	Plan name	COCHRAN ABSTRACT COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	COCHRAN ABSTRACT COMPANY	<b>c</b> EIN-PN 73-0189600-001
<b>a</b>	Plan name	E-Z KITCHENS 401K PLAN	
<b>b</b>	Name of plan sponsor	E-Z KITCHENS INC	<b>c</b> EIN-PN 47-0677911-001
<b>a</b>	Plan name	VISITING ANGELS 401K PLAN	
<b>b</b>	Name of plan sponsor	ST JULES LLC	<b>c</b> EIN-PN 82-1019530-001
<b>a</b>	Plan name	PRODUCTION II 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRODUCTION II INC	<b>c</b> EIN-PN 54-0890858-001
<b>a</b>	Plan name	SAMAN EDALAT DDS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SAM EDALAT DDS INC	<b>c</b> EIN-PN 45-5140378-001
<b>a</b>	Plan name	DHMR 401K PLAN	
<b>b</b>	Name of plan sponsor	DAHL HATTON MUIR & REESE LTD	<b>c</b> EIN-PN 41-1750844-002
<b>a</b>	Plan name	F STREET DEV GROUP 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	F STREET DEVELOPMENT GROUP LLC	<b>c</b> EIN-PN 26-3977115-001
<b>a</b>	Plan name	AUTOMATION & MODULAR COMPONENTS INC 401K	
<b>b</b>	Name of plan sponsor	AUTOMATION & MODULAR COMPONENTS INC	<b>c</b> EIN-PN 38-2831279-002
<b>a</b>	Plan name	NATIONAL TOOLING & MACHINING ASSOCIATION 401K	
<b>b</b>	Name of plan sponsor	NATIONAL TOOLING & MACHINING ASSOC	<b>c</b> EIN-PN 34-0646162-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BRANDING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BRANDING INC	<b>c</b> EIN-PN 47-0791243-001
<b>a</b>	Plan name	DELTA MANUFACTURING 401K PLAN	
<b>b</b>	Name of plan sponsor	DELTA MANUFACTURING INC	<b>c</b> EIN-PN 71-0446656-001
<b>a</b>	Plan name	ORIGIN ENGINEERING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ORIGIN ENGINEERING LLC	<b>c</b> EIN-PN 82-2330299-001
<b>a</b>	Plan name	PHOENIX STAINLESS 401K PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX STAINLESS LLC	<b>c</b> EIN-PN 82-3895308-001
<b>a</b>	Plan name	THE COLGIN COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor	RICHARD E COLGIN I LTD	<b>c</b> EIN-PN 75-2257704-001
<b>a</b>	Plan name	NEW BEDFORD YACHT CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW BEDFORD YACHT CLUB	<b>c</b> EIN-PN 04-1659530-001
<b>a</b>	Plan name	STRASBURG STATE BANK PSP	
<b>b</b>	Name of plan sponsor	STRASBURG STATE BANK	<b>c</b> EIN-PN 45-0259552-001
<b>a</b>	Plan name	SAVERA WORKS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SAVERA WORKS LLC	<b>c</b> EIN-PN 45-5564880-001
<b>a</b>	Plan name	GUARANTEED FOODS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GUARANTEED FOODS INC	<b>c</b> EIN-PN 48-0637416-001
<b>a</b>	Plan name	THE HONEST KITCHEN 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HONEST KITCHENINC	<b>c</b> EIN-PN 68-0513034-001
<b>a</b>	Plan name	KRUEGER JUELICH & SCHMISEK PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	KRUEGER JUELICH & SCHMISEK PLLC	<b>c</b> EIN-PN 46-4548210-001
<b>a</b>	Plan name	UAI 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED APPAREL INDUSTRIES	<b>c</b> EIN-PN 85-3926972-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	FIREBRAND SERVICES GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	FIREBRAND SERVICES GROUP	<b>c</b> EIN-PN 82-1938190-001
<b>a</b>	Plan name	THE AHBE GROUP 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	THE AHBE GROUP INC	<b>c</b> EIN-PN 84-1326860-002
<b>a</b>	Plan name	AAA AUTO GLASS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AAA AUTO GLASS INC	<b>c</b> EIN-PN 47-5053179-001
<b>a</b>	Plan name	ZAMORAS AUTO BODY INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ZAMORAS AUTO BODY INC	<b>c</b> EIN-PN 52-1816215-001
<b>a</b>	Plan name	ACME TUBE BENDING CO INC 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ACME TUBE BENDING CO INC	<b>c</b> EIN-PN 38-1852754-001
<b>a</b>	Plan name	EAST LOS ANGELES WOMENS CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	EAST LOS ANGELES WOMENS CENTER	<b>c</b> EIN-PN 51-0204577-001
<b>a</b>	Plan name	PRO-LOW JOINT VENTURE 401K PLAN	
<b>b</b>	Name of plan sponsor	PRO-LOW JOINT VENTURE	<b>c</b> EIN-PN 27-1816494-001
<b>a</b>	Plan name	DAHM BROTHERS INC 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	DAHM BROTHERS INC	<b>c</b> EIN-PN 35-0259100-001
<b>a</b>	Plan name	SNF RECEIVABLE SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SNF RECEIVABLE SOLUTIONS LLC	<b>c</b> EIN-PN 82-2061310-001
<b>a</b>	Plan name	BENTZ LAW FIRM PC 401K PSP	
<b>b</b>	Name of plan sponsor	BENTZ LAW FIRM PC	<b>c</b> EIN-PN 25-1878892-001
<b>a</b>	Plan name	ARASH KIARASH MD PC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARASH KIARASH MD PC	<b>c</b> EIN-PN 68-0655441-001
<b>a</b>	Plan name	MASTERMOVER INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MASTERMOVER INC	<b>c</b> EIN-PN 61-1851356-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name COMPUTECH GLOBAL 401K PLAN	
<b>b</b>	Name of plan sponsor COMPUTECH GLOBAL	<b>c</b> EIN-PN 38-3277332-001
<b>a</b>	Plan name KILLIAN AUTOMOTIVE 401K PLAN	
<b>b</b>	Name of plan sponsor KILLIAN AUTOMOTIVE	<b>c</b> EIN-PN 20-5227343-001
<b>a</b>	Plan name SUZANNE TRUJILLO INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor SUZANNE TRUJILLO	<b>c</b> EIN-PN 20-8480612-001
<b>a</b>	Plan name ELECTRO MOTOR 401K PLAN	
<b>b</b>	Name of plan sponsor ELECTRO MOTOR INC	<b>c</b> EIN-PN 68-0501075-001
<b>a</b>	Plan name TRI-REP SALES 401K PLAN	
<b>b</b>	Name of plan sponsor TRI-REP SALES INC	<b>c</b> EIN-PN 20-0280914-001
<b>a</b>	Plan name REPUBLIC FENCE 401K PLAN	
<b>b</b>	Name of plan sponsor REPUBLIC FENCE CO INC	<b>c</b> EIN-PN 95-3300909-001
<b>a</b>	Plan name BELT INSURANCE AGENCY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor BELT INSURANCE AGENCY LLC	<b>c</b> EIN-PN 31-1260214-001
<b>a</b>	Plan name ALPERT & ALPERT IRON & METAL LA UNION 401K	
<b>b</b>	Name of plan sponsor ALPERT & ALPERT IRON & METAL	<b>c</b> EIN-PN 95-1860560-004
<b>a</b>	Plan name WRIGHTWOOD PRECISION PRODUCTS CO 401K PLAN	
<b>b</b>	Name of plan sponsor WRIGHTWOOD PRECISION PRODUCTS COMPANY	<b>c</b> EIN-PN 36-2597002-003
<b>a</b>	Plan name GIBSON CARE INC 401K PLAN	
<b>b</b>	Name of plan sponsor GIBSON CARE INC	<b>c</b> EIN-PN 46-0490771-001
<b>a</b>	Plan name ILLUMITEX INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor ILLUMITEX INC	<b>c</b> EIN-PN 65-1299327-001
<b>a</b>	Plan name WESTERN HILLS COUNTRY CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor WESTERN HILLS COUNTRY CLUB	<b>c</b> EIN-PN 31-0486880-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CANDEO 401K PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE COMMUNITY OPTIONS INC DBA CANDEO	<b>c</b> EIN-PN 42-1388521-004
<b>a</b>	Plan name	ENGINEERING & ENVIRONMENTAL CONSULTANTS 401K	
<b>b</b>	Name of plan sponsor	ENGINEERING & ENVIRONMENTAL CONSULTANTS	<b>c</b> EIN-PN 86-0579251-001
<b>a</b>	Plan name	GARY'S FOODS 401K PLAN	
<b>b</b>	Name of plan sponsor	D & G INC	<b>c</b> EIN-PN 42-6167526-001
<b>a</b>	Plan name	HONEST 1 AUTO CARE 401K PLAN	
<b>b</b>	Name of plan sponsor	AZALEA PARTNERSHIP TRUSTINC DBA HONEST 1 A	<b>c</b> EIN-PN 27-2970097-001
<b>a</b>	Plan name	HERITAGE TILE 401K PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE TILE & MARBLE CO	<b>c</b> EIN-PN 22-3726239-001
<b>a</b>	Plan name	SILVERCARE MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	SILVERCARE MANAGEMENT LLC	<b>c</b> EIN-PN 46-4909373-002
