

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; 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>1a Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2035</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>232</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAND BENEFITS & TRUST COMPANY</u></p> <p><u>820 GESSNER ROAD</u> <u>SUITE 1250</u> <u>HOUSTON, TX 77024</u></p>	<p>1c Effective date of plan <u>02/01/2022</u></p> <p>2b Employer Identification Number (EIN) <u>74-2008758</u></p> <p>2c Plan Sponsor's telephone number <u>713-460-1000</u></p> <p>2d 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.

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

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

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

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

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

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

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

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

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

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

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

Receipt Confirmation Code 0

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

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

A Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2035</u>	B Three-digit plan number (PN)	<u>232</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>74-2008758</u>	

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

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)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

c EIN-PN

d Entity code

e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name VARICOSITY LLC 401K PLAN	
b	Name of plan sponsor VARICOSITY LLC	c EIN-PN 01-0746953-001
a	Plan name NIECE EQUIPMENT LP 401K PS PLAN & TRUST	
b	Name of plan sponsor NIECE EQUIPMENT LP	c EIN-PN 02-0613117-001
a	Plan name CREEK ENTERPRISE 401K PLAN	
b	Name of plan sponsor CREEK ENTERPRISE INC	c EIN-PN 02-0685190-001
a	Plan name SAMM TAGUE 401K PLAN	
b	Name of plan sponsor SAMM TAGUE	c EIN-PN 02-0757012-001
a	Plan name SD&S TRUCKING LLC 401K PLAN	
b	Name of plan sponsor SD&S TRUCKING LLC	c EIN-PN 02-0784596-001
a	Plan name SERVICES BY DESIGN DBA CARING SOLUTIONS 401K	
b	Name of plan sponsor SERVICES BY DESIGN DBA CARING SOLUTIONS	c EIN-PN 03-0374478-001
a	Plan name NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 457B	
b	Name of plan sponsor NORTH CENTRAL DISTRICT HEALTH DEPARTMENT	c EIN-PN 03-0418895-001
a	Plan name RAPIDIT INC 401K PLAN	
b	Name of plan sponsor RAPIDIT INC	c EIN-PN 03-0529614-001
a	Plan name NEW BEDFORD YACHT CLUB 401K PLAN	
b	Name of plan sponsor NEW BEDFORD YACHT CLUB	c EIN-PN 04-1659530-001
a	Plan name ROBERTSON'S AUTO SALVAGE INC 401K PS PLAN	
b	Name of plan sponsor ROBERTSONS AUTO SALVAGE INC	c EIN-PN 04-2462641-001
a	Plan name ROBERTSON'S GMC TRUCKINC 401K PLAN	
b	Name of plan sponsor ROBERTSONS GMC TRUCK INC	c EIN-PN 04-2871748-001
a	Plan name STEARNS IRRIGATION INC 401K PLAN	
b	Name of plan sponsor STEARNS IRRIGATION INC	c EIN-PN 04-2914583-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CASA NUEVA VIDA INC 401K PSP	
b	Name of plan sponsor CASA NUEVA VIDA INC	c EIN-PN 04-3012063-002
a	Plan name NEW ENGLAND DISCOUNT RETAILERS INC 401K PSP	
b	Name of plan sponsor NEW ENGLAND DISCOUNT RETAILERS INC	c EIN-PN 04-3490470-001
a	Plan name TAYLOR DAVIS LANDSCAPE COMPANY 401K PLAN	
b	Name of plan sponsor TAYLOR DAVIS LANDSCAPE COMPANY INC	c EIN-PN 04-3549575-001
a	Plan name VALBRUNA SLATER STAINLESS INC 401K PLAN	
b	Name of plan sponsor VALBRUNA SLATER STAINLESS INC	c EIN-PN 04-3784903-001
a	Plan name DEAN WAREHOUSE SERVICES INC 401K PLAN	
b	Name of plan sponsor DEAN WAREHOUSE SERVICES INC	c EIN-PN 05-0431882-001
a	Plan name VIEIRA & DIGIANFILIPPO LTD RETIREMENT PLAN	
b	Name of plan sponsor VIEIRA & DIGIANFILIPPO LTD	c EIN-PN 05-0485583-001
a	Plan name VALBRUNA STAINLESS INC 401K PLAN	
b	Name of plan sponsor VALBRUNA STAINLESS INC	c EIN-PN 06-1379799-001
a	Plan name FOXBORO ORTHODONTICS 401K PLAN	
b	Name of plan sponsor ANITA S KARASKO DMD PC	c EIN-PN 06-1750645-001
a	Plan name SCHWING ELECTRICAL SUPPLY CORP PSP & TRUST	
b	Name of plan sponsor SCHWING ELECTRICAL SUPPLY CORP	c EIN-PN 11-1948173-002
a	Plan name OXFORD NURSING HOME 401K RETIREMENT PLAN	
b	Name of plan sponsor OXFORD NURSING HOME INC	c EIN-PN 11-3157922-001
a	Plan name COGEN CORPORATION 401K PLAN	
b	Name of plan sponsor COGEN CORPORATION	c EIN-PN 11-3328826-001
a	Plan name RIED INTERNATIONAL CORP 401K PS PLAN	
b	Name of plan sponsor RIED INTERNATIONAL CORP	c EIN-PN 11-3388374-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE HOMELESS ALLIANCE 401K PLAN	
b	Name of plan sponsor	THE HOMELESS ALLIANCE INC	c EIN-PN 11-3718005-001
a	Plan name	DUTCHMAN TREE FARM 401K PLAN	
b	Name of plan sponsor	DUTCHMAN TREE FARMS LLC	c EIN-PN 11-3772653-001
a	Plan name	DCC 401K PLAN	
b	Name of plan sponsor	DURAN CUTTING CORP	c EIN-PN 13-3688747-001
a	Plan name	MEP AMERICA INC EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	MEP AMERICA INC	c EIN-PN 13-3994242-001
a	Plan name	SHIRO TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor	SHIRO TECHNOLOGIES LLC	c EIN-PN 13-4207846-001
a	Plan name	GROUND WATER SYSTEMS 401K PSP AND TRUST	
b	Name of plan sponsor	GROUND WATER SYSTEMS INC	c EIN-PN 16-1045313-001
a	Plan name	PLASTIC BOTTLES INCORPORATED 401K PLAN	
b	Name of plan sponsor	PLASTIC BOTTLES INCORPORATED	c EIN-PN 16-1198128-002
a	Plan name	UNITED INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor	UNITED INSURANCE AGENCY INC	c EIN-PN 16-1356587-001
a	Plan name	CONVERGENCECOACHING LLC 401K PLAN	
b	Name of plan sponsor	CONVERGENCECOACHING LLC	c EIN-PN 16-1590309-001
a	Plan name	GREEN GLEN EQUINE HOSPITAL 401K PLAN	
b	Name of plan sponsor	GREEN GLEN EQUINE HOSPITAL	c EIN-PN 16-1621635-001
a	Plan name	TRI-REP SALES 401K PLAN	
b	Name of plan sponsor	TRI-REP SALES INC	c EIN-PN 20-0280914-001
a	Plan name	PREDICTIVE TECHNOLOGY INC 401K PROFIT SHARING	
b	Name of plan sponsor	PREDICTIVE TECHNOLOGY INC	c EIN-PN 20-0325167-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	HOME TITLE CONNECT LLC 401K PROFIT SHARING
b	Name of plan sponsor	HOME TITLE CONNECT LLC
c	EIN-PN	20-0346889-001
a	Plan name	EL AGUILA INC 401K PLAN
b	Name of plan sponsor	EL AGUILA INC
c	EIN-PN	20-0354181-001
a	Plan name	REGINA-ANDREW DESIGN 401K PLAN
b	Name of plan sponsor	REGINA-ANDREW DESIGN INC
c	EIN-PN	20-0740554-001
a	Plan name	CENTER FOR TRUE HARMONY WELLNESS 401K PLAN
b	Name of plan sponsor	THE CENTER FOR TRUE HARMONY WELLNESS AND MED
c	EIN-PN	20-0775994-001
a	Plan name	BAYSIDE MECHANICAL INC 401K PLAN
b	Name of plan sponsor	BAYSIDE MECHANICAL INC
c	EIN-PN	20-1083341-001
a	Plan name	TOTAL SECURITY SOLUTIONS RETIREMENT PLAN
b	Name of plan sponsor	TOTAL SECURITY SOLUTIONS INC
c	EIN-PN	20-1159014-001
a	Plan name	5D MINING 401K PLAN
b	Name of plan sponsor	5D MINING & CONSTRUCTION INC
c	EIN-PN	20-1211201-001
a	Plan name	GROUND ZERO SHELTERS CO INC 401K PLAN
b	Name of plan sponsor	GROUND ZERO SHELTERS CO INC
c	EIN-PN	20-1437041-001
a	Plan name	KNH INSURANCE 401K AND PROFIT SHARING PLAN
b	Name of plan sponsor	KNH INSURANCE SERVICES INC
c	EIN-PN	20-1647273-001
a	Plan name	CES USA 401K PLAN
b	Name of plan sponsor	CES USA
c	EIN-PN	20-1706442-001
a	Plan name	DIGIT-ALL 401K PLAN
b	Name of plan sponsor	DIGIT-ALL TECHNOLOGIES INC
c	EIN-PN	20-1746777-001
a	Plan name	MEDALLION FINANCIAL STRATEGIES INC 401K PLAN
b	Name of plan sponsor	MEDALLION FINANCIAL STRATEGIES INC
c	EIN-PN	20-1909760-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	PREMIER PARTNERS 401K PLAN	
b Name of plan sponsor	PREMIER PARTNERS REALTY INC	c EIN-PN 20-2048430-002
a Plan name	BHB ENTERPRISES INC 401K PLAN	
b Name of plan sponsor	BHB ENTERPRISES INC	c EIN-PN 20-2058922-001
a Plan name	ENVIRONMENTAL TEST SYSTEMS INC 401K PLAN	
b Name of plan sponsor	ENVIRONMENTAL TEST SYSTEMS INC	c EIN-PN 20-2152949-001
a Plan name	HENDERSON EYE CENTER 401K PLAN	
b Name of plan sponsor	HENDERSON & POSEGATE EYE CENTER PC	c EIN-PN 20-2247391-001
a Plan name	MCCABE ORTHODONTICS PC 401K SAFE HARBOR	
b Name of plan sponsor	MCCABE ORTHODONTICS PC	c EIN-PN 20-2727851-001
a Plan name	TOTAL SITE SERVICES INC 401K PLAN	
b Name of plan sponsor	TOTAL SITE SERVICES INC	c EIN-PN 20-2756205-001
a Plan name	CENTRAL OHIO PLASTIC SURGERY 401K PLAN	
b Name of plan sponsor	CENTRAL OHIO PLASTIC SURGERY INC	c EIN-PN 20-2940809-001
a Plan name	LAKOTA CORP 401K PLAN	
b Name of plan sponsor	LAKOTA CORP	c EIN-PN 20-2970922-001
a Plan name	C R WINDOWS INC 401K PLAN	
b Name of plan sponsor	C R WINDOWS INC	c EIN-PN 20-3162764-001
a Plan name	RIGHT ANGLE 401K PLAN	
b Name of plan sponsor	RIGHT ANGLE DBA ADVANCED MANUFACTURING SVCS	c EIN-PN 20-3251984-001
a Plan name	ELITE FIRE SERVICES INC 401K PLAN	
b Name of plan sponsor	ELITE FIRE SERVICES INC	c EIN-PN 20-3314177-001
a Plan name	CHOSEN ELECTRIC INC 401K PLAN	
b Name of plan sponsor	CHOSEN ELECTRIC INC	c EIN-PN 20-3577356-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name REAL ESTATE CREATES FINANCIAL FREEDOM PLAN	
b	Name of plan sponsor PEAK HOLDINGS CORP DBA EVEREST MGMT AND CONS	c EIN-PN 20-3621919-001
a	Plan name SOUTH CENTRAL SEALING LLC 401K PLAN	
b	Name of plan sponsor SOUTH CENTRAL SEALING LLC	c EIN-PN 20-3982191-001
a	Plan name VFI RETIREMENT PLAN	
b	Name of plan sponsor VIRTUAL FABRICATION INTERNATIONAL DBA VFI MA	c EIN-PN 20-4345786-001
a	Plan name CARLOS URIBE DDS PLLC 401K PLAN	
b	Name of plan sponsor CARLOS URIBE DDS PLLC	c EIN-PN 20-4685567-001
a	Plan name DIVERSE ACQUISITION COMPANY 401K PLAN	
b	Name of plan sponsor DIVERSE ACQUISITION COMPANY INC	c EIN-PN 20-4707578-001
a	Plan name FRANCISCO HERNANDEZ TAX SERVICES LLC 401K	