<b>a</b>	Plan name	MCCULLERS SPORTS GROUP 401K PS PLAN	
<b>b</b>	Name of plan sponsor	MCCULLERS SPORTS GROUP LLC	<b>c</b> EIN-PN 47-2358691-001
<b>a</b>	Plan name	CAMPBELL PROPERTIES 401K PLAN	
<b>b</b>	Name of plan sponsor	CAMPBELL PROPERTIES PAYROLL LLC	<b>c</b> EIN-PN 46-4677430-001
<b>a</b>	Plan name	MINCHIN BUICK GMC TRUCK 401K PLAN	
<b>b</b>	Name of plan sponsor	MINCHIN OF STAMFORD LLC	<b>c</b> EIN-PN 84-3535051-001
<b>a</b>	Plan name	LTM QUICK LUBE OF MI INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LTM QUICK LUBE OF MI INC	<b>c</b> EIN-PN 38-3468964-001
<b>a</b>	Plan name	THE BALE LAW FIRM PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE BALE LAW FIRM PLLC	<b>c</b> EIN-PN 26-2863287-002
<b>a</b>	Plan name	WINGTAT CARGO USA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WINGTAT CARGO USA INC	<b>c</b> EIN-PN 84-2902301-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DANA TROSKE SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	DANA TROSKE	<b>c</b> EIN-PN 27-1476507-003
<b>a</b>	Plan name	TUFFLI COMPANY INCORPORATED 401K PLAN	
<b>b</b>	Name of plan sponsor	TUFFLI COMPANY INCORPORATED	<b>c</b> EIN-PN 95-3292672-003
<b>a</b>	Plan name	SAINT DOMINIC ACADEMY 401K PLAN	
<b>b</b>	Name of plan sponsor	SAINT DOMINIC ACADEMY	<b>c</b> EIN-PN 22-1597129-001
<b>a</b>	Plan name	SOUTHWINDS INSPECTION CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWINDS INSPECTION CORP	<b>c</b> EIN-PN 80-0011552-001
<b>a</b>	Plan name	ALTA ALLOYS 401K PLAN	
<b>b</b>	Name of plan sponsor	ALTA ALLOYS	<b>c</b> EIN-PN 87-1031781-001
<b>a</b>	Plan name	HOLOBINKO CONSORTIUM LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOLOBINKO CONSORTIUM LLC	<b>c</b> EIN-PN 25-1898032-001
<b>a</b>	Plan name	LARIA CHEVROLET-BUICK 401K PS PLAN	
<b>b</b>	Name of plan sponsor	LARIA CHEVROLET-BUICK INC	<b>c</b> EIN-PN 34-1346123-002
<b>a</b>	Plan name	THERMO KING CHRISTENSEN 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	THERMO KING CHRISTENSEN INC	<b>c</b> EIN-PN 47-0411741-001
<b>a</b>	Plan name	ACCELERATIONS GROUP LLC IK PLAN	
<b>b</b>	Name of plan sponsor	ACCELERATIONS GROUP LLC	<b>c</b> EIN-PN 46-1151474-001
<b>a</b>	Plan name	EDGE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	EDGE SERVICES INC	<b>c</b> EIN-PN 26-2464207-001
<b>a</b>	Plan name	LUEBBERING INSURANCE AGENCY 401K PLAN	
<b>b</b>	Name of plan sponsor	LUEBBERING INSURANCE AGENCY LLC	<b>c</b> EIN-PN 43-1849676-001
<b>a</b>	Plan name	CARLOS URIBE DDS PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CARLOS URIBE DDS PLLC	<b>c</b> EIN-PN 20-4685567-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TRIGON STAFF 401K PLAN	
<b>b</b>	Name of plan sponsor	TRIGON STAFF ADMINISTRATORS INC	<b>c</b> EIN-PN 86-1014493-001
<b>a</b>	Plan name	MEP AMERICA INC EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MEP AMERICA INC	<b>c</b> EIN-PN 13-3994242-001
<b>a</b>	Plan name	SEITEC 401K WEALTH PLAN	
<b>b</b>	Name of plan sponsor	AGRIHORIZON INC	<b>c</b> EIN-PN 26-0659633-001
<b>a</b>	Plan name	OUTER BANKS BLUE REALTY SERVICES 401K PS PLAN	
<b>b</b>	Name of plan sponsor	OUTER BANKS BLUE LLC D/B/A OUTER BANKS REAL	<b>c</b> EIN-PN 32-0150985-001
<b>a</b>	Plan name	VERSEIO 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VERSEIO	<b>c</b> EIN-PN 46-2220746-001
<b>a</b>	Plan name	LAKELI PHARMACY GROUP INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LAKELI PHARMACY GROUP INC	<b>c</b> EIN-PN 92-1590409-001
<b>a</b>	Plan name	CH SUPPLY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CH SUPPLY INC	<b>c</b> EIN-PN 82-3280608-001
<b>a</b>	Plan name	ALL SOUTH WAREHOUSE D/C INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL SOUTH WAREHOUSE D/C INC	<b>c</b> EIN-PN 58-1380373-002
<b>a</b>	Plan name	SAMM TAGUE 401K PLAN	
<b>b</b>	Name of plan sponsor	SAMM TAGUE	<b>c</b> EIN-PN 02-0757012-001
<b>a</b>	Plan name	BIOMEDGPS 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BIOMEDGPSLLC	<b>c</b> EIN-PN 26-4134877-001
<b>a</b>	Plan name	WENZL COLLISION CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	WENZL COLLISION CENTER	<b>c</b> EIN-PN 46-2076899-001
<b>a</b>	Plan name	SUMMIT DERMATOLOGY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SUMMIT DERMATOLOGY PC	<b>c</b> EIN-PN 84-1540358-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LARSON MOTORS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LARSON MOTORS INC	<b>c</b> EIN-PN 47-0690377-001
<b>a</b>	Plan name	BRADLEY R GILMER DDS 401K PLAN	
<b>b</b>	Name of plan sponsor	BRADLEY R GILMER DDS LLC	<b>c</b> EIN-PN 26-4037356-001
<b>a</b>	Plan name	RAY PRICE MOTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	RAY PRICE MOTORS	<b>c</b> EIN-PN 23-2635237-001
<b>a</b>	Plan name	OXFORD NURSING HOME 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OXFORD NURSING HOME INC	<b>c</b> EIN-PN 11-3157922-001
<b>a</b>	Plan name	MANDUKA LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MANDUKA LLC	<b>c</b> EIN-PN 26-1648490-001
<b>a</b>	Plan name	MORRISSEY ENGINEERING INC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	MORRISSEY ENGINEERING INC	<b>c</b> EIN-PN 47-0818042-001
<b>a</b>	Plan name	GROUND ZERO SHELTERS CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GROUND ZERO SHELTERS CO INC	<b>c</b> EIN-PN 20-1437041-001
<b>a</b>	Plan name	MY LIFE FOUNDATION INC 401K PSP	
<b>b</b>	Name of plan sponsor	MY LIFE FOUNDATION INC	<b>c</b> EIN-PN 94-3347107-001
<b>a</b>	Plan name	HEALTHSOURCE INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HEALTHSOURCE INTEGRATED SOLUTIONS INC	<b>c</b> EIN-PN 20-8498601-003
<b>a</b>	Plan name	ELLIOTT-MCELWEE INC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	ELLIOTT-MCELWEE INC	<b>c</b> EIN-PN 22-2357668-001
<b>a</b>	Plan name	SERVICEONE 401K PLAN	
<b>b</b>	Name of plan sponsor	JC ACQUISITIONS INC&SUBSIDIARIES	<b>c</b> EIN-PN 22-3888799-001
<b>a</b>	Plan name	JW LOGISTICS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	JW LOGISTICS LLC	<b>c</b> EIN-PN 45-2214807-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	ENVIRONMENTAL TEST SYSTEMS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL TEST SYSTEMS INC	<b>c</b> EIN-PN 20-2152949-001
<b>a</b>	Plan name	GUTSHALL & KOHLE EYECARE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GUTSHALL & KOHLE EYECARE LLC	<b>c</b> EIN-PN 46-0516831-001
<b>a</b>	Plan name	MIDLAKE PRODUCTS & MANUFACTURING CO INC	
<b>b</b>	Name of plan sponsor	MIDLAKE PRODUCTS & MANUFACTURING CO INC	<b>c</b> EIN-PN 34-1571105-001
<b>a</b>	Plan name	LOOFT AND ASSOC PSP	
<b>b</b>	Name of plan sponsor	LOOFT AND ASSOC	<b>c</b> EIN-PN 58-2031850-001
<b>a</b>	Plan name	RS DALE CO INC SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	RS DALE CO INC	<b>c</b> EIN-PN 27-0755164-001
<b>a</b>	Plan name	ANDYS PRODUCE CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ANDYS PRODUCE CO INC	<b>c</b> EIN-PN 16-1347881-003
<b>a</b>	Plan name	FLORIDA COASTAL COLORS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA COASTAL COLORS LLC	<b>c</b> EIN-PN 30-0829901-001
<b>a</b>	Plan name	ALLIED RETAIL CONCEPTS LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ALLIED RETAIL CONCEPTS LLC	<b>c</b> EIN-PN 43-1878517-001
<b>a</b>	Plan name	ANDERSON INDUST ENGINE CO 401K	
<b>b</b>	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO INC	<b>c</b> EIN-PN 47-0557609-001
<b>a</b>	Plan name	MCELHINNY INSURANCE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MCELHINNY INSURANCE LLC	<b>c</b> EIN-PN 38-3667025-001
<b>a</b>	Plan name	BEST MATERIALS PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEST BLOCK COMPANY	<b>c</b> EIN-PN 38-1819457-001
<b>a</b>	Plan name	PRAIRIE LANDWORKS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRAIRIE LANDWORKS INC	<b>c</b> EIN-PN 45-4357575-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SHANNON CAPITAL INC 401K PLAN	
<b>b</b>	Name of plan sponsor SHANNON CAPITAL INC	<b>c</b> EIN-PN 46-0391539-001
<b>a</b>	Plan name MITCH AND BILL'S INC 401K RATE GROUP PS PLAN	
<b>b</b>	Name of plan sponsor MITCH AND BILLS INC	<b>c</b> EIN-PN 52-0577701-001
<b>a</b>	Plan name ROY JACKSON ELECTRIC INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ROY JACKSON ELECTRIC INC	<b>c</b> EIN-PN 84-1103569-001
<b>a</b>	Plan name STEELBRIDGE VENTURES CONSULTING 401K P/S PLAN	
<b>b</b>	Name of plan sponsor STEELBRIDGE VENTURES CONSULTING LLC	<b>c</b> EIN-PN 45-4125594-001
<b>a</b>	Plan name PALM DESERT RESORTER ASSOCIATION 401K PLAN	
<b>b</b>	Name of plan sponsor PALM DESERT RESORTER ASSOCIATION	<b>c</b> EIN-PN 95-3531263-001
<b>a</b>	Plan name 401K PLAN FOR EMPLOYEES OF MSEA	
<b>b</b>	Name of plan sponsor MINNESOTA SCHOOL EMPLOYEES ASSOCIATION	<b>c</b> EIN-PN 41-1994256-002
<b>a</b>	Plan name HOOSIER PLASTICS INC 401K SALARY PLAN	
<b>b</b>	Name of plan sponsor HOOSIER PLASTICS INC	<b>c</b> EIN-PN 35-1044677-001
<b>a</b>	Plan name JASON MECHANICAL INC 401K PLAN	
<b>b</b>	Name of plan sponsor JASON MECHANICAL INC	<b>c</b> EIN-PN 47-2013596-001
<b>a</b>	Plan name SPIRIT AND SONS 401K PLAN	
<b>b</b>	Name of plan sponsor SPIRIT AND SONS INC	<b>c</b> EIN-PN 45-1485937-001
<b>a</b>	Plan name BCA CONSULTING 401K PLAN	
<b>b</b>	Name of plan sponsor BROWN CONSULTING ASSOCIATES INC	<b>c</b> EIN-PN 82-0527616-001
<b>a</b>	Plan name RED OAK MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor QUERCIA ROSSA INC	<b>c</b> EIN-PN 84-2872871-001
<b>a</b>	Plan name TPI CUSTOM SOLUTIONS 401K AND PSP	
<b>b</b>	Name of plan sponsor TPI CUSTOM SOLUTIONS	<b>c</b> EIN-PN 41-1417264-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	E & L MEAT COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	E & L MEAT COMPANY	<b>c</b> EIN-PN 38-2141947-001
<b>a</b>	Plan name	INTEGRATED HVAC 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED HVAC LLC	<b>c</b> EIN-PN 83-3855573-001
<b>a</b>	Plan name	BROTHERS MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	BROTHERS MANAGEMENT INC	<b>c</b> EIN-PN 75-1843785-001
<b>a</b>	Plan name	ISTHMUS 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ISTHMUS ENGINEERING INC	<b>c</b> EIN-PN 76-0717206-001
<b>a</b>	Plan name	5D MINING 401K PLAN	
<b>b</b>	Name of plan sponsor	5D MINING & CONSTRUCTION INC	<b>c</b> EIN-PN 20-1211201-001
<b>a</b>	Plan name	RIVERSIDE COOLING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE COOLING LLC	<b>c</b> EIN-PN 86-3986986-001
<b>a</b>	Plan name	COMPLEX HEALTHCARE SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	COMPLEX HEALTHCARE SOLUTIONS LLC	<b>c</b> EIN-PN 83-3356744-001
<b>a</b>	Plan name	ERICKSON & SEDERSTROM PC 401K PS PLN & TRUST	
<b>b</b>	Name of plan sponsor	ERICKSON & SEDERSTROM PC	<b>c</b> EIN-PN 47-0574895-001
<b>a</b>	Plan name	TMM FAMILY SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TMM FAMILY SERVICES INC	<b>c</b> EIN-PN 86-0379677-001
<b>a</b>	Plan name	INTEGRATED CONCEPTS GROUP INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED CONCEPTS GROUP INC	<b>c</b> EIN-PN 38-2747514-001
<b>a</b>	Plan name	SEK GENETICS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SEK GENETICS INC	<b>c</b> EIN-PN 48-1162192-001
<b>a</b>	Plan name	ANDERSON PHYSICAL THERAPY INC 401K PS	
<b>b</b>	Name of plan sponsor	ANDERSON PHYSICAL THERAPY INC	<b>c</b> EIN-PN 26-0222060-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>AXIS 401K UNION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AXIS MINNESOTA INC</b>	<b>c</b> EIN-PN <b>41-1852557-002</b>
<b>a</b>	Plan name <b>FOUNDRY PRODUCTS INC PS PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>FOUNDRY PRODUCTS INC</b>	<b>c</b> EIN-PN <b>38-2488924-001</b>
<b>a</b>	Plan name <b>POSSIBILITIES NORTHEAST LLC 401K SALARY</b>	
<b>b</b>	Name of plan sponsor <b>POSSIBILITIES NORTHEAST LLC</b>	<b>c</b> EIN-PN <b>35-2151934-001</b>
<b>a</b>	Plan name <b>FIA RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DJRJ CORP DBA FAMILY INSURANCE AGENCY</b>	<b>c</b> EIN-PN <b>98-0092966-001</b>
<b>a</b>	Plan name <b>HAPPY TRAILER SALES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>HAPPY TRAILER SALES LLC</b>	<b>c</b> EIN-PN <b>32-0454017-001</b>
<b>a</b>	Plan name <b>ELI WIRELINE SERVICES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ELI WIRELINE SERVICES LLC</b>	<b>c</b> EIN-PN <b>32-0487776-001</b>
<b>a</b>	Plan name <b>SERVICES BY DESIGN DBA CARING SOLUTIONS 401K</b>	
<b>b</b>	Name of plan sponsor <b>SERVICES BY DESIGN DBA CARING SOLUTIONS</b>	<b>c</b> EIN-PN <b>03-0374478-001</b>
<b>a</b>	Plan name <b>TAYLOR TRUCKING INC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TAYLOR TRUCKING INC</b>	<b>c</b> EIN-PN <b>82-0370689-001</b>
<b>a</b>	Plan name <b>CLASSIC LANDSCAPES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CLASSIC LANDSCAPES</b>	<b>c</b> EIN-PN <b>56-2001894-001</b>
<b>a</b>	Plan name <b>LA GUADALUPANA MEAT MARKET RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LA GUADALUPANA MEAT MARKET INC</b>	<b>c</b> EIN-PN <b>80-0424445-001</b>
<b>a</b>	Plan name <b>SOUTHERNWOOD RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHERNWOOD FRAMING LLC</b>	<b>c</b> EIN-PN <b>20-5159686-001</b>
<b>a</b>	Plan name <b>SOUTHERN OHIO EYE ASSOCIATES LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHERN OHIO EYE ASSOCIATES LLC</b>	<b>c</b> EIN-PN <b>31-1744464-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SOUTH CENTRAL SEALING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTH CENTRAL SEALING LLC	<b>c</b> EIN-PN 20-3982191-001
<b>a</b>	Plan name	VAERUS AVIATION 401K PLAN	
<b>b</b>	Name of plan sponsor	VAERUS AVIATION INC	<b>c</b> EIN-PN 27-3587432-001
<b>a</b>	Plan name	EZRA DAVID SCHACHTER IND K	
<b>b</b>	Name of plan sponsor	EZRA DAVID SCHACHTER	<b>c</b> EIN-PN 23-2893275-001
<b>a</b>	Plan name	SASE 401K PLAN	
<b>b</b>	Name of plan sponsor	SETTJE AGRI-SERVICES & ENGINEERING INC	<b>c</b> EIN-PN 47-0846158-001
<b>a</b>	Plan name	MIRTECH HARVEST CENTER INC 401K	
<b>b</b>	Name of plan sponsor	MIRTECH HARVEST CENTER INC	<b>c</b> EIN-PN 81-3901960-001
<b>a</b>	Plan name	PETROTECHNOLOGIES INC 401K & PSP	
<b>b</b>	Name of plan sponsor	PETROTECHNOLOGIES INC	<b>c</b> EIN-PN 72-1337844-002
<b>a</b>	Plan name	CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CARLOS LOPEZ & ASSOCIATES LLC	<b>c</b> EIN-PN 47-5275587-001
<b>a</b>	Plan name	WHITE'S ENERGY SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WHITES ENERGY SERVICES LLC	<b>c</b> EIN-PN 47-2326344-001
<b>a</b>	Plan name	FARMERS STATE BANK OF TURTON RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FARMERS STATE BANK OF TURTON	<b>c</b> EIN-PN 46-0133810-001