b	Name of plan sponsor FRANCISCO HERNANDEZ TAX SERVICES LLC	c EIN-PN 20-4883056-001
a	Plan name MCPHAILS AUTO SALES INC 401K PSP & TRUST	
b	Name of plan sponsor MCPHAILS AUTO SALES INC	c EIN-PN 20-4885311-001
a	Plan name SOUTHERNWOOD RETIREMENT PLAN	
b	Name of plan sponsor SOUTHERNWOOD FRAMING LLC	c EIN-PN 20-5159686-001
a	Plan name KILLIAN AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor KILLIAN AUTOMOTIVE	c EIN-PN 20-5227343-001
a	Plan name PRATTS PROFESSIONAL CHIMNEY SERVICE 401K PLAN	
b	Name of plan sponsor PRATTS PROFESSIONAL CHIMNEY SERVICE	c EIN-PN 20-5258840-001
a	Plan name ARAPAHOE OILFIELD SERVICES 401K PLAN	
b	Name of plan sponsor ARAPAHOE OILFIELD SERVICES LLC	c EIN-PN 20-5439087-001
a	Plan name 360 PROJECT MANAGEMENT 401K PS PLAN	
b	Name of plan sponsor 360 PROJECT MANAGEMENT	c EIN-PN 20-5589904-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CROFT 401K PLAN	
b	Name of plan sponsor CROFT PRODUCTION SYSTEMS INC	c EIN-PN 20-5650231-001
a	Plan name FRAZIER PEST CONTROL INC 401K PROFIT SHAR	
b	Name of plan sponsor FRAZIER PEST CONTROL INC	c EIN-PN 20-8099736-001
a	Plan name TENNESSEE EQUINE HOSPITAL 401K PLAN	
b	Name of plan sponsor TENNESSEE EQUINE HOSPITAL	c EIN-PN 20-8123097-001
a	Plan name LARRY VOGLER TRUCKING LLC 401K PLAN	
b	Name of plan sponsor LARRY VOGLER TRUCKING LLC	c EIN-PN 20-8176718-001
a	Plan name GOLD LAW PA RETIREMENT PLAN	
b	Name of plan sponsor GOLD LAW PA	c EIN-PN 20-8280309-001
a	Plan name RETAIL SHIPPING PARTNERS 401K PLAN	
b	Name of plan sponsor RETAIL SHIPPING PARTNERS INC	c EIN-PN 20-8451041-001
a	Plan name HEALTHSOURCE INC 401K RETIREMENT PLAN	
b	Name of plan sponsor HEALTHSOURCE INTEGRATED SOLUTIONS INC	c EIN-PN 20-8498601-003
a	Plan name GREAT LAKES BAY SURG & ENDOSCOPY 401K PLAN	
b	Name of plan sponsor NPS ASSOCIATES LLC DBA GREAT LAKES SURGERY	c EIN-PN 20-8500953-001
a	Plan name KATIE B ENTERPRISES INC 401K PSP & TRUST	
b	Name of plan sponsor KATIE B ENTERPRISES INC	c EIN-PN 20-8805876-001
a	Plan name TRI CITY HEATING AND AIR CONDITIONING 401K PL	
b	Name of plan sponsor TRI-CITY HEATING AND AIR CONDITIONING INC	c EIN-PN 20-8903507-001
a	Plan name SAINT DOMINIC ACADEMY 401K PLAN	
b	Name of plan sponsor SAINT DOMINIC ACADEMY	c EIN-PN 22-1597129-001
a	Plan name ELLIOTT-MCELWEE INC 401K PROFIT SHARING	
b	Name of plan sponsor ELLIOTT-MCELWEE INC	c EIN-PN 22-2357668-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name RK CHEVROLET INC 401K PLAN	
b	Name of plan sponsor RK CHEVROLET INC	c EIN-PN 22-2398337-001
a	Plan name LK AUTO D/B/A TOYOTA OF VINELAND 401K PLAN	
b	Name of plan sponsor LK AUTO SALES INC DBA TOYOTA OF VINELAND	c EIN-PN 22-3083829-001
a	Plan name FIFTH AVENUE ICE CREAM OF NEVADA INC 401K PLA	
b	Name of plan sponsor FIFTH AVENUE ICE CREAM OF NEVADA INC	c EIN-PN 22-3228763-001
a	Plan name HERITAGE TILE 401K PLAN	
b	Name of plan sponsor HERITAGE TILE & MARBLE CO	c EIN-PN 22-3726239-001
a	Plan name SERVICEONE 401K PLAN	
b	Name of plan sponsor JC ACQUISITIONS INC&SUBSIDIARIES	c EIN-PN 22-3888799-001
a	Plan name MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	
b	Name of plan sponsor MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	c EIN-PN 22-3948303-001
a	Plan name KAHRS INTERNATIONAL INC 401K PS PLAN	
b	Name of plan sponsor KAHRS INTERNATIONAL INC	c EIN-PN 23-2417661-001
a	Plan name RAY PRICE MOTORS 401K PLAN	
b	Name of plan sponsor RAY PRICE MOTORS	c EIN-PN 23-2635237-001
a	Plan name KTI LTD 401K PLAN	
b	Name of plan sponsor KTI LTD	c EIN-PN 23-2820510-001
a	Plan name OSMOND GENERAL HOSPITAL 401K PLAN	
b	Name of plan sponsor OSMOND GENERAL HOSPITAL	c EIN-PN 23-7161473-001
a	Plan name MEMPHIS IN MAY RETIREMENT PLAN	
b	Name of plan sponsor MEMPHIS IN MAY INTERNATIONAL FESTIVAL	c EIN-PN 23-7308001-002
a	Plan name ASSOCIATED CONTRACTORS OF CONNEAUT LAKE INC	
b	Name of plan sponsor ASSOCIATED CONTRACTORS OF CONNEAUT LAKE INC	c EIN-PN 25-1090324-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MILLER TRANSFER & RIGGING CO 401K PS PLAN	
b	Name of plan sponsor	MILLER TRANSFER & RIGGING COMPANY	c EIN-PN 25-1189978-001
a	Plan name	ARMSTRONG INDIANA BDHP PENSION PLAN	
b	Name of plan sponsor	ARMSTRONG-INDIANA BEHAVIORAL AND DEVELOPMENT	c EIN-PN 25-1199680-001
a	Plan name	ALPHA HOUSE INC 401K PLAN	
b	Name of plan sponsor	ALPHA HOUSE INC	c EIN-PN 25-1231807-001
a	Plan name	ERIE FOOD CO-OP 401K PLAN	
b	Name of plan sponsor	WHOLE FOODS COOPERATIVE	c EIN-PN 25-1401503-001
a	Plan name	CONNOLLY STEELE & COMPANY P C 401K PLAN	
b	Name of plan sponsor	CONNOLLY STEELE & COMPANY PC	c EIN-PN 25-1767399-001
a	Plan name	INFO-MATRIX CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	INFO-MATRIX CORPORATION	c EIN-PN 25-1788570-001
a	Plan name	BENTZ LAW FIRM PC 401K PSP	
b	Name of plan sponsor	BENTZ LAW FIRM PC	c EIN-PN 25-1878892-001
a	Plan name	HOLOBINKO CONSORTIUM LLC 401K PLAN	
b	Name of plan sponsor	HOLOBINKO CONSORTIUM LLC	c EIN-PN 25-1898032-001
a	Plan name	HEART 2 HEART HOME CARE 401K AND TRUST PLAN	
b	Name of plan sponsor	HEART 2 HEART HOME CARE	c EIN-PN 25-1899288-001
a	Plan name	KENSINGER & ASSOCIATES 401K PLAN	
b	Name of plan sponsor	KENSINGER & ASSOCIATES	c EIN-PN 26-0081940-001
a	Plan name	ANDERSON PHYSICAL THERAPY INC 401K PS	
b	Name of plan sponsor	ANDERSON PHYSICAL THERAPY INC	c EIN-PN 26-0222060-001
a	Plan name	MOHLER DESIGN 401K PLAN	
b	Name of plan sponsor	MOHLER DESIGN LLC	c EIN-PN 26-0498953-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MDB SERVICES 401K	
b	Name of plan sponsor	TV GUY ORLANDO LLC - DBA MDB SERVICES	c EIN-PN 26-0513045-001
a	Plan name	ACCOUNTING & TAX SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	ACCOUNTING & TAX SOLUTIONS INC	c EIN-PN 26-0562900-001
a	Plan name	MITEC SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	MITEC SOLUTIONS INC	c EIN-PN 26-0590889-001
a	Plan name	SEITEC 401K WEALTH PLAN	
b	Name of plan sponsor	AGRIHORIZON INC	c EIN-PN 26-0659633-001
a	Plan name	MANDUKA LLC RETIREMENT PLAN	
b	Name of plan sponsor	MANDUKA LLC	c EIN-PN 26-1648490-001
a	Plan name	QUIK TEK MACHINING 401K PLAN	
b	Name of plan sponsor	QUIK TEK MACHINING LLC	c EIN-PN 26-1912212-001
a	Plan name	COMMUNITY PHARMACY SERVICES INC 401K PLAN	
b	Name of plan sponsor	COMMUNITY PHARMACY SERVICES INC	c EIN-PN 26-2122849-001
a	Plan name	EDGE SERVICES 401K PLAN	
b	Name of plan sponsor	EDGE SERVICES INC	c EIN-PN 26-2464207-001
a	Plan name	TEXAS TITLE COMPANY 401K PLAN	
b	Name of plan sponsor	TEXAS TITLE COMPANY	c EIN-PN 26-2717873-001
a	Plan name	THE BALE LAW FIRM PLLC 401K PLAN	
b	Name of plan sponsor	THE BALE LAW FIRM PLLC	c EIN-PN 26-2863287-002
a	Plan name	BLUE WATER CREDIT LLC 401K PLAN	
b	Name of plan sponsor	BLUE WATER CREDIT LLC	c EIN-PN 26-2934487-001
a	Plan name	PNEUMATIC TRANSFER & CLEANING LLC 401K PSP	
b	Name of plan sponsor	PNEUMATIC TRANSFER & CLEANING LLC	c EIN-PN 26-3592713-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FAST TRACK URGENT CARE RETIREMENT PLAN	
b	Name of plan sponsor CRESCENT URGENT HEALTHCARE SERVICES LLC	c EIN-PN 26-3661532-001
a	Plan name F STREET DEV GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor F STREET DEVELOPMENT GROUP LLC	c EIN-PN 26-3977115-001
a	Plan name MIDWEST MECHANICAL INDUSTRIAL SERVICES 401K	
b	Name of plan sponsor MIDWEST MECHANICAL INDUSTRIAL SERVICES LLC	c EIN-PN 26-4031281-001
a	Plan name BIOMEDGPS 401K SAVINGS PLAN	
b	Name of plan sponsor BIOMEDGPSLLC	c EIN-PN 26-4134877-001
a	Plan name ESTATE & BUSINESS LAW GROUP PC 401K PLAN	
b	Name of plan sponsor ESTATE & BUSINESS LAW GROUP PC	c EIN-PN 27-0110962-001
a	Plan name PARKERS 401K PLAN	
b	Name of plan sponsor BALLARD BUILDING RESTAURANT CO	c EIN-PN 27-0265416-001
a	Plan name HOT PURPLE ENERGY 401K	
b	Name of plan sponsor HOT PURPLE INC	c EIN-PN 27-0475938-001
a	Plan name BYRUM COMPANIES 401K PLAN	
b	Name of plan sponsor BYRUM BUILDERS	c EIN-PN 27-0508150-001
a	Plan name AGILE TRANSFORMATION INC RETIREMENT PLAN	
b	Name of plan sponsor AGILE TRANSFORMATION INC	c EIN-PN 27-0528434-001
a	Plan name NEXT LEVEL TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor NEXT LEVEL TECHNOLOGIES	c EIN-PN 27-0586352-001
a	Plan name RS DALE CO INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor RS DALE CO INC	c EIN-PN 27-0755164-001
a	Plan name ACHIEVEMENT REHABILITATION THR 401K PSP TRUST	
b	Name of plan sponsor ACHIEVEMENT REHABILITATION THROUGH THERAPEUT	c EIN-PN 27-0991521-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name VISTA METALS GA PRODUCTION EES 401K PLAN	
b	Name of plan sponsor VISTA METALS GEORGIA	c EIN-PN 27-1043263-003
a	Plan name VISTA METALS GEORGIA 401K & PS PLAN	
b	Name of plan sponsor VISTA METALS-GEORGIA	c EIN-PN 27-1043263-001
a	Plan name WHITELEATHER GRAIN LLC 401K PLAN	
b	Name of plan sponsor WHITELEATHER GRAIN LLC	c EIN-PN 27-1176976-001
a	Plan name NEW HOPE TRANSITIONAL HOUSING 401K PLAN	
b	Name of plan sponsor NEW HOPE TRANSITIONAL HOUSING INC	c EIN-PN 27-1440474-001
a	Plan name BRYLLAN 401K PLAN	
b	Name of plan sponsor BRYLLAN LLC	c EIN-PN 27-1568186-001
a	Plan name FOREFRONT TECHNOLOGY'S 401K PS PLAN	
b	Name of plan sponsor FOREFRONT TECHNOLOGY SOLUTIONS CORP	c EIN-PN 27-1814097-001
a	Plan name PRO-LOW JOINT VENTURE 401K PLAN	
b	Name of plan sponsor PRO-LOW JOINT VENTURE	c EIN-PN 27-1816494-001
a	Plan name ELEANOR CREATIVE 401K PLAN	
b	Name of plan sponsor ELEANOR CREATIVE LLC	c EIN-PN 27-1894450-001
a	Plan name PINNACLE INSURANCE AGENCY OF MN LLC 401K PL	
b	Name of plan sponsor PINNACLE INSURANCE AGENCY OF MINNESOTA LLC	c EIN-PN 27-2430063-001
a	Plan name DO SELECTION INC INDIVIDUAL K PLAN	
b	Name of plan sponsor DO SELECTION INC	c EIN-PN 27-2762506-001
a	Plan name ELLIS LAW FIRM RETIREMENT PLAN	
b	Name of plan sponsor LAW OFFICES OF MARC JD ELLIS APLC	c EIN-PN 27-3363410-001
a	Plan name VAERUS AVIATION 401K PLAN	
b	Name of plan sponsor VAERUS AVIATION INC	c EIN-PN 27-3587432-001