<b>a</b>	Plan name	PROFESSIONAL COMPONENT INC IND K PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL COMPONENT INC	<b>c</b> EIN-PN 66-0789452-001
<b>a</b>	Plan name	ADE INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASSOCIATED DESIGN & ENGINEERING INC	<b>c</b> EIN-PN 77-0051451-001
<b>a</b>	Plan name	INFO-MATRIX CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INFO-MATRIX CORPORATION	<b>c</b> EIN-PN 25-1788570-001

**Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)**

(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

<b>a</b> Plan name	LANE PIPELINE CONSTRUCTION 401K PLAN	
<b>b</b> Name of plan sponsor	LANE PIPELINE CONSTRUCTION	<b>c</b> EIN-PN 82-1843849-001
<b>a</b> Plan name	ALDRIDGE INSURANCE 401K PLAN	
<b>b</b> Name of plan sponsor	ALDRIDGE INSURANCE INC	<b>c</b> EIN-PN 35-1937710-001
<b>a</b> Plan name	HUBCAP DISTRIBUTORS 401K PLAN	
<b>b</b> Name of plan sponsor	HUBCAP DISTRIBUTORS LLC	<b>c</b> EIN-PN 82-5383607-001
<b>a</b> Plan name	SARVICUS LLC 401K PLAN	
<b>b</b> Name of plan sponsor	SARVICUS LLC	<b>c</b> EIN-PN 30-0625973-001
<b>a</b> Plan name	MCINTOSH JEWELRY INC 401K PLAN	
<b>b</b> Name of plan sponsor	MCINTOSH JEWELRY INC	<b>c</b> EIN-PN 47-0555541-001
<b>a</b> Plan name	MORGAN BRONZE PRODUCTS INC 401K PLAN	
<b>b</b> Name of plan sponsor	MORGAN BRONZE PRODUCTS INC	<b>c</b> EIN-PN 36-2100305-001
<b>a</b> Plan name	RIGHT ANGLE 401K PLAN	
<b>b</b> Name of plan sponsor	RIGHT ANGLE DBA ADVANCED MANUFACTURING SVCS	<b>c</b> EIN-PN 20-3251984-001
<b>a</b> Plan name	GLENDENNING BROTHERS INC 401K PLAN	
<b>b</b> Name of plan sponsor	GLENDENNING BROTHERS INC	<b>c</b> EIN-PN 36-3910487-002
<b>a</b> Plan name	TPPM 401K PLAN	
<b>b</b> Name of plan sponsor	TORREY PINES PROPERTY MANAGEMENT INC	<b>c</b> EIN-PN 95-3802727-001
<b>a</b> Plan name	RAFALY ELECTRIC 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	RAFALY ELECTRICAL CONTRACTORS INC	<b>c</b> EIN-PN 54-1527095-001
<b>a</b> Plan name	EZ HOME EXTERIORS 401K PLAN	
<b>b</b> Name of plan sponsor	MURPHY BURNS INC DBA EZ HOME EXTERIORS INC	<b>c</b> EIN-PN 81-4576032-001
<b>a</b> Plan name	NTT ASSOCIATES 401K PLAN	
<b>b</b> Name of plan sponsor	NTT ASSOCIATES INC	<b>c</b> EIN-PN 52-1111045-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name C R WINDOWS INC 401K PLAN	
<b>b</b>	Name of plan sponsor C R WINDOWS INC	<b>c</b> EIN-PN 20-3162764-001
<b>a</b>	Plan name ARC SERVICES OF MACOMB 401K PLAN	
<b>b</b>	Name of plan sponsor ARC SERVICES OF MACOMB INC	<b>c</b> EIN-PN 38-1738601-001
<b>a</b>	Plan name JACK ST CLAIR INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor JACK ST CLAIR INC	<b>c</b> EIN-PN 54-0803901-001
<b>a</b>	Plan name MY FUTURE PAYCHECK 401K PLAN	
<b>b</b>	Name of plan sponsor R & C WELDING FAB TRUCKING & SERVICES INC	<b>c</b> EIN-PN 46-0936806-001
<b>a</b>	Plan name WILDCAT FEEDS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor WILDCAT FEEDS LLC	<b>c</b> EIN-PN 48-1247947-001
<b>a</b>	Plan name RIDDER CORP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RIDDER CORP	<b>c</b> EIN-PN 45-4649700-001
<b>a</b>	Plan name SAN JACINTO MUSEUM AND BATTLEFIELD 401K PLAN	
<b>b</b>	Name of plan sponsor SAN JACINTO MUSEUM & BATTLEFIELD ASSOCIATION	<b>c</b> EIN-PN 74-1146784-001
<b>a</b>	Plan name THERMAL ONE INC 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor THERMAL ONE INC	<b>c</b> EIN-PN 38-3331535-001
<b>a</b>	Plan name FOREFRONT TECHNOLOGY'S 401K PS PLAN	
<b>b</b>	Name of plan sponsor FOREFRONT TECHNOLOGY SOLUTIONS CORP	<b>c</b> EIN-PN 27-1814097-001
<b>a</b>	Plan name THE INGREDIENTS 101 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INGREDIENTS 101 LLC	<b>c</b> EIN-PN 13-7964899-001
<b>a</b>	Plan name SURELIFT CRANE AND RIGGING CORP 401K PLAN	
<b>b</b>	Name of plan sponsor SURELIFT CRANE AND RIGGING CORP	<b>c</b> EIN-PN 80-0244476-001
<b>a</b>	Plan name BURDITT CONSULTANTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor BURDITT CONSULTANTS LLC	<b>c</b> EIN-PN 36-4604937-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SEVEN LAKES HOA 401K PLAN	
<b>b</b>	Name of plan sponsor	SEVEN LAKES HOMEOWNERS ASSN INC DBA SEVEN	<b>c</b> EIN-PN 95-2814425-001
<b>a</b>	Plan name	DIEB ENTERPRISES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	DIEB ENTERPRISES INC	<b>c</b> EIN-PN 43-1851281-001
<b>a</b>	Plan name	SD&S TRUCKING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SD&S TRUCKING LLC	<b>c</b> EIN-PN 02-0784596-001
<b>a</b>	Plan name	KIBBECHEM INC 401K AND PS PLAN	
<b>b</b>	Name of plan sponsor	KIBBECHEM INC	<b>c</b> EIN-PN 35-2132621-001
<b>a</b>	Plan name	WAYNE METALS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WAYNE METALS LLC	<b>c</b> EIN-PN 35-2129195-001
<b>a</b>	Plan name	LAW OFFICE OF CARL P GARVEY PLLC INDIVIDUAL 4	
<b>b</b>	Name of plan sponsor	LAW OFFICE OF CARL P GARVEY PLLC	<b>c</b> EIN-PN 82-5224181-001
<b>a</b>	Plan name	OHIOSE 401K PLAN	
<b>b</b>	Name of plan sponsor	OHIO SE INC	<b>c</b> EIN-PN 99-2245989-001
<b>a</b>	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
<b>b</b>	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	<b>c</b> EIN-PN 87-2964267-001
<b>a</b>	Plan name	KOROTKIN INSURANCE GROUP INC 401K SRP	
<b>b</b>	Name of plan sponsor	KOROTKIN INSURANCE GROUP INC DBA KIG	<b>c</b> EIN-PN 38-2022737-001
<b>a</b>	Plan name	ROD-MAR 401K PLAN	
<b>b</b>	Name of plan sponsor	RODNEY J DEAN MD PC	<b>c</b> EIN-PN 42-1432698-001
<b>a</b>	Plan name	GROUND WATER SYSTEMS 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	GROUND WATER SYSTEMS INC	<b>c</b> EIN-PN 16-1045313-001
<b>a</b>	Plan name	QUINN INSURANCE INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	QUINN INSURANCE INC	<b>c</b> EIN-PN 47-0484197-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>FRIENDLY NEIGHBOR HEALTHCARE LLC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>FRIENDLY NEIGHBOR HEALTHCARE LLC</b>	<b>c</b> EIN-PN <b>81-5392328-001</b>
<b>a</b>	Plan name <b>VISTA METALS GA PRODUCTION EES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VISTA METALS GEORGIA</b>	<b>c</b> EIN-PN <b>27-1043263-003</b>
<b>a</b>	Plan name <b>SOUTHFORK ANIMAL HOSPITAL 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SOUTHFORK VETERINARY HOSPITAL PLLC</b>	<b>c</b> EIN-PN <b>93-3895288-001</b>
<b>a</b>	Plan name <b>LICAP TECHNOLOGIES INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LICAP TECHNOLOGIES INC</b>	<b>c</b> EIN-PN <b>81-3947789-001</b>
<b>a</b>	Plan name <b>SCI 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SABLE CONSTRUCTION INC</b>	<b>c</b> EIN-PN <b>74-2477572-001</b>
<b>a</b>	Plan name <b>V&amp;A PROCESS INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>V&amp;A PROCESS INC</b>	<b>c</b> EIN-PN <b>34-1143181-001</b>
<b>a</b>	Plan name <b>THE AMBASSADOR HOLDING CO 401K PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE AMBASSADOR HOLDING COMPANY</b>	<b>c</b> EIN-PN <b>47-0684278-001</b>
<b>a</b>	Plan name <b>WINDSOR INVESTMENTS 401K PS PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>WINDSOR INVESTMENTS LLC</b>	<b>c</b> EIN-PN <b>56-2230286-001</b>
<b>a</b>	Plan name <b>360 PROJECT MANAGEMENT 401K PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>360 PROJECT MANAGEMENT</b>	<b>c</b> EIN-PN <b>20-5589904-001</b>