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

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

a Plan name	INDUSTRIAL COATINGS GROUP 401K PLAN	
b Name of plan sponsor	INDUSTRIAL COATINGS GROUP INC	c EIN-PN 27-3610603-001
a Plan name	KC COATINGS 401K PLAN	
b Name of plan sponsor	KC COATINGS LLC	c EIN-PN 27-3644829-001
a Plan name	CANNON UTILITY SERVICES LLC 401K PLAN	
b Name of plan sponsor	CANNON UTILITY SERVICES LLC	c EIN-PN 27-3701067-001
a Plan name	GATEWAY HOME CARE LLC 401K PSP AND TRUST	
b Name of plan sponsor	GATEWAY HOME CARE LLC	c EIN-PN 27-4871931-001
a Plan name	WHEELHOUSE INNOVATIONS LLC 401K PLAN	
b Name of plan sponsor	WHEELHOUSE INNOVATIONS LLC	c EIN-PN 27-4934290-001
a Plan name	SCHNELLER PLUMBING HEATING & AIR INC 401K	
b Name of plan sponsor	SCHNELLER PLUMBING HEATING & AIR INC	c EIN-PN 27-5429250-001
a Plan name	MIDWEST ENGINEERING INC 401K PLAN	
b Name of plan sponsor	MIDWEST ENGINEERING INC	c EIN-PN 30-0379511-002
a Plan name	SCREED TECH 401K PLAN	
b Name of plan sponsor	SCREED TECH LLC	c EIN-PN 30-0386454-001
a Plan name	SARVICUS LLC 401K PLAN	
b Name of plan sponsor	SARVICUS LLC	c EIN-PN 30-0625973-001
a Plan name	FLORIDA COASTAL COLORS LLC 401K PLAN	
b Name of plan sponsor	FLORIDA COASTAL COLORS LLC	c EIN-PN 30-0829901-001
a Plan name	VERITAS HEALTH GROUP 401K RETIREMENT PLAN	
b Name of plan sponsor	VERITAS HEALTH GROUP	c EIN-PN 30-1144994-001
a Plan name	WESTERN HILLS COUNTRY CLUB 401K PLAN	
b Name of plan sponsor	WESTERN HILLS COUNTRY CLUB	c EIN-PN 31-0486880-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TOUKAN & COMPANY 401K PLAN	
b	Name of plan sponsor	TOUKAN & COMPANY	c EIN-PN 31-1081751-001
a	Plan name	THE WYETH-SCOTT COMPANY 401K PS PLAN	
b	Name of plan sponsor	WYETH-SCOTT COMPANY	c EIN-PN 31-1169617-001
a	Plan name	SOUTHERN OHIO EYE ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	SOUTHERN OHIO EYE ASSOCIATES LLC	c EIN-PN 31-1744464-001
a	Plan name	SPRINGFIELD TOWNSHIP 457B PLAN	
b	Name of plan sponsor	SPRINGFIELD TOWNSHIP	c EIN-PN 31-6000601-001
a	Plan name	OUTER BANKS BLUE REALTY SERVICES 401K PS PLAN	
b	Name of plan sponsor	OUTER BANKS BLUE LLC D/B/A OUTER BANKS REAL	c EIN-PN 32-0150985-001
a	Plan name	ELI WIRELINE SERVICES 401K PLAN	
b	Name of plan sponsor	ELI WIRELINE SERVICES LLC	c EIN-PN 32-0487776-001
a	Plan name	AHERN AGRIBUSINESS INC 401K PS PLAN	
b	Name of plan sponsor	AHERN AGRIBUSINESS INC	c EIN-PN 33-0145028-001
a	Plan name	ENVIRONMENTAL SPRAY SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	ENVIRONMENTAL SPRAY SYSTEMS INC	c EIN-PN 33-0340030-001
a	Plan name	SOUTHWEST STRATEGIES LLC 401K PS PLAN	
b	Name of plan sponsor	SOUTHWEST STRATEGIES LLC	c EIN-PN 33-0900047-003
a	Plan name	LEGEND FENCE CORP 401K PLAN	
b	Name of plan sponsor	LEGEND FENCE CORP	c EIN-PN 33-0933059-001
a	Plan name	NATIONAL TOOLING & MACHINING ASSOCIATION 401K	
b	Name of plan sponsor	NATIONAL TOOLING & MACHINING ASSOC	c EIN-PN 34-0646162-002
a	Plan name	OBARS MACHINE & TOOL COMPANY PS 401K PLAN	
b	Name of plan sponsor	OBARS MACHINE & TOOL COMPANY INC	c EIN-PN 34-0965850-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ATWOOD INDUSTRIES INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	ATWOOD INDUSTRIES INC	c EIN-PN 34-1101489-001
a	Plan name	V&A PROCESS INC 401K PLAN	
b	Name of plan sponsor	V&A PROCESS INC	c EIN-PN 34-1143181-001
a	Plan name	LARIA CHEVROLET-BUICK 401K PS PLAN	
b	Name of plan sponsor	LARIA CHEVROLET-BUICK INC	c EIN-PN 34-1346123-002
a	Plan name	CHN HOUSING PARTNERS 401K PS PLAN & TRUST	
b	Name of plan sponsor	CHN HOUSING PARTNERS	c EIN-PN 34-1346763-001
a	Plan name	DAVID A LEVY AND ASSOCIATES 401K PLAN	
b	Name of plan sponsor	DAVID A LEVY AND ASSOCIATES	c EIN-PN 34-1392757-001
a	Plan name	MEDICAL RESOURCES LIMITED 401K PLAN	
b	Name of plan sponsor	M & R OF FREDRICKSTOWN LIMITED	c EIN-PN 34-1917057-001
a	Plan name	CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN	
b	Name of plan sponsor	CUYAHOGA COUNTY OF OHIO	c EIN-PN 34-6000817-001
a	Plan name	MEDINA COUNTY PE DEF COMP 457B PLAN	
b	Name of plan sponsor	MEDINA COUNTY	c EIN-PN 34-6001851-001
a	Plan name	OH457IO DEFERRED COMPENSATION	
b	Name of plan sponsor	CITY OF WARREN OHIO	c EIN-PN 34-6002974-001
a	Plan name	DAHM BROTHERS INC 401K SALARY REDUCTION PLAN	
b	Name of plan sponsor	DAHM BROTHERS INC	c EIN-PN 35-0259100-001
a	Plan name	ICRB 401K PLAN	
b	Name of plan sponsor	INDIANA COMPENSATION RATING BUREAU	c EIN-PN 35-0837318-002
a	Plan name	HOOSIER PLASTICS INC 401K SALARY PLAN	
b	Name of plan sponsor	HOOSIER PLASTICS INC	c EIN-PN 35-1044677-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BANKS HARDWOODS INC 401K PS PLAN & TRUST	
b	Name of plan sponsor	BANKS HARDWOODS INC	c EIN-PN 35-1641369-001
a	Plan name	ALDRIDGE INSURANCE 401K PLAN	
b	Name of plan sponsor	ALDRIDGE INSURANCE INC	c EIN-PN 35-1937710-001
a	Plan name	WAYNE METALS LLC 401K PLAN	
b	Name of plan sponsor	WAYNE METALS LLC	c EIN-PN 35-2129195-001
a	Plan name	POSSIBILITIES NORTHEAST LLC 401K SALARY	
b	Name of plan sponsor	POSSIBILITIES NORTHEAST LLC	c EIN-PN 35-2151934-001
a	Plan name	MORGAN BRONZE PRODUCTS INC 401K PLAN	
b	Name of plan sponsor	MORGAN BRONZE PRODUCTS INC	c EIN-PN 36-2100305-001
a	Plan name	AMSA 401K PLAN	
b	Name of plan sponsor	AMERICAN MEDICAL STUDENT ASSOCIATION	c EIN-PN 36-2222695-001
a	Plan name	MECCON INDUSTRIES 401K PLAN	
b	Name of plan sponsor	MECCON INDUSTRIES INC	c EIN-PN 36-3008454-002
a	Plan name	GLENDENNING BROTHERS INC 401K PLAN	
b	Name of plan sponsor	GLENDENNING BROTHERS INC	c EIN-PN 36-3910487-002
a	Plan name	S3 INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SAFETY SERVICE SYSTEMS INC	c EIN-PN 36-4077377-001
a	Plan name	V&S TRUCKING 401K PLAN	
b	Name of plan sponsor	V & S TRUCKING LLC	c EIN-PN 36-4200799-001
a	Plan name	TEAM CORN & SOIL INC 401K PLAN	
b	Name of plan sponsor	TEAM CORN & SOIL INC	c EIN-PN 36-4425176-001
a	Plan name	PEDIATRIC PROFESSIONALS PC RETIREMENT PLAN	
b	Name of plan sponsor	PEDIATRIC PROFESSIONALS PC	c EIN-PN 36-4501581-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MEHUL C PATEL DDS PC 401K P/S PLAN	
b	Name of plan sponsor	MEHUL C PATEL DDS PC	c EIN-PN 36-4544110-002
a	Plan name	THIELEN FOLEY & MIRDO LLC 401K PSP & TRUST	
b	Name of plan sponsor	THIELEN FOLEY & MIRDO LLC	c EIN-PN 36-4556774-001
a	Plan name	PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP	
b	Name of plan sponsor	PARTNERSHIP FINANCIAL CREDIT UNION	c EIN-PN 36-6070077-001
a	Plan name	GRIFFITTS CONSTRUCTION 401K	
b	Name of plan sponsor	GRIFFITTS CONSTRUCTION INC	c EIN-PN 37-0863472-001
a	Plan name	EVAN LLOYD ASSOCIATES INC SAVINGS PLAN	
b	Name of plan sponsor	EVAN LLOYD ASSOCIATES INC	c EIN-PN 37-1211141-001
a	Plan name	BOB RIDINGS LINCOLN 401K PLAN	
b	Name of plan sponsor	BOB RIDINGS LINCOLN INC	c EIN-PN 37-1298771-001
a	Plan name	ALPHAGRAPHS 401K PLAN	
b	Name of plan sponsor	ALPHAGRAPHS	c EIN-PN 37-1461157-001
a	Plan name	BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC	
b	Name of plan sponsor	BUEHLER MOTOR INC	c EIN-PN 37-1492335-002
a	Plan name	NEXT STEP COMMUNICATIONS 401K PLAN	
b	Name of plan sponsor	NEXT STEP COMMUNICATIONS LLC	c EIN-PN 37-1644996-001
a	Plan name	MY 401K PLAN	
b	Name of plan sponsor	KINSTLER BROWN COMPANIES INC	c EIN-PN 37-1792802-001
a	Plan name	ECON DEV ALLIANCE OF ST CLAIR COUNTY PLAN	
b	Name of plan sponsor	ECONOMIC DEVELOPMENT ALLIANCE	c EIN-PN 38-1410034-001
a	Plan name	THEUT PRODUCTS INC 401K SALARY REDUCTION	
b	Name of plan sponsor	THEUT PRODUCTS INC	c EIN-PN 38-1551483-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	EW KITCHENS INC EMPLOYEES' 401K PLAN	
b	Name of plan sponsor	EW KITCHENS INC	c EIN-PN 38-1626582-001
a	Plan name	SILVER SEAL PRODUCTS CO INC 401K PLAN	
b	Name of plan sponsor	SILVER SEAL PRODUCTS CO INC	c EIN-PN 38-1658716-001
a	Plan name	ARC SERVICES OF MACOMB 401K PLAN	
b	Name of plan sponsor	ARC SERVICES OF MACOMB INC	c EIN-PN 38-1738601-001
a	Plan name	BEST MATERIALS PROFIT-SHARING PLAN	
b	Name of plan sponsor	BEST BLOCK COMPANY	c EIN-PN 38-1819457-001
a	Plan name	EBONEX CORPORATION 401K SAVINGS PLAN	
b	Name of plan sponsor	EBONEX CORPORATION	c EIN-PN 38-1854040-001
a	Plan name	ARROW ROOFING & SUPPLY INC PS PLAN	
b	Name of plan sponsor	ARROW ROOFING & SUPPLY INC	c EIN-PN 38-1893198-001
a	Plan name	ZILKA HEATING & COOLING INC 401K PLAN	
b	Name of plan sponsor	ZILKA HEATING & COOLING INC	c EIN-PN 38-1947015-001
a	Plan name	KOROTKIN INSURANCE GROUP INC 401K SRP	
b	Name of plan sponsor	KOROTKIN INSURANCE GROUP INC DBA KIG	c EIN-PN 38-2022737-001
a	Plan name	MELLEN SMITH AND PIVOZ 401K SAVINGS PLAN	
b	Name of plan sponsor	MELLEN SMITH & PIVOZ PLC	c EIN-PN 38-2050733-001
a	Plan name	E & L MEAT COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	E & L MEAT COMPANY	c EIN-PN 38-2141947-001
a	Plan name	MC VAN KAMPEN TRUCKING INC 401K PLAN	
b	Name of plan sponsor	MC VAN KAMPEN TRUCKING INC	c EIN-PN 38-2393098-001
a	Plan name	LUCKMARR PLASTICS INC 401K SALARY REDUCTION P	
b	Name of plan sponsor	LUCKMARR PLASTICS INC	c EIN-PN 38-2475612-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FOUNDRY PRODUCTS INC PS PLAN & TRUST	
b	Name of plan sponsor FOUNDRY PRODUCTS INC	c EIN-PN 38-2488924-001
a	Plan name J THEISEN INC 401K PLAN	
b	Name of plan sponsor J THEISEN INC	c EIN-PN 38-2607616-001
a	Plan name CONTEMPORARY OBSTETRICS PC 401K PS PLAN	
b	Name of plan sponsor CONTEMPORARY OBSTETRICS PC	c EIN-PN 38-2688194-001
a	Plan name AUTOMATION & MODULAR COMPONENTS INC 401K	
b	Name of plan sponsor AUTOMATION & MODULAR COMPONENTS INC	c EIN-PN 38-2831279-002
a	Plan name ANCA INC 401K RETIREMENT PLAN	
b	Name of plan sponsor ANCA INC	c EIN-PN 38-2850970-001
a	Plan name HARVEST CREATIVE SERVICES RETIREMENT PLAN	
b	Name of plan sponsor HARVEST PRODUCTIONS INC	c EIN-PN 38-3087053-001
a	Plan name OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	
b	Name of plan sponsor OAKLAND MANAGEMENT CORP	c EIN-PN 38-3196699-001
a	Plan name PLASTIC SERVICE CENTER INC 401K PLAN	
b	Name of plan sponsor PLASTIC SERVICE CENTER INC	c EIN-PN 38-3270852-001
a	Plan name COMPUTECH GLOBAL 401K PLAN	
b	Name of plan sponsor COMPUTECH GLOBAL	c EIN-PN 38-3277332-001
a	Plan name THERMAL ONE INC 401K PLAN & TRUST	
b	Name of plan sponsor THERMAL ONE INC	c EIN-PN 38-3331535-001
a	Plan name AMERICAN INSTITUTIONAL MGMT SERVICES INC 401K	
b	Name of plan sponsor AMERICAN INSTITUTIONAL MGMT SERVICES INC	c EIN-PN 38-3350526-002
a	Plan name TWIN PINES LANDSCAPING 401K RETIREMENT PLAN	
b	Name of plan sponsor TWIN PINES LANDSCAPING	c EIN-PN 38-3426291-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HERITAGE CHURCH 401K PLAN	
b	Name of plan sponsor	HERITAGE CHURCH OF MACOMB	c EIN-PN 38-3509400-001
a	Plan name	LAGPULL INDUSTRIES INC 401K	
b	Name of plan sponsor	LAGPULL INDUSTRIES INC	c EIN-PN 38-3594174-001
a	Plan name	AXTELLA LLC 401K PLAN	
b	Name of plan sponsor	AXTELLA LLC	c EIN-PN 38-3627552-001
a	Plan name	MCELHINNY INSURANCE LLC 401K PLAN	
b	Name of plan sponsor	MCELHINNY INSURANCE LLC	c EIN-PN 38-3667025-001
a	Plan name	EXCALIBUR LAUNDRIES INC 401K PSP & TRUST	
b	Name of plan sponsor	EXCALIBUR LAUNDRIES INC	c EIN-PN 39-1391734-001
a	Plan name	O'BRIEN AND ASSOCIATES 401K PLAN	
b	Name of plan sponsor	O'BRIEN SERVICES INC	c EIN-PN 39-1818583-001
a	Plan name	MDS 401K PLAN	
b	Name of plan sponsor	MODERN DISPOSAL SYSTEMS LLC	c EIN-PN 39-1966606-001
a	Plan name	WORLDBRIDGE PARTNERS OF OMAHA 401K SAVINGS	
b	Name of plan sponsor	WORLDBRIDGE PARTNERS OF OMAHA	c EIN-PN 39-2044660-001
a	Plan name	ATLAS CRYPT AND MANUFACTURING 401K RET PLAN	
b	Name of plan sponsor	ATLAS CRYPT AND MANUFACTURING CO INC	c EIN-PN 41-0951243-001
a	Plan name	TPI CUSTOM SOLUTIONS 401K AND PSP	
b	Name of plan sponsor	TPI CUSTOM SOLUTIONS	c EIN-PN 41-1417264-001
a	Plan name	DISCOVERY FINANCIAL CENTERS INC 401K PLAN	
b	Name of plan sponsor	DISCOVERY FINANCIAL CENTERS INC	c EIN-PN 41-1716745-001
a	Plan name	NATURAL ENVIRONMENTS CORPORATION 401K PSP	
b	Name of plan sponsor	NATURAL ENVIRONMENTS CORPORATION	c EIN-PN 41-1843976-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	AXIS 401K UNION RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-002
a	Plan name	AXIS 401K RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-001
a	Plan name	CLASSIC EVENTS 401K PLAN	
b	Name of plan sponsor	DES MOINES A TO Z PARTY RENTAL INC	c EIN-PN 41-1951244-001
a	Plan name	401K PLAN FOR EMPLOYEES OF MSEA	
b	Name of plan sponsor	MINNESOTA SCHOOL EMPLOYEES ASSOCIATION	c EIN-PN 41-1994256-002
a	Plan name	GETHMANN CONSTRUCTION CO INC 401K PSP	
b	Name of plan sponsor	GETHMANN CONSTRUCTION COMPANY INC	c EIN-PN 42-0271670-001
a	Plan name	EDWARDS AUTO GROUP 401K PLAN	
b	Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	c EIN-PN 42-0646357-001
a	Plan name	ACCURATE INSURANCE INC 401K PLAN	
b	Name of plan sponsor	ACCURATE INSURANCE INC	c EIN-PN 42-0751166-001
a	Plan name	FUTURE FOAM INC 401K PS RETIREMENT PLAN	
b	Name of plan sponsor	FUTURE FOAM INC	c EIN-PN 42-0836191-001
a	Plan name	LEACH CAMPER SALES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEACH CAMPER SALES INC	c EIN-PN 42-0926894-001
a	Plan name	JIM HAWK TRUCK TRAILERS INC 401K SAVINGS	
b	Name of plan sponsor	JIM HAWK TRUCK TRAILERS INC	c EIN-PN 42-1022818-002
a	Plan name	ATC INC 401K PLAN	
b	Name of plan sponsor	ATC INC	c EIN-PN 42-1095528-001
a	Plan name	CANDEO 401K PLAN	
b	Name of plan sponsor	CREATIVE COMMUNITY OPTIONS INC DBA CANDEO	c EIN-PN 42-1388521-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ROD-MAR 401K PLAN	
b	Name of plan sponsor	RODNEY J DEAN MD PC	c EIN-PN 42-1432698-001
a	Plan name	IOWA EARTH WORKS 401K PLAN	
b	Name of plan sponsor	BALLARD LLC	c EIN-PN 42-1467898-001
a	Plan name	PEDIATRIC SPECIALISTS 401K PLAN	
b	Name of plan sponsor	PEDIATRIC SPECIALISTS OF BLOOMFIELD HILLS	c EIN-PN 42-1619657-001
a	Plan name	GARY'S FOODS 401K PLAN	