<b>a</b>	Plan name <b>DM LONERGAN PAINT &amp; WALLPAPER INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>DM LONERGAN PAINT &amp; WALLPAPER INC</b>	<b>c</b> EIN-PN <b>05-0365876-001</b>
<b>a</b>	Plan name <b>XTREME SOLUTIONS INC 401K RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>XTREME SOLUTIONS INC</b>	<b>c</b> EIN-PN <b>80-0037246-002</b>
<b>a</b>	Plan name <b>RENAL REDUX PLLC 401K PS PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RENAL REDUX PLLC</b>	<b>c</b> EIN-PN <b>46-3319049-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	FREDERICK GYMNASTICS CLUB INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	FREDERICK GYMNASTICS CLUB INC	<b>c</b> EIN-PN 52-1518254-001
<b>a</b>	Plan name	EVAN LLOYD ASSOCIATES INC SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EVAN LLOYD ASSOCIATES INC	<b>c</b> EIN-PN 37-1211141-001
<b>a</b>	Plan name	SCHEESER BUCKLEY MAYFIELD LLC 401K PSP	
<b>b</b>	Name of plan sponsor	SCHEESER BUCKLEY MAYFIELD LLC	<b>c</b> EIN-PN 59-3826993-001
<b>a</b>	Plan name	ARGUS OF COLORADO 401K PLAN	
<b>b</b>	Name of plan sponsor	ARGUS OF COLORADO DBA ARGUS HOME HEALTH	<b>c</b> EIN-PN 84-1163767-001
<b>a</b>	Plan name	PHI 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARKER HOLDINGS INC	<b>c</b> EIN-PN 47-0826779-001
<b>a</b>	Plan name	STATEWIDE PEST CONTROL CO 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	STATEWIDE PEST CONTROL CO INC	<b>c</b> EIN-PN 95-3974674-001
<b>a</b>	Plan name	SCD INFORMATION TECHNOLOGY LLC 401K PSP	
<b>b</b>	Name of plan sponsor	SCD INFORMATION TECHNOLOGY LLC	<b>c</b> EIN-PN 62-2007898-001
<b>a</b>	Plan name	HUSKER AG LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HUSKER AG LLC	<b>c</b> EIN-PN 47-0836953-001
<b>a</b>	Plan name	RICHARD SAMPLE ENGINEERING INDIVIDUAL K PLAN	
<b>b</b>	Name of plan sponsor	RICHARD SAMPLE ENGINEERING	<b>c</b> EIN-PN 92-1645116-001
<b>a</b>	Plan name	UNICO BANK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	UNICO BANK	<b>c</b> EIN-PN 43-0338550-002
<b>a</b>	Plan name	HENDERSON EYE CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	HENDERSON & POSEGATE EYE CENTER PC	<b>c</b> EIN-PN 20-2247391-001
<b>a</b>	Plan name	THE ELECTRIC COMPANY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE ELECTRIC COMPANY INC	<b>c</b> EIN-PN 25-1714107-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	KAY DEE COMPANY OF OMAHA 401K PLAN	
<b>b</b>	Name of plan sponsor	KAY DEE COMPANY LLC	<b>c</b> EIN-PN 46-3029426-001
<b>a</b>	Plan name	WILDFIREMANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	WILDFIRE MANAGEMENT	<b>c</b> EIN-PN 83-1544817-001
<b>a</b>	Plan name	STATCARE URGENT & WALK IN MEDICAL 401K PLAN	
<b>b</b>	Name of plan sponsor	STATCARE URGENT & WALK IN MEDICAL CARE PLLC	<b>c</b> EIN-PN 45-2756491-001
<b>a</b>	Plan name	SOLIZE USA CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	SOLIZE USA CORPORATION	<b>c</b> EIN-PN 95-4880869-001
<b>a</b>	Plan name	CATHERINE D JONES INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	CATHERINE D JONES DNP APN-C LLC	<b>c</b> EIN-PN 87-3881464-001
<b>a</b>	Plan name	CARHART LUMBER COMPANY 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CARHART LUMBER COMPANY	<b>c</b> EIN-PN 47-0119720-001
<b>a</b>	Plan name	JOHN'S PLUMBING COMPANY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	JOHNS PLUMBING COMPANY INC	<b>c</b> EIN-PN 47-0718632-001
<b>a</b>	Plan name	AVANT TECNO USA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	AVANT TECNO USAINC	<b>c</b> EIN-PN 45-5334621-001
<b>a</b>	Plan name	JL ADVISORY GROUP SOLO K	
<b>b</b>	Name of plan sponsor	JL ADVISORY GROUP	<b>c</b> EIN-PN 85-2911966-001
<b>a</b>	Plan name	DANBURG EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DANBURG MANAGEMENT CORPORATION	<b>c</b> EIN-PN 65-0760279-001
<b>a</b>	Plan name	PTS 401K PLAN	
<b>b</b>	Name of plan sponsor	POOLES TRUCK SERVICE INC	<b>c</b> EIN-PN 47-0580932-001
<b>a</b>	Plan name	TENNESSEE EQUINE HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	TENNESSEE EQUINE HOSPITAL	<b>c</b> EIN-PN 20-8123097-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	RYAN COLLISION CTR 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	RYAN COLLISION CENTER INC DBA ABRA AUTO
<b>c</b>	EIN-PN	47-0708055-001
<b>a</b>	Plan name	TRANSPREMIER LLC 401K PLAN
<b>b</b>	Name of plan sponsor	TRANSPREMIER LLC
<b>c</b>	EIN-PN	65-1024796-001
<b>a</b>	Plan name	IMPART 401K PLAN
<b>b</b>	Name of plan sponsor	DOUGLASS IMPLEMENTATION PARTNERS INC
<b>c</b>	EIN-PN	84-1660438-001
<b>a</b>	Plan name	LAKOTA CORP 401K PLAN
<b>b</b>	Name of plan sponsor	LAKOTA CORP
<b>c</b>	EIN-PN	20-2970922-001
<b>a</b>	Plan name	NEW ENGLAND DISCOUNT RETAILERS INC 401K PSP
<b>b</b>	Name of plan sponsor	NEW ENGLAND DISCOUNT RETAILERS INC
<b>c</b>	EIN-PN	04-3490470-001
<b>a</b>	Plan name	MEDINA COUNTY PE DEF COMP 457B PLAN
<b>b</b>	Name of plan sponsor	MEDINA COUNTY
<b>c</b>	EIN-PN	34-6001851-001
<b>a</b>	Plan name	ROBERTSON'S GMC TRUCKINC 401K PLAN
<b>b</b>	Name of plan sponsor	ROBERTSONS GMC TRUCK INC
<b>c</b>	EIN-PN	04-2871748-001
<b>a</b>	Plan name	AXTELLA LLC 401K PLAN
<b>b</b>	Name of plan sponsor	AXTELLA LLC
<b>c</b>	EIN-PN	38-3627552-001
<b>a</b>	Plan name	PHOENIX IDA 457B RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE
<b>c</b>	EIN-PN	52-2038405-001
<b>a</b>	Plan name	IRA GROSSER DDS PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	IRA GROSSER DDS
<b>c</b>	EIN-PN	11-3461192-001
<b>a</b>	Plan name	VETERAN CLAIMS PAID 401K PLAN
<b>b</b>	Name of plan sponsor	VETERAN CLAIMS PAID LLC
<b>c</b>	EIN-PN	83-1662039-001
<b>a</b>	Plan name	ANAYA CONSTRUCTION PREVAILING WAGE 401K PLAN
<b>b</b>	Name of plan sponsor	JESUS ANAYA SOLE PROP DBA ANAYA CONSTRUCTI
<b>c</b>	EIN-PN	68-0411731-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PACKERS HIDE 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PACKERS HIDE ASSOCIATION INC	<b>c</b> EIN-PN 47-0461400-001
<b>a</b>	Plan name	TMD 401K PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR MADE DESIGN INC	<b>c</b> EIN-PN 26-0098331-001
<b>a</b>	Plan name	FOODLINKS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	FOODLINKS INC	<b>c</b> EIN-PN 20-2096414-001
<b>a</b>	Plan name	WORLDWIDE SETTLEMENTS INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	WORLDWIDE SETTLEMENTS INC	<b>c</b> EIN-PN 20-1255428-002
<b>a</b>	Plan name	HOT PURPLE ENERGY 401K	
<b>b</b>	Name of plan sponsor	HOT PURPLE INC	<b>c</b> EIN-PN 27-0475938-001
<b>a</b>	Plan name	EYE TO EYE OPTOMETRY 401K PLAN	
<b>b</b>	Name of plan sponsor	EILEEN M LINDER OPTOMETRIST INC DBA EYE	<b>c</b> EIN-PN 68-0429257-001
<b>a</b>	Plan name	TELL STEEL INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TELL STEEL INC	<b>c</b> EIN-PN 95-2013977-002
<b>a</b>	Plan name	ACCESSDX 401K PLAN	
<b>b</b>	Name of plan sponsor	ARANSCIA LLC	<b>c</b> EIN-PN 84-2725709-001
<b>a</b>	Plan name	VISTA METALS CORP 401K & PS PLAN	
<b>b</b>	Name of plan sponsor	VISTA METALS CORP	<b>c</b> EIN-PN 95-2139701-001
<b>a</b>	Plan name	WN MOREHOUSE TRUCK LINE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WN MOREHOUSE TRUCK LINE INC	<b>c</b> EIN-PN 47-0519808-002
<b>a</b>	Plan name	AXIS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AXIS MINNESOTA INC	<b>c</b> EIN-PN 41-1852557-001
<b>a</b>	Plan name	SYCAMORE TOWNSHIP 457B PLAN	