b	Name of plan sponsor	D & G INC	c EIN-PN 42-6167526-001
a	Plan name	UNICO BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICO BANK	c EIN-PN 43-0338550-002
a	Plan name	VOGEL SHEET METAL AND HEATING 401K PLAN	
b	Name of plan sponsor	VOGEL SHEET METAL AND HEATING INC	c EIN-PN 43-0964662-001
a	Plan name	DBA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DAN BUCKEY ASSOCIATES INC	c EIN-PN 43-1198569-003
a	Plan name	ARMSTRONG CITYWIDE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ARMSTRONG CITYWIDE INC	c EIN-PN 43-1441456-001
a	Plan name	CII & GPAL RETIREMENT PLAN	
b	Name of plan sponsor	CEREAL INGREDIENTS INC	c EIN-PN 43-1527502-001
a	Plan name	MAXUS PROPERTIES LLC 401K RETIREMENT SAVING	
b	Name of plan sponsor	MAXUS PROPERTIES LLC	c EIN-PN 43-1638032-001
a	Plan name	DIEB ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	DIEB ENTERPRISES INC	c EIN-PN 43-1851281-001
a	Plan name	ALLIED RETAIL CONCEPTS LLC 401K PS PLAN	
b	Name of plan sponsor	ALLIED RETAIL CONCEPTS LLC	c EIN-PN 43-1878517-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE FEDERAL SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor	THE FEDERAL SAVINGS BANK	c EIN-PN 43-1883419-001
a	Plan name	MAVERICK CONVERTING 401K PLAN	
b	Name of plan sponsor	SUPER TECH LEASING INC	c EIN-PN 43-1885157-001
a	Plan name	LAGOON PUMPING & DREDGING INC 401K PLAN	
b	Name of plan sponsor	LAGOON PUMPING & DREDGING INC	c EIN-PN 43-2010523-001
a	Plan name	STRASBURG STATE BANK PSP	
b	Name of plan sponsor	STRASBURG STATE BANK	c EIN-PN 45-0259552-001
a	Plan name	FIREBIRD AST RETIREMENT TRUST	
b	Name of plan sponsor	FIREBIRD ANALYTICAL SOLUTIONS & TECHNOLOGIES	c EIN-PN 45-1475401-001
a	Plan name	XTREME FIRE PROTECTION 401K PLAN	
b	Name of plan sponsor	XTREME FIRE PROTECTION	c EIN-PN 45-1555692-001
a	Plan name	NORTH COAST HOME CARE RETIREMENT PLAN	
b	Name of plan sponsor	NORTH COAST HOME CARE INC	c EIN-PN 45-1831258-001
a	Plan name	JW LOGISTICS LLC 401K PLAN	
b	Name of plan sponsor	JW LOGISTICS LLC	c EIN-PN 45-2214807-001
a	Plan name	INTELLIGRATED COMMUNICATIONS 401K PSP	
b	Name of plan sponsor	INTELLIGRATED COMMUNICATIONS INC	c EIN-PN 45-2422188-001
a	Plan name	SYNECT LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SYNECT LLC	c EIN-PN 45-2518367-001
a	Plan name	YOUNG INSURANCE INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	KELLEY DAWN YOUNG DBA YOUNG INSURANCE	c EIN-PN 45-2718914-001
a	Plan name	STATCARE URGENT & WALK IN MEDICAL 401K PLAN	
b	Name of plan sponsor	STATCARE URGENT & WALK IN MEDICAL CARE PLLC	c EIN-PN 45-2756491-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COUTURE TEE COMPANY 401K PLAN	
b	Name of plan sponsor	COUTURE TEE COMPANY	c EIN-PN 45-3815936-001
a	Plan name	STEELBRIDGE VENTURES CONSULTING 401K P/S PLAN	
b	Name of plan sponsor	STEELBRIDGE VENTURES CONSULTING LLC	c EIN-PN 45-4125594-001
a	Plan name	PRAIRIE LANDWORKS INC 401K PLAN	
b	Name of plan sponsor	PRAIRIE LANDWORKS INC	c EIN-PN 45-4357575-001
a	Plan name	RS WAGNER LLC 401K PLAN	
b	Name of plan sponsor	RS WAGNER LLC	c EIN-PN 45-4414308-001
a	Plan name	MOREL LANDSCAPING 401K PLAN	
b	Name of plan sponsor	MOREL LANDSCAPING LLC	c EIN-PN 45-4472425-001
a	Plan name	NPE CONSULTING 401K PLAN	
b	Name of plan sponsor	NPE CONSULTING LLC	c EIN-PN 45-4867519-001
a	Plan name	AVANT TECNO USA INC 401K PLAN	
b	Name of plan sponsor	AVANT TECNO USA INC	c EIN-PN 45-5334621-001
a	Plan name	MOUNTAINEER INFRASTRUCTURE 401K PLAN	
b	Name of plan sponsor	MOUNTAINEER INFRASTRUCTURE LLC	c EIN-PN 45-5372829-001
a	Plan name	COASTLINE FINANCIAL RESOURCES 401K PLAN	
b	Name of plan sponsor	COASTLINE FINANCIAL RESOURCES LLC	c EIN-PN 45-5485291-001
a	Plan name	SIOUXLAND K & K CONSTRUCTION INC 401K PSP	
b	Name of plan sponsor	SIOUXLAND K & K CONSTRUCTION INC	c EIN-PN 46-0446745-001
a	Plan name	GIBSON CARE INC 401K PLAN	
b	Name of plan sponsor	GIBSON CARE INC	c EIN-PN 46-0490771-001
a	Plan name	GUTSHALL & KOHLE EYECARE LLC 401K PLAN	
b	Name of plan sponsor	GUTSHALL & KOHLE EYECARE LLC	c EIN-PN 46-0516831-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MICHAEL K LLOYD MD INC RETIREMENT PLAN	
b	Name of plan sponsor	MICHAEL K LLOYD MD INC	c EIN-PN 46-0734206-001
a	Plan name	TITAN MODULAR SPARTAN CARGO 401K PLAN	
b	Name of plan sponsor	TITAN MODULAR SYSTEMS INC	c EIN-PN 46-0843552-001
a	Plan name	CUSTOM DENTAL LLC 401K PLAN	
b	Name of plan sponsor	CUSTOM DENTAL LLC	c EIN-PN 46-0905644-001
a	Plan name	MY FUTURE PAYCHECK 401K PLAN	
b	Name of plan sponsor	R & C WELDING FAB TRUCKING & SERVICES INC	c EIN-PN 46-0936806-001
a	Plan name	AP TECHNOLOGY 401K PLAN	
b	Name of plan sponsor	AP TECHNOLOGY LLC	c EIN-PN 46-1407591-001
a	Plan name	GOOD MOVES 401K	
b	Name of plan sponsor	GOOD MOVES DELIVERY INC	c EIN-PN 46-1933984-001
a	Plan name	MACKIE CONSTRUCTION INC 401K PLAN	
b	Name of plan sponsor	MACKIE CONSTRUCTION INC	c EIN-PN 46-2025320-001
a	Plan name	VERSEIO 401K RETIREMENT PLAN	
b	Name of plan sponsor	VERSEIO	c EIN-PN 46-2220746-001
a	Plan name	SUNSAL DENTAL PLLC 401K PLAN AND TRUST	
b	Name of plan sponsor	SUNSAL DENTAL PLLC	c EIN-PN 46-2377443-001
a	Plan name	ELITE SCHOOL MANAGEMENT INC 401K PLAN	
b	Name of plan sponsor	ELITE SCHOOL MANAGEMENT INC	c EIN-PN 46-2542895-001
a	Plan name	OHIO VEIN & VASCULAR INC 401K PLAN	
b	Name of plan sponsor	OHIO VEIN & VASCULAR INC	c EIN-PN 46-2564421-001
a	Plan name	MYERS ORTHODONTICS PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor	MYERS ORTHODONTICS PLLC	c EIN-PN 46-2612984-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name EMPOWER CENTERS RETIREMENT PLAN	
b	Name of plan sponsor HAUGLAND LAMARCHE AND RAMAGE LLC	c EIN-PN 46-2625616-001
a	Plan name ECC 401K PLAN	
b	Name of plan sponsor EPIC CONCRETE CONSTRUCTION INC	c EIN-PN 46-2822813-001
a	Plan name KAY DEE COMPANY OF OMAHA 401K PLAN	
b	Name of plan sponsor KAY DEE COMPANY LLC	c EIN-PN 46-3029426-001
a	Plan name REAL INVEST INC 401K PLAN	
b	Name of plan sponsor REAL INVEST INC	c EIN-PN 46-3201756-001
a	Plan name D8 ALUMINUM 401K PLAN	
b	Name of plan sponsor D8 ALUMINUM LLC	c EIN-PN 46-3318066-001
a	Plan name RENAL REDUX PLLC 401K PS PLAN & TRUST	
b	Name of plan sponsor RENAL REDUX PLLC	c EIN-PN 46-3319049-001
a	Plan name R & S HOSPITALITY LLC 401K PLAN	
b	Name of plan sponsor R & S HOSPITALITY LLC	c EIN-PN 46-4519737-001
a	Plan name KRUEGER JUELICH & SCHMISEK PLLC 401K PLAN	
b	Name of plan sponsor KRUEGER JUELICH & SCHMISEK PLLC	c EIN-PN 46-4548210-001
a	Plan name ISIS COMMERCIAL INTERIORS INC RETIREMENT PLAN	
b	Name of plan sponsor ISIS COMMERCIAL INTERIORS INC	c EIN-PN 46-4621261-001
a	Plan name LAB 57 INC RETIREMENT PLAN	
b	Name of plan sponsor LAB 57 INC	c EIN-PN 46-4920260-001
a	Plan name MEYER COMPANIES INC 401K PLAN	
b	Name of plan sponsor MEYER COMPANIES INC	c EIN-PN 46-4954727-001
a	Plan name EMISSARY REALTY 401K PLAN	
b	Name of plan sponsor EMISSARY REALTY LLC	c EIN-PN 46-5126234-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	STRATEGIC COMPLIANCE PARTNERS 401K RETIREMENT	
b	Name of plan sponsor	STRATEGIC COMPLIANCE PARTNERS	c EIN-PN 46-5591861-001
a	Plan name	CORRECTIVESOLUTIONS 401K PLAN	
b	Name of plan sponsor	AMERICAN JUSTICE SOLUTIONS INC	c EIN-PN 46-5647159-001
a	Plan name	CARHART LUMBER COMPANY 401K PLAN AND TRUST	
b	Name of plan sponsor	CARHART LUMBER COMPANY	c EIN-PN 47-0119720-001
a	Plan name	THERMO KING CHRISTENSEN 401K RETIREMENT	
b	Name of plan sponsor	THERMO KING CHRISTENSEN INC	c EIN-PN 47-0411741-001
a	Plan name	QUINN INSURANCE INC 401K PSP AND TRUST	
b	Name of plan sponsor	QUINN INSURANCE INC	c EIN-PN 47-0484197-001
a	Plan name	SHORCO INC PROFIT SHARING PLAN	
b	Name of plan sponsor	SHORCO INC	c EIN-PN 47-0486579-001
a	Plan name	WN MOREHOUSE TRUCK LINE INC 401K PLAN	
b	Name of plan sponsor	WN MOREHOUSE TRUCK LINE INC	c EIN-PN 47-0519808-002
a	Plan name	STANTON HEALTH CENTER 457B PLAN	
b	Name of plan sponsor	CITY OF STANTON NURSING HOME	c EIN-PN 47-0522636-001
a	Plan name	VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VALLEY CORPORATION	c EIN-PN 47-0543890-001
a	Plan name	BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN	
b	Name of plan sponsor	BORSHEIM JEWELRY COMPANY INC	c EIN-PN 47-0546003-001
a	Plan name	MCINTOSH JEWELRY INC 401K PLAN	
b	Name of plan sponsor	MCINTOSH JEWELRY INC	c EIN-PN 47-0555541-001
a	Plan name	ANDERSON INDUST ENGINE CO 401K	
b	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO INC	c EIN-PN 47-0557609-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	DPA 401K PLAN	
b Name of plan sponsor	DEL PETERSON AND ASSOCIATES	c EIN-PN 47-0558743-001
a Plan name	KASSIK MILLING CO INC 401K PLAN	
b Name of plan sponsor	KASSIK MILLING CO INC	c EIN-PN 47-0561540-001
a Plan name	WOODHOUSE AUTO FAMILY 401K PLAN	
b Name of plan sponsor	WOODHOUSE FORD INC	c EIN-PN 47-0565206-001
a Plan name	PTS 401K PLAN	
b Name of plan sponsor	POOLES TRUCK SERVICE INC	c EIN-PN 47-0580932-001
a Plan name	TROTTER INC 401K PLAN	
b Name of plan sponsor	TROTTER INC	c EIN-PN 47-0580954-001
a Plan name	B A B INC PROFIT SHARING PLAN	
b Name of plan sponsor	BAB INC	c EIN-PN 47-0596241-001
a Plan name	MASPORT INC RETIREMENT PLAN	
b Name of plan sponsor	MASPORT INCORPORATED	c EIN-PN 47-0596383-001
a Plan name	CLARK CONSTRUCTION COMPANY INC 401K PLAN	
b Name of plan sponsor	CLARK CONSTRUCTION COMPANY	c EIN-PN 47-0623108-001
a Plan name	KERSTEN TRUCKING INC 401K PLAN	
b Name of plan sponsor	KERSTEN TRUCKING INC	c EIN-PN 47-0647245-001
a Plan name	E-Z KITCHENS 401K PLAN	
b Name of plan sponsor	E-Z KITCHENS INC	c EIN-PN 47-0677911-001
a Plan name	THE AMBASSADOR HOLDING CO 401K PS PLAN	
b Name of plan sponsor	THE AMBASSADOR HOLDING COMPANY	c EIN-PN 47-0684278-001
a Plan name	AOI CORPORATION 401K PLAN	
b Name of plan sponsor	AOI CORPORATION	c EIN-PN 47-0687965-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LARSON MOTORS INC 401K PLAN	
b	Name of plan sponsor	LARSON MOTORS INC	c EIN-PN 47-0690377-001
a	Plan name	RYAN COLLISION CTR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RYAN COLLISION CENTER INC DBA ABRA AUTO	c EIN-PN 47-0708055-001
a	Plan name	BAKERS CANDIES 401K PLAN	
b	Name of plan sponsor	BAKERS CANDIES INC	c EIN-PN 47-0711638-001
a	Plan name	JOHN'S PLUMBING COMPANY INC 401K PLAN	
b	Name of plan sponsor	JOHNS PLUMBING COMPANY INC	c EIN-PN 47-0718632-001
a	Plan name	MARTINS COUNTER TOPS INC 401K PS PLAN	
b	Name of plan sponsor	MARTINS COUNTER TOPS INC	c EIN-PN 47-0735289-001
a	Plan name	KLEIN FAMILY TRUCKING 401K PLAN	
b	Name of plan sponsor	KLEIN FAMILY TRUCKING INC	c EIN-PN 47-0764701-001
a	Plan name	BRANDING INC 401K PLAN	
b	Name of plan sponsor	BRANDING INC	c EIN-PN 47-0791243-001
a	Plan name	LOGISTICS 365 401K PLAN	
b	Name of plan sponsor	LOGISTICS 365	c EIN-PN 47-0799641-001
a	Plan name	JANSSEN AUTO GROUP 401K PLAN	
b	Name of plan sponsor	JANSSEN & SONS INC	c EIN-PN 47-0808815-001
a	Plan name	WAYNE'S BODY SHOP SALARY SAVINGS PLAN	
b	Name of plan sponsor	WAYNES BODY SHOP INC	c EIN-PN 47-0811392-001
a	Plan name	IDEAL IMAGES RETIREMENT PLAN	
b	Name of plan sponsor	IDEAL IMAGES INC	c EIN-PN 47-0813679-001
a	Plan name	MORRISSEY ENGINEERING INC 401K RETIREMENT	
b	Name of plan sponsor	MORRISSEY ENGINEERING INC	c EIN-PN 47-0818042-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name PHI 401K SAVINGS PLAN	
b	Name of plan sponsor PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a	Plan name SELECT SPRAYERS 401K PLAN	
b	Name of plan sponsor SELECT SPRAYERS & EQUIPMENT LLC	c EIN-PN 47-0828257-001
a	Plan name HUSKER AG LLC 401K PLAN	
b	Name of plan sponsor HUSKER AG LLC	c EIN-PN 47-0836953-001
a	Plan name JOHNSON HARDWARE COMPANY LLC PS PLAN	
b	Name of plan sponsor JOHNSON HARDWARE COMPANY LLC	c EIN-PN 47-0845233-001
a	Plan name SASE 401K PLAN	
b	Name of plan sponsor SETTJE AGRI-SERVICES & ENGINEERING INC	c EIN-PN 47-0846158-001
a	Plan name CLEBURNE COUNTY ANIMAL CLINIC 401K PLAN	
b	Name of plan sponsor DOCCATO VET LLC	c EIN-PN 47-1042019-001
a	Plan name WEST OLYMPIA VETERINARY HOSPIT 401K PLAN	
b	Name of plan sponsor WEST OLYMPIA VETERINARY HOSPIT	c EIN-PN 47-1544884-001
a	Plan name WHITEHOUSE FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor SHUMATE DENTAL GROUP	c EIN-PN 47-2154086-001
a	Plan name WHITE'S ENERGY SERVICES LLC 401K PLAN	
b	Name of plan sponsor WHITES ENERGY SERVICES LLC	c EIN-PN 47-2326344-001
a	Plan name DUSSIAS WITTENBERG KOENIGSBERGER 401K PLAN	
b	Name of plan sponsor DUSSIAS WITTENBERG KOENIGSBERGER LLP	c EIN-PN 47-2346637-001
a	Plan name HUMBER DESIGN GROUP 401K PLAN	
b	Name of plan sponsor HUMBER DESIGN GROUP INC	c EIN-PN 47-2438517-001
a	Plan name AMERICAN MOVERS 401K PLAN	
b	Name of plan sponsor AMERICAN MOVERS	c EIN-PN 47-2688546-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VASTEK INC 401K PLAN	
b	Name of plan sponsor	VASTEK INC	c EIN-PN 47-4047975-001
a	Plan name	LOVE BEETS USA 401K PLAN	
b	Name of plan sponsor	LOVE BEETS USA LLC	c EIN-PN 47-4606509-001
a	Plan name	GREAT LAKES WEALTH LLC 401K PSP & TRUST	
b	Name of plan sponsor	GREAT LAKES WEALTH LLC	c EIN-PN 47-4672827-001
a	Plan name	L2 CONSTRUCTION MANAGEMENT CORP 401K PLAN	
b	Name of plan sponsor	L2 CONSTRUCTION MANAGEMENT CORPORATION	c EIN-PN 47-4910431-001
a	Plan name	AAA AUTO GLASS RETIREMENT PLAN	
b	Name of plan sponsor	AAA AUTO GLASS INC	c EIN-PN 47-5053179-001
a	Plan name	NTG 401K PLAN	
b	Name of plan sponsor	NTG GROUPS LLC	c EIN-PN 47-5117707-001
a	Plan name	CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	CARLOS LOPEZ & ASSOCIATES LLC	c EIN-PN 47-5275587-001
a	Plan name	ENDLESS JOURNEY 401K PLAN	
b	Name of plan sponsor	ENDLESS JOURNEY LLC	c EIN-PN 47-5301336-001
a	Plan name	TOPEKA COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	TOPEKA COUNTRY CLUB	c EIN-PN 48-0451300-002
a	Plan name	GUARANTEED FOODS INC 401K PLAN	
b	Name of plan sponsor	GUARANTEED FOODS INC	c EIN-PN 48-0637416-001
a	Plan name	MEMORIAL HOME INC 401K RSP	
b	Name of plan sponsor	MEMORIAL HOME INC	c EIN-PN 48-0643239-001