<b>b</b>	Name of plan sponsor	SYCAMORE TOWNSHIP	<b>c</b> EIN-PN 31-6000606-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	DUTCHMAN TREE FARM 401K PLAN
<b>b</b>	Name of plan sponsor	DUTCHMAN TREE FARMS LLC
<b>c</b>	EIN-PN	11-3772653-001
<b>a</b>	Plan name	CONVERGENCECOACHING LLC 401K PLAN
<b>b</b>	Name of plan sponsor	CONVERGENCECOACHING LLC
<b>c</b>	EIN-PN	16-1590309-001
<b>a</b>	Plan name	L2 CONSTRUCTION MANAGEMENT CORP 401K PLAN
<b>b</b>	Name of plan sponsor	L2 CONSTRUCTION MANAGEMENT CORPORATION
<b>c</b>	EIN-PN	47-4910431-001
<b>a</b>	Plan name	BSA TOYS LLC 401K PS PLAN & TRUST
<b>b</b>	Name of plan sponsor	BSA TOYS LLC
<b>c</b>	EIN-PN	27-3791216-003
<b>a</b>	Plan name	R V WORLD 401K PLAN
<b>b</b>	Name of plan sponsor	RV WORLD RECREATION VEHICLE CENTRE LLC
<b>c</b>	EIN-PN	83-4486585-001
<b>a</b>	Plan name	BABICH & ASSOCIATES INC 401K PSP
<b>b</b>	Name of plan sponsor	BABICH & ASSOCIATES INC
<b>c</b>	EIN-PN	75-2250032-001
<b>a</b>	Plan name	RAPPORT INC 401K PLAN & TRUST
<b>b</b>	Name of plan sponsor	RAPPORT INC
<b>c</b>	EIN-PN	84-1262279-001
<b>a</b>	Plan name	EW KITCHENS INC EMPLOYEES' 401K PLAN
<b>b</b>	Name of plan sponsor	EW KITCHENS INC
<b>c</b>	EIN-PN	38-1626582-001
<b>a</b>	Plan name	MECCON INDUSTRIES 401K PLAN
<b>b</b>	Name of plan sponsor	MECCON INDUSTRIES INC
<b>c</b>	EIN-PN	36-3008454-002
<b>a</b>	Plan name	DELRAY TIRE & RETREADING INC 401K PS PLAN
<b>b</b>	Name of plan sponsor	DELRAY TIRE & RETREADING INC
<b>c</b>	EIN-PN	77-0334475-001
<b>a</b>	Plan name	SPRINGFIELD TOWNSHIP 457B PLAN
<b>b</b>	Name of plan sponsor	SPRINGFIELD TOWNSHIP
<b>c</b>	EIN-PN	31-6000601-001
<b>a</b>	Plan name	NATURAL ENVIRONMENTS CORPORATION 401K PSP
<b>b</b>	Name of plan sponsor	NATURAL ENVIRONMENTS CORPORATION
<b>c</b>	EIN-PN	41-1843976-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THOMPSON HANCOCK WITTE & ASSOC 401K PSP & TRU	
<b>b</b>	Name of plan sponsor	THOMPSON HANCOCK WITTE & ASSOC	<b>c</b> EIN-PN 58-1108140-001
<b>a</b>	Plan name	PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP	
<b>b</b>	Name of plan sponsor	PARTNERSHIP FINANCIAL CREDIT UNION	<b>c</b> EIN-PN 36-6070077-001
<b>a</b>	Plan name	OSMOND GENERAL HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	OSMOND GENERAL HOSPITAL	<b>c</b> EIN-PN 23-7161473-001
<b>a</b>	Plan name	SCI AUTOMATION INC 401K PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SCI AUTOMATION INC	<b>c</b> EIN-PN 54-2150828-001
<b>a</b>	Plan name	LANDSCAPE GAL 401K PLAN	
<b>b</b>	Name of plan sponsor	LANDSCAPE GAL LLC	<b>c</b> EIN-PN 45-5124235-001
<b>a</b>	Plan name	NEW LEGEND INC 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW LEGEND INC DBA LEGEND TRANSPORTATION	<b>c</b> EIN-PN 82-2521606-001
<b>a</b>	Plan name	BJ OILFIELD CONSTRUCTION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BJ OILFIELD CONSTRUCTION INC	<b>c</b> EIN-PN 73-1213144-002
<b>a</b>	Plan name	ANIMAL HOSPITAL OF PATASKALA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ANIMAL HOSPITAL OF PATASKALA LLC	<b>c</b> EIN-PN 85-2741145-001
<b>a</b>	Plan name	WISEMAN EXCAVATING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WISEMAN EXCAVATING INC	<b>c</b> EIN-PN 55-0678046-001
<b>a</b>	Plan name	ITI SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ITI SOLUTIONS INC	<b>c</b> EIN-PN 74-3013771-001
<b>a</b>	Plan name	FRAZIER PEST CONTROL INC 401K PROFIT SHAR	
<b>b</b>	Name of plan sponsor	FRAZIER PEST CONTROL INC	<b>c</b> EIN-PN 20-8099736-001
<b>a</b>	Plan name	KAHRS INTERNATIONAL INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	KAHRS INTERNATIONAL INC	<b>c</b> EIN-PN 23-2417661-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JB STEEL 401K PLAN	
<b>b</b>	Name of plan sponsor	JB STEEL LLC	<b>c</b> EIN-PN 93-0581861-006
<b>a</b>	Plan name	QUIK TEK MACHINING 401K PLAN	
<b>b</b>	Name of plan sponsor	QUIK TEK MACHINING LLC	<b>c</b> EIN-PN 26-1912212-001
<b>a</b>	Plan name	MOUNTAIN UTAH FAMILY MEDICINE 401K PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN UTAH FAMILY MEDICINE	<b>c</b> EIN-PN 87-0509414-001
<b>a</b>	Plan name	WISE & HEALTHY AGING 401K PLAN	
<b>b</b>	Name of plan sponsor	WISE & HEALTHY AGING	<b>c</b> EIN-PN 95-2788014-002
<b>a</b>	Plan name	ACOREA ENTERPRISES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACOREA ENTERPRISES INC	<b>c</b> EIN-PN 11-3678074-001
<b>a</b>	Plan name	TITAN MODULAR SPARTAN CARGO 401K PLAN	
<b>b</b>	Name of plan sponsor	TITAN MODULAR SYSTEMS INC	<b>c</b> EIN-PN 46-0843552-001
<b>a</b>	Plan name	ATLAS CRYPT AND MANUFACTURING 401K RET PLAN	
<b>b</b>	Name of plan sponsor	ATLAS CRYPT AND MANUFACTURING CO INC	<b>c</b> EIN-PN 41-0951243-001
<b>a</b>	Plan name	HARTIGAN & O'CONNOR EMPLOYEE SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARTIGAN & OCONNOR PC	<b>c</b> EIN-PN 36-3737154-001
<b>a</b>	Plan name	MITEC SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MITEC SOLUTIONS INC	<b>c</b> EIN-PN 26-0590889-001
<b>a</b>	Plan name	PAJ 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAJ INC	<b>c</b> EIN-PN 75-2257448-001
<b>a</b>	Plan name	GREG KRENEK MD PA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GREG KRENEK MD PA	<b>c</b> EIN-PN 20-1646894-001
<b>a</b>	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-2	
<b>b</b>	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	<b>c</b> EIN-PN 87-2964267-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LOW MOUNTAIN CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	LOW MOUNTAIN CONSTRUCTION INC	<b>c</b> EIN-PN 86-0705725-001
<b>a</b>	Plan name	1ST BANK YUMA 401K PLAN	
<b>b</b>	Name of plan sponsor	1ST BANK YUMA INC	<b>c</b> EIN-PN 86-0968262-001
<b>a</b>	Plan name	VALBRUNA SLATER STAINLESS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VALBRUNA SLATER STAINLESS INC	<b>c</b> EIN-PN 04-3784903-001
<b>a</b>	Plan name	FLATWATER BANK 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FLATWATER BANK	<b>c</b> EIN-PN 47-0175510-001
<b>a</b>	Plan name	ARMSTRONG INDIANA BDHP PENSION PLAN	
<b>b</b>	Name of plan sponsor	ARMSTRONG-INDIANA BEHAVIORAL AND DEVELOPMENT	<b>c</b> EIN-PN 25-1199680-001
<b>a</b>	Plan name	TOTAL SECURITY SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TOTAL SECURITY SOLUTIONS INC	<b>c</b> EIN-PN 20-1159014-001
<b>a</b>	Plan name	JD ALLMAN INC 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JD ALLMAN INC	<b>c</b> EIN-PN 52-2380800-001
<b>a</b>	Plan name	ANCA INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANCA INC	<b>c</b> EIN-PN 38-2850970-001
<b>a</b>	Plan name	MILLER TRANSFER & RIGGING CO 401K PS PLAN	
<b>b</b>	Name of plan sponsor	MILLER TRANSFER & RIGGING COMPANY	<b>c</b> EIN-PN 25-1189978-001
<b>a</b>	Plan name	NECO INDUSTRIES INC EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	NECO INDUSTRIESINC	<b>c</b> EIN-PN 73-1093067-003
<b>a</b>	Plan name	OMEGACOMP INC 401K PLAN	
<b>b</b>	Name of plan sponsor	OMEGACOMP INC	<b>c</b> EIN-PN 45-2854307-001
<b>a</b>	Plan name	JOHNSON HARDWARE COMPANY LLC PS PLAN	
<b>b</b>	Name of plan sponsor	JOHNSON HARDWARE COMPANY LLC	<b>c</b> EIN-PN 47-0845233-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MCPHAILS AUTO SALES INC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	MCPHAILS AUTO SALES INC	<b>c</b> EIN-PN 20-4885311-001