a	Plan name	ANTOINE WAKIM DDS PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ANTOINE WAKIM DDS PA	c EIN-PN 48-1042189-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WILDCAT FEEDS LLC 401K PLAN	
b	Name of plan sponsor	WILDCAT FEEDS LLC	c EIN-PN 48-1247947-001
a	Plan name	INNOVATIVE TOOLING SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	INNOVATIVE TOOLING SOLUTIONS INC	c EIN-PN 48-1265558-001
a	Plan name	EAST LOS ANGELES WOMENS CENTER 401K PLAN	
b	Name of plan sponsor	EAST LOS ANGELES WOMENS CENTER	c EIN-PN 51-0204577-001
a	Plan name	ROLLINSON ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	ROLLINSON ASSOCIATES	c EIN-PN 51-0601525-001
a	Plan name	JONES MOBILITY 401K PLAN	
b	Name of plan sponsor	JONES ADAPTIVE MOBILITY	c EIN-PN 51-0676212-001
a	Plan name	NTT ASSOCIATES 401K PLAN	
b	Name of plan sponsor	NTT ASSOCIATES INC	c EIN-PN 52-1111045-001
a	Plan name	MODERN DOOR & EQUIPMENT SALES INC401K PSP	
b	Name of plan sponsor	MODERN DOOR & EQUIPMENT SALES INC	c EIN-PN 52-1382311-001
a	Plan name	FREDERICK GYMNASTICS CLUB INC 401K PS PLAN	
b	Name of plan sponsor	FREDERICK GYMNASTICS CLUB INC	c EIN-PN 52-1518254-001
a	Plan name	KEMM INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	KEMM INC	c EIN-PN 52-1686156-001
a	Plan name	ZAMORAS AUTO BODY INC 401K PS PLAN	
b	Name of plan sponsor	ZAMORAS AUTO BODY INC	c EIN-PN 52-1816215-001
a	Plan name	PHOENIX IDA 457B RETIREMENT PLAN	
b	Name of plan sponsor	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE	c EIN-PN 52-2038405-001
a	Plan name	B&D AUTO PARTS INC 401K PLAN	
b	Name of plan sponsor	B&D AUTO PARTS INC	c EIN-PN 52-2124827-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ROBERT J TIGANI DDS LLC 401K RGPS PLAN	
b	Name of plan sponsor ROBERT J TIGANI DDS LLC	c EIN-PN 52-2183768-003
a	Plan name JD ALLMAN INC 401K PLAN & TRUST	
b	Name of plan sponsor JD ALLMAN INC	c EIN-PN 52-2380800-001
a	Plan name LAW FIRM 401K PLAN	
b	Name of plan sponsor JESSEE READ HOWARDPC	c EIN-PN 54-1374049-001
a	Plan name RAFALY ELECTRIC 401K SAVINGS PLAN	
b	Name of plan sponsor RAFALY ELECTRICAL CONTRACTORS INC	c EIN-PN 54-1527095-001
a	Plan name ATLANTIC SITE DEVELOPMENT CORP INC 401K PLAN	
b	Name of plan sponsor ATLANTIC SITE DEVELOPMENT CORP INC	c EIN-PN 54-1937606-001
a	Plan name STUDEBAKER SUBMETERING INC 401K PLAN	
b	Name of plan sponsor STUDEBAKER SUBMETERING INC	c EIN-PN 54-1963792-001
a	Plan name SCI AUTOMATION INC 401K PS PLAN AND TRUST	
b	Name of plan sponsor SCI AUTOMATION INC	c EIN-PN 54-2150828-001
a	Plan name CAROBELL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CAROBELL INC	c EIN-PN 56-0936909-001
a	Plan name CUSTOM LIGHT & SOUND INC 401K PS PLAN	
b	Name of plan sponsor CUSTOM LIGHT & SOUND INC	c EIN-PN 56-1176591-001
a	Plan name LUPOLI REAL ESTATE & CONSTRUCTION 401K PLAN	
b	Name of plan sponsor LUPOLI REAL ESTATE AND CONSTRUCTION CO INC	c EIN-PN 56-1568808-001
a	Plan name WINDSOR INVESTMENTS 401K PS PLAN & TRUST	
b	Name of plan sponsor WINDSOR INVESTMENTS LLC	c EIN-PN 56-2230286-001
a	Plan name THE TIMMERMAN SCHOOL EMPLOYEES PS PLAN	
b	Name of plan sponsor THE TIMMERMAN SCHOOL INC	c EIN-PN 57-0483452-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	THOMPSON HANCOCK WITTE & ASSOC 401K PSP & TRU	
b	Name of plan sponsor	THOMPSON HANCOCK WITTE & ASSOC	c EIN-PN 58-1108140-001
a	Plan name	ALL SOUTH WAREHOUSE D/C INC 401K PLAN	
b	Name of plan sponsor	ALL SOUTH WAREHOUSE D/C INC	c EIN-PN 58-1380373-002
a	Plan name	ELITE STRUCTURES INC 401K PLAN	
b	Name of plan sponsor	ELITE STRUCTURES INC	c EIN-PN 58-1901587-001
a	Plan name	RF WORKS CORPORATION 401K PS PLAN & TRUST	
b	Name of plan sponsor	RF WORKS CORPORATION	c EIN-PN 59-3542123-001
a	Plan name	LAKEVIEW FAMILY DENTISTRY 401K P/S PLAN	
b	Name of plan sponsor	LAKEVIEW FAMILY DENTISTRY	c EIN-PN 59-3685450-001
a	Plan name	SCHEESER BUCKLEY MAYFIELD LLC 401K PSP	
b	Name of plan sponsor	SCHEESER BUCKLEY MAYFIELD LLC	c EIN-PN 59-3826993-001
a	Plan name	COOPER REAL ESTATE HOLDINGS LLC 401K PLAN	
b	Name of plan sponsor	COOPER REAL ESTATE HOLDINGS LLC	c EIN-PN 61-1727151-001
a	Plan name	FORESIGHT WEALTH SOLUTIONS 401K PS PLAN	
b	Name of plan sponsor	FORESIGHT WEALTH SOLUTIONS LLC	c EIN-PN 61-1749518-001
a	Plan name	MASTERMOVER INC 401K PLAN	
b	Name of plan sponsor	MASTERMOVER INC	c EIN-PN 61-1851356-001
a	Plan name	PORTER ROOFING CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor	PORTER ROOFING CONTRACTORS INC	c EIN-PN 62-1037198-001
a	Plan name	SCD INFORMATION TECHNOLOGY LLC 401K PSP	
b	Name of plan sponsor	SCD INFORMATION TECHNOLOGY LLC	c EIN-PN 62-2007898-001
a	Plan name	MOBILE PIPE & WELDING 401K RETIREMENT PLAN	
b	Name of plan sponsor	MOBILE PIPE & WELDING INC	c EIN-PN 63-0863324-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TRANSPREMIER LLC 401K PLAN	
b	Name of plan sponsor	TRANSPREMIER LLC	c EIN-PN 65-1024796-001
a	Plan name	ANAYA CONSTRUCTION PREVAILING WAGE 401K PLAN	
b	Name of plan sponsor	JESUS ANAYA SOLE PROP DBA ANAYA CONSTRUCTI	c EIN-PN 68-0411731-001
a	Plan name	ELECTRO MOTOR 401K PLAN	
b	Name of plan sponsor	ELECTRO MOTOR INC	c EIN-PN 68-0501075-001
a	Plan name	THE HONEST KITCHEN 401K PLAN	
b	Name of plan sponsor	THE HONEST KITCHENINC	c EIN-PN 68-0513034-001
a	Plan name	STONE CONCEPTS INC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	STONE CONCEPTS INC	c EIN-PN 68-0540299-001
a	Plan name	DELTA MANUFACTURING 401K PLAN	
b	Name of plan sponsor	DELTA MANUFACTURING INC	c EIN-PN 71-0446656-001
a	Plan name	ACCESS CONTROL DEVICES INC 401K PLAN	
b	Name of plan sponsor	ACCESS CONTROL DEVICES INC	c EIN-PN 71-0756645-001
a	Plan name	COCHRAN ABSTRACT COMPANY 401K PLAN	
b	Name of plan sponsor	COCHRAN ABSTRACT COMPANY	c EIN-PN 73-0189600-001
a	Plan name	THE FIRST BANK OF THOMAS 401K PLAN	
b	Name of plan sponsor	THE FIRST BANK OF THOMAS	c EIN-PN 73-0479743-001
a	Plan name	JOHNSTON EYE ASSOCIATES 401K PLAN	
b	Name of plan sponsor	JAY C JOHNSTON MD PC	c EIN-PN 73-0800796-001
a	Plan name	NECO INDUSTRIES INC EMPLOYEES SAVINGS TRUST	
b	Name of plan sponsor	NECO INDUSTRIESINC	c EIN-PN 73-1093067-003
a	Plan name	TRIAD ENERGY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIAD ENERGY INC	c EIN-PN 73-1115516-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BJ OILFIELD CONSTRUCTION INC 401K PLAN	
b	Name of plan sponsor	BJ OILFIELD CONSTRUCTION INC	c EIN-PN 73-1213144-002
a	Plan name	RESONANCE INC 401K PLAN	
b	Name of plan sponsor	RESONANCE INC	c EIN-PN 73-1396354-001
a	Plan name	THE BANK OF SAN JACINTO COUNTY 401K PLAN	
b	Name of plan sponsor	THE BANK OF SAN JACINTO COUNTY	c EIN-PN 74-1472817-001
a	Plan name	PIONEER STEEL 401K PLAN	
b	Name of plan sponsor	PIONEER STEEL AND PIPE CO INC	c EIN-PN 74-2201703-001
a	Plan name	SCI 401K PLAN	
b	Name of plan sponsor	SABLE CONSTRUCTION INC	c EIN-PN 74-2477572-001
a	Plan name	ISPEAKCOM 401K PLAN	
b	Name of plan sponsor	ISPEAKCOM INC	c EIN-PN 74-2923086-001