<b>a</b>	Plan name	TELL STEEL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TELL STEEL INC	<b>c</b> EIN-PN 95-2013977-005
<b>a</b>	Plan name	CAMP-A-WAY 401K PLAN	
<b>b</b>	Name of plan sponsor	QUEENLAND INC	<b>c</b> EIN-PN 47-0789616-001
<b>a</b>	Plan name	TEACHSTONE 401K PLAN	
<b>b</b>	Name of plan sponsor	TEACHSTONE TRAINING LLC	<b>c</b> EIN-PN 80-0560774-001
<b>a</b>	Plan name	LAKEVIEW FAMILY DENTISTRY 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	LAKEVIEW FAMILY DENTISTRY	<b>c</b> EIN-PN 59-3685450-001
<b>a</b>	Plan name	ECC 401K PLAN	
<b>b</b>	Name of plan sponsor	EPIC CONCRETE CONSTRUCTION INC	<b>c</b> EIN-PN 46-2822813-001
<b>a</b>	Plan name	GETHMANN CONSTRUCTION CO INC 401K PSP	
<b>b</b>	Name of plan sponsor	GETHMANN CONSTRUCTION COMPANY INC	<b>c</b> EIN-PN 42-0271670-001
<b>a</b>	Plan name	CHARLIE UNIFORM TANGO 401K PLAN	
<b>b</b>	Name of plan sponsor	CHARLIEUNIFORMTANGO LP	<b>c</b> EIN-PN 75-2621546-001
<b>a</b>	Plan name	CIG PC PROFIT SHARING 401K PLAN	
<b>b</b>	Name of plan sponsor	CONSULTANTS IN GASTROENTEROLOGY PC	<b>c</b> EIN-PN 91-1812354-001
<b>a</b>	Plan name	TOKUYAMA AND HANSEN 401K PLAN	
<b>b</b>	Name of plan sponsor	JY TOKUYAMA DDS AND LE HANSEN DDS	<b>c</b> EIN-PN 95-2787703-001
<b>a</b>	Plan name	MIDWEST MECHANICAL INDUSTRIAL SERVICES 401K	
<b>b</b>	Name of plan sponsor	MIDWEST MECHANICAL INDUSTRIAL SERVICES LLC	<b>c</b> EIN-PN 26-4031281-001
<b>a</b>	Plan name	BANKS HARDWOODS INC 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BANKS HARDWOODS INC	<b>c</b> EIN-PN 35-1641369-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name <b>MAYER &amp; NEWTON 401K PROFIT SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>LAW OFFICES OF MAYER &amp; NEWTON</b>	<b>c</b> EIN-PN <b>38-3736904-001</b>
<b>a</b>	Plan name <b>VIEIRA &amp; DIGIANFILIPPO LTD RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>VIEIRA &amp; DIGIANFILIPPO LTD</b>	<b>c</b> EIN-PN <b>05-0485583-001</b>
<b>a</b>	Plan name <b>AHERN AGRIBUSINESS INC 401K PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AHERN AGRIBUSINESS INC</b>	<b>c</b> EIN-PN <b>33-0145028-001</b>
<b>a</b>	Plan name <b>TEXAS TITLE COMPANY 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>TEXAS TITLE COMPANY</b>	<b>c</b> EIN-PN <b>26-2717873-001</b>
<b>a</b>	Plan name <b>MIDWEST ENGINEERING INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MIDWEST ENGINEERING INC</b>	<b>c</b> EIN-PN <b>30-0379511-002</b>
<b>a</b>	Plan name <b>ARROW ROOFING &amp; SUPPLY INC PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARROW ROOFING &amp; SUPPLY INC</b>	<b>c</b> EIN-PN <b>38-1893198-001</b>
<b>a</b>	Plan name <b>PIONEER STEEL 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>PIONEER STEEL AND PIPE CO INC</b>	<b>c</b> EIN-PN <b>74-2201703-001</b>
<b>a</b>	Plan name <b>AMSA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AMERICAN MEDICAL STUDENT ASSOCIATION</b>	<b>c</b> EIN-PN <b>36-2222695-001</b>
<b>a</b>	Plan name <b>JANSSEN AUTO GROUP 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JANSSEN &amp; SONS INC</b>	<b>c</b> EIN-PN <b>47-0808815-001</b>
<b>a</b>	Plan name <b>THE FIRST BANK OF THOMAS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>THE FIRST BANK OF THOMAS</b>	<b>c</b> EIN-PN <b>73-0479743-001</b>
<b>a</b>	Plan name <b>BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BORSHEIM JEWELRY COMPANY INC</b>	<b>c</b> EIN-PN <b>47-0546003-001</b>
<b>a</b>	Plan name <b>LUCKMARR PLASTICS INC 401K SALARY REDUCTION P</b>	
<b>b</b>	Name of plan sponsor <b>LUCKMARR PLASTICS INC</b>	<b>c</b> EIN-PN <b>38-2475612-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CREEK ENTERPRISE 401K PLAN	
<b>b</b>	Name of plan sponsor	CREEK ENTERPRISE INC	<b>c</b> EIN-PN 02-0685190-001
<b>a</b>	Plan name	MASPORT INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MASPORT INCORPORATED	<b>c</b> EIN-PN 47-0596383-001
<b>a</b>	Plan name	OH457IO DEFERRED COMPENSATION	
<b>b</b>	Name of plan sponsor	CITY OF WARREN OHIO	<b>c</b> EIN-PN 34-6002974-001
<b>a</b>	Plan name	CUSTOM LIGHT & SOUND INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM LIGHT & SOUND INC	<b>c</b> EIN-PN 56-1176591-001
<b>a</b>	Plan name	CES USA 401K PLAN	
<b>b</b>	Name of plan sponsor	CES USA	<b>c</b> EIN-PN 20-1706442-001
<b>a</b>	Plan name	SAF-T-CAB INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SAF-T-CAB INC	<b>c</b> EIN-PN 94-1666151-002
<b>a</b>	Plan name	ISIS COMMERCIAL INTERIORS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ISIS COMMERCIAL INTERIORS INC	<b>c</b> EIN-PN 46-4621261-001
<b>a</b>	Plan name	PACIFIC INDUSTRIAL ELECTRIC PSP	
<b>b</b>	Name of plan sponsor	PACIFIC INTL ELECTRIC CO INC DBA PIE	<b>c</b> EIN-PN 95-2870436-001
<b>a</b>	Plan name	HEARTLAND PERIODONTICS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HEARTLAND PERIODONTICS & IMPLANT DENTISTRY	<b>c</b> EIN-PN 47-0812386-001
<b>a</b>	Plan name	COMMUNITY PHARMACY SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY PHARMACY SERVICES INC	<b>c</b> EIN-PN 26-2122849-001
<b>a</b>	Plan name	WORLDBRIDGE PARTNERS OF OMAHA 401K SAVINGS	
<b>b</b>	Name of plan sponsor	WORLDBRIDGE PARTNERS OF OMAHA	<b>c</b> EIN-PN 39-2044660-001
<b>a</b>	Plan name	W INTERNATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor	W INTERNATIONAL SC LLC	<b>c</b> EIN-PN 83-2995647-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">MAXUS PROPERTIES LLC 401K RETIREMENT SAVING</a>	
<b>b</b>	Name of plan sponsor <a href="#">MAXUS PROPERTIES LLC</a>	<b>c</b> EIN-PN <a href="#">43-1638032-001</a>
<b>a</b>	Plan name <a href="#">GUNDERLIN LTD RETIREMENT SAVINGS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GUNDERLIN LTD</a>	<b>c</b> EIN-PN <a href="#">59-0691691-002</a>
<b>a</b>	Plan name <a href="#">NIECE EQUIPMENT LP 401K PS PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">NIECE EQUIPMENT LP</a>	<b>c</b> EIN-PN <a href="#">02-0613117-001</a>
<b>a</b>	Plan name <a href="#">CHN HOUSING PARTNERS 401K PS PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHN HOUSING PARTNERS</a>	<b>c</b> EIN-PN <a href="#">34-1346763-001</a>
<b>a</b>	Plan name <a href="#">CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CUYAHOGA COUNTY OF OHIO</a>	<b>c</b> EIN-PN <a href="#">34-6000817-001</a>
<b>a</b>	Plan name <a href="#">VALBRUNA STAINLESS INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VALBRUNA STAINLESS INC</a>	<b>c</b> EIN-PN <a href="#">06-1379799-001</a>
<b>a</b>	Plan name <a href="#">CORRECTIVESOLUTIONS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AMERICAN JUSTICE SOLUTIONS INC</a>	<b>c</b> EIN-PN <a href="#">46-5647159-001</a>
<b>a</b>	Plan name <a href="#">MECA 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">METROPOLITAN ENTERTAINMENT &amp; CONVENTION</a>	<b>c</b> EIN-PN <a href="#">91-1846837-001</a>
<b>a</b>	Plan name <a href="#">EDWARDS AUTO GROUP 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EDWARDS CHEVROLET-CADILLAC INC</a>	<b>c</b> EIN-PN <a href="#">42-0646357-001</a>
<b>a</b>	Plan name <a href="#">RK CHEVROLET INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RK CHEVROLET INC</a>	<b>c</b> EIN-PN <a href="#">22-2398337-001</a>
<b>a</b>	Plan name <a href="#">PLASTIC SERVICE CENTER INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">PLASTIC SERVICE CENTER INC</a>	<b>c</b> EIN-PN <a href="#">38-3270852-001</a>
<b>a</b>	Plan name <a href="#">MODERN DOOR &amp; EQUIPMENT SALES INC401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">MODERN DOOR &amp; EQUIPMENT SALES INC</a>	<b>c</b> EIN-PN <a href="#">52-1382311-001</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name MC VAN KAMPEN TRUCKING INC 401K PLAN	
<b>b</b>	Name of plan sponsor MC VAN KAMPEN TRUCKING INC	<b>c</b> EIN-PN 38-2393098-001
<b>a</b>	Plan name S3 INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SAFETY SERVICE SYSTEMS INC	<b>c</b> EIN-PN 36-4077377-001
<b>a</b>	Plan name TROTTER INC 401K PLAN	
<b>b</b>	Name of plan sponsor TROTTER INC	<b>c</b> EIN-PN 47-0580954-001
<b>a</b>	Plan name CONTEMPORARY OBSTETRICS PC 401K PS PLAN	
<b>b</b>	Name of plan sponsor CONTEMPORARY OBSTETRICS PC	<b>c</b> EIN-PN 38-2688194-001
<b>a</b>	Plan name SCHNELLER PLUMBING HEATING & AIR INC 401K	
<b>b</b>	Name of plan sponsor SCHNELLER PLUMBING HEATING & AIR INC	<b>c</b> EIN-PN 27-5429250-001
<b>a</b>	Plan name STANTON HEALTH CENTER 457B PLAN	
<b>b</b>	Name of plan sponsor CITY OF STANTON NURSING HOME	<b>c</b> EIN-PN 47-0522636-001
<b>a</b>	Plan name ADVANCE INSTALLATIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor ADVANCE INSTALLATIONS INC	<b>c</b> EIN-PN 88-0150572-001
<b>a</b>	Plan name VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor VALLEY CORPORATION	<b>c</b> EIN-PN 47-0543890-001
<b>a</b>	Plan name THE FEDERAL SAVINGS BANK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor THE FEDERAL SAVINGS BANK	<b>c</b> EIN-PN 43-1883419-001
<b>a</b>	Plan name UNITED INSURANCE AGENCY INC 401K PLAN	
<b>b</b>	Name of plan sponsor UNITED INSURANCE AGENCY INC	<b>c</b> EIN-PN 16-1356587-001
<b>a</b>	Plan name BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC	
<b>b</b>	Name of plan sponsor BUEHLER MOTOR INC	<b>c</b> EIN-PN 37-1492335-002
<b>a</b>	Plan name I K FOR STEVEN D ANDERSON	
<b>b</b>	Name of plan sponsor STEVEN D ANDERSON	<b>c</b> EIN-PN 81-2864585-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	ROCKY VISTA UNIVERSITY LLC 401K RETIREMENT
<b>b</b>	Name of plan sponsor	ROCKY VISTA UNIVERSITY LLC
<b>c</b>	EIN-PN	20-4761077-001
<b>a</b>	Plan name	5 TATE INC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	5 TATE INC
<b>c</b>	EIN-PN	75-2702367-001
<b>a</b>	Plan name	CII & GPAL RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CEREAL INGREDIENTS INC
<b>c</b>	EIN-PN	43-1527502-001
<b>a</b>	Plan name	JIM HAWK TRUCK TRAILERS INC 401K SAVINGS
<b>b</b>	Name of plan sponsor	JIM HAWK TRUCK TRAILERS INC
<b>c</b>	EIN-PN	42-1022818-002
<b>a</b>	Plan name	CAROBELL INC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	CAROBELL INC
<b>c</b>	EIN-PN	56-0936909-001
<b>a</b>	Plan name	SEMINGSON ARCHITECTS INC 401K PLAN
<b>b</b>	Name of plan sponsor	SEMINGSTON ARCHITECTS INC
<b>c</b>	EIN-PN	20-5981770-001
<b>a</b>	Plan name	THE COCOPAH INDIAN TRIBE 401K RETIREMENT
<b>b</b>	Name of plan sponsor	COCOPAH INDIAN TRIBE
<b>c</b>	EIN-PN	86-0255690-002
<b>a</b>	Plan name	CONNOLLY STEELE & COMPANY P C 401K PLAN
<b>b</b>	Name of plan sponsor	CONNOLLY STEELE & COMPANY PC
<b>c</b>	EIN-PN	25-1767399-001
<b>a</b>	Plan name	COVINA IRRIGATING COMPANY RETIREMENT TRUST PL
<b>b</b>	Name of plan sponsor	COVINA IRRIGATING COMPANY
<b>c</b>	EIN-PN	95-1186705-002
<b>a</b>	Plan name	ADVANCED CALIBRATION DESIGNS INC 401K PLAN
<b>b</b>	Name of plan sponsor	ADVANCED CALIBRATION DESIGNS INC
<b>c</b>	EIN-PN	93-0981766-001
<b>a</b>	Plan name	ROYAL STONE SAFE HARBOR 401K PLAN
<b>b</b>	Name of plan sponsor	ROYAL STONE LLC
<b>c</b>	EIN-PN	38-3528028-001
<b>a</b>	Plan name	VOGEL SHEET METAL AND HEATING 401K PLAN
<b>b</b>	Name of plan sponsor	VOGEL SHEET METAL AND HEATING INC
<b>c</b>	EIN-PN	43-0964662-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GEN-MARK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEMCO-REMARK SALES LLC	<b>c</b> EIN-PN 86-1168002-001
<b>a</b>	Plan name	WOODHOUSE AUTO FAMILY 401K PLAN	
<b>b</b>	Name of plan sponsor	WOODHOUSE FORD INC	<b>c</b> EIN-PN 47-0565206-001
<b>a</b>	Plan name	FAST TRACK URGENT CARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CRESCENT URGENT HEALTHCARE SERVICES LLC	<b>c</b> EIN-PN 26-3661532-001
<b>a</b>	Plan name	AOI CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	AOI CORPORATION	<b>c</b> EIN-PN 47-0687965-001
<b>a</b>	Plan name	STOECKLE AGRICULTURAL CONSULTING 401K PLAN	
<b>b</b>	Name of plan sponsor	STOECKLE AGRICULTURAL CONSULTING	<b>c</b> EIN-PN 77-0511417-001
<b>a</b>	Plan name	OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OAKLAND MANAGEMENT CORP	<b>c</b> EIN-PN 38-3196699-001
<b>a</b>	Plan name	PALACE ENTERTAINMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	FESTIVAL FUN PARKS LLC	<b>c</b> EIN-PN 77-0486724-001
<b>a</b>	Plan name	FUTURE FOAM INC 401K PS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FUTURE FOAM INC	<b>c</b> EIN-PN 42-0836191-001
<b>a</b>	Plan name	UNITED OF OMAHA FOR VARIOUS RET PLANS	
<b>b</b>	Name of plan sponsor	UNITED OF OMAHA	<b>c</b> EIN-PN 43-1795138-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
--	--	---

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>STATE STREET RETIREMENT RIGHT IN 2030</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>231</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HAND BENEFITS &amp; TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>74-2008758</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
---------------	--------------------------------------

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	126581
		134349
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3115718
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	329056
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	119054245
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	100703920
<b>(15)</b> Other.....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		<b>(a)</b> Beginning of Year	<b>(b)</b> End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	122296544	101167325
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	27122	150723
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	27122	150723
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	122269422	101016602

**Part II Income and Expense Statement**

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

<b>Income</b>		<b>(a)</b> Amount	<b>(b)</b> Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	107342	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		107342
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	39925306	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	32804827	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		7120479
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	5331270	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		12559091

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	77214	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		77214
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		77214

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		12481877
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		28399754
(2) From this plan .....	<b>2l(2)</b>		62134451

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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