a	Plan name	ITI SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	ITI SOLUTIONS INC	c EIN-PN 74-3013771-001
a	Plan name	JEROME O CARTER MD PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor	JEROME O CARTER MD PLLC	c EIN-PN 74-3166511-001
a	Plan name	BROTHERS MANAGEMENT 401K PLAN	
b	Name of plan sponsor	BROTHERS MANAGEMENT INC	c EIN-PN 75-1843785-001
a	Plan name	PAJ 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PAJ INC	c EIN-PN 75-2257448-001
a	Plan name	THE COLGIN COMPANIES 401K PLAN	
b	Name of plan sponsor	RICHARD E COLGIN I LTD	c EIN-PN 75-2257704-001
a	Plan name	SFS SECURITY FIRE SYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor	SFS SECURITY FIRE SYSTEMS INC	c EIN-PN 75-2523646-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SHELTON-KELLER 401K PLAN	
b	Name of plan sponsor	SHELTON-KELLER GROUP INC	c EIN-PN 75-2617657-001
a	Plan name	CHARLIE UNIFORM TANGO 401K PLAN	
b	Name of plan sponsor	CHARLIEUNIFORMTANGO LP	c EIN-PN 75-2621546-001
a	Plan name	5 TATE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	5 TATE INC	c EIN-PN 75-2702367-001
a	Plan name	WM SHIRLEY 401K PLAN	
b	Name of plan sponsor	KAINON CONSULTING INC	c EIN-PN 76-0564806-001
a	Plan name	ISTHMUS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ISTHMUS ENGINEERING INC	c EIN-PN 76-0717206-001
a	Plan name	REMAX RESULTS 401K PLAN	
b	Name of plan sponsor	RITTER ENTERPRISES INC DBA REMAX RESULTS	c EIN-PN 76-0728949-001
a	Plan name	DELRAY TIRE & RETREADING INC 401K PS PLAN	
b	Name of plan sponsor	DELRAY TIRE & RETREADING INC	c EIN-PN 77-0334475-001
a	Plan name	J2 ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	J2 ENGINEERING INC	c EIN-PN 77-0341296-001
a	Plan name	B & B FOREIGN CAR CENTER 401K PLAN	
b	Name of plan sponsor	B & B FOREIGN CAR CENTER	c EIN-PN 77-0448605-001
a	Plan name	PALACE ENTERTAINMENT 401K PLAN	
b	Name of plan sponsor	FESTIVAL FUN PARKS LLC	c EIN-PN 77-0486724-001
a	Plan name	CUSTOM AG FORMULATORS INC RETIREMENT PLAN	
b	Name of plan sponsor	CUSTOM AGRICULTURAL FORMULATORS INC	c EIN-PN 77-0536417-001
a	Plan name	CAMILLE G CASH MD PA 401K PLAN	
b	Name of plan sponsor	CAMILLE G CASH MD PA	c EIN-PN 77-0591252-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SOUTHWINDS INSPECTION CORP 401K PLAN	
b	Name of plan sponsor SOUTHWINDS INSPECTION CORP	c EIN-PN 80-0011552-001
a	Plan name XTREME SOLUTIONS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor XTREME SOLUTIONS INC	c EIN-PN 80-0037246-002
a	Plan name SURELIFT CRANE AND RIGGING CORP 401K PLAN	
b	Name of plan sponsor SURELIFT CRANE AND RIGGING CORP	c EIN-PN 80-0244476-001
a	Plan name NINJO INC & AFFILIATED COMPANIES RETIREMENT	
b	Name of plan sponsor NINJO INC DBA EL RANCHITO TACO SHOP	c EIN-PN 80-0524115-001
a	Plan name TEACHSTONE 401K PLAN	
b	Name of plan sponsor TEACHSTONE TRAINING LLC	c EIN-PN 80-0560774-001
a	Plan name I & E SOLUTIONS 401K PLAN	
b	Name of plan sponsor I & E SOLUTIONS LLC	c EIN-PN 80-0646172-001
a	Plan name EAGLE ENVIRONMENTAL CONSULTANTS 401K PLAN	
b	Name of plan sponsor EAGLE ENVIRONMENTAL CONSULTANTS LLC	c EIN-PN 81-1814611-001
a	Plan name AIRE RITE RETIREMENT PLAN	
b	Name of plan sponsor AIRE RITE INC	c EIN-PN 81-3931917-001
a	Plan name LICAP TECHNOLOGIES INC 401K PLAN	
b	Name of plan sponsor LICAP TECHNOLOGIES INC	c EIN-PN 81-3947789-001
a	Plan name MCM REAL ESTATE INDIVIDUAL 401K PLAN	
b	Name of plan sponsor MCM REAL ESTATE	c EIN-PN 81-3990146-001
a	Plan name EZ HOME EXTERIORS 401K PLAN	
b	Name of plan sponsor MURPHY BURNS INC DBA EZ HOME EXTERIORS INC	c EIN-PN 81-4576032-001
a	Plan name RIVERSIDE CARE OF FLORIDA 401K PLAN	
b	Name of plan sponsor RIVERSIDE CARE OF FLORIDA LLC	c EIN-PN 81-5179032-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EBRAHIMIAN LAW FIRM RETIREMENT PLAN	
b	Name of plan sponsor	EBRAHIMIAN LAW FIRM APC	c EIN-PN 81-5277821-001
a	Plan name	FRIENDLY NEIGHBOR HEALTHCARE LLC 401K PLAN	
b	Name of plan sponsor	FRIENDLY NEIGHBOR HEALTHCARE LLC	c EIN-PN 81-5392328-001
a	Plan name	ROAM AROUND TOURS IK PLAN	
b	Name of plan sponsor	ROAM AROUND TOURS LLC	c EIN-PN 81-5448929-001
a	Plan name	TAYLOR TRUCKING INC RETIREMENT PLAN	
b	Name of plan sponsor	TAYLOR TRUCKING INC	c EIN-PN 82-0370689-001
a	Plan name	BCA CONSULTING 401K PLAN	
b	Name of plan sponsor	BROWN CONSULTING ASSOCIATES INC	c EIN-PN 82-0527616-001
a	Plan name	VISITING ANGELS 401K PLAN	
b	Name of plan sponsor	ST JULES LLC	c EIN-PN 82-1019530-001
a	Plan name	NOCO ROOFING LLC 401K PLAN	
b	Name of plan sponsor	NOCO ROOFING LLC	c EIN-PN 82-1547727-001
a	Plan name	HORSEY BUCKNER HEFFLER LLP 401K PLAN	
b	Name of plan sponsor	HORSEY BUCKNER HEFFLER LLP	c EIN-PN 82-1803066-001
a	Plan name	GEOKEY INC 401K PLAN	
b	Name of plan sponsor	GEOKEY INC	c EIN-PN 82-1837352-001
a	Plan name	LANE PIPELINE CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LANE PIPELINE CONSTRUCTION	c EIN-PN 82-1843849-001
a	Plan name	SNF RECEIVABLE SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	SNF RECEIVABLE SOLUTIONS LLC	c EIN-PN 82-2061310-001
a	Plan name	SKYLINE PEDIATRIC DENTISTRY 401K PLAN	
b	Name of plan sponsor	NICHOLAS C WOODWARD DDS LLC DBA SKYLINE	c EIN-PN 82-2314114-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ORIGIN ENGINEERING LLC 401K PLAN	
b	Name of plan sponsor	ORIGIN ENGINEERING LLC	c EIN-PN 82-2330299-001
a	Plan name	PARDO FLEET SOLUTIONS 401K PLAN	
b	Name of plan sponsor	PARDO FLEET SOLUTIONS LLC	c EIN-PN 82-2366819-001
a	Plan name	CARRIAGE HOUSE 401K PLAN	
b	Name of plan sponsor	RESURRECTION HOT RODS INC DBA CARRIAGE HOUS	c EIN-PN 82-2438950-001
a	Plan name	NEW LEGEND INC 401K PLAN	
b	Name of plan sponsor	NEW LEGEND INC DBA LEGEND TRANSPORTATION	c EIN-PN 82-2521606-001
a	Plan name	AJ TECHNICAL SERVICES	
b	Name of plan sponsor	AJ TECHNICAL SERVICES	c EIN-PN 82-2961888-001
a	Plan name	CH SUPPLY INC 401K PLAN	
b	Name of plan sponsor	CH SUPPLY INC	c EIN-PN 82-3280608-001
a	Plan name	BLANCHARD AE GROUP LLC RETIREMENT PLAN	
b	Name of plan sponsor	BLANCHARD AE GROUP LLC	c EIN-PN 82-3326989-001
a	Plan name	NEDIA FINANCIAL FUTURE PLAN	
b	Name of plan sponsor	NEDIA GROUP LLC DBA FANTASIA SALON AND HAIR	c EIN-PN 82-3386047-001
a	Plan name	PHOENIX STAINLESS 401K PLAN	
b	Name of plan sponsor	PHOENIX STAINLESS LLC	c EIN-PN 82-3895308-001
a	Plan name	ACCRETE CONSULTING 401K PLAN	
b	Name of plan sponsor	ACCRETE CONSULTING INC	c EIN-PN 82-3954600-001
a	Plan name	REACTOR COFFEE LLC 401K PLAN	
b	Name of plan sponsor	REACTOR COFFEE LLC	c EIN-PN 82-4118612-001
a	Plan name	FULLBAY INC 401K PLAN	
b	Name of plan sponsor	FULLBAY INC	c EIN-PN 82-5370543-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HUBCAP DISTRIBUTORS 401K PLAN	
b	Name of plan sponsor	HUBCAP DISTRIBUTORS LLC	c EIN-PN 82-5383607-001
a	Plan name	WICHITA PRIMARY CARE LLC 401K PLAN	
b	Name of plan sponsor	WICHITA PRIMARY CARE LLC	c EIN-PN 83-0856818-001
a	Plan name	WALLACE WONG INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	WALLACE WONG INSURANCE AGENCY INC	c EIN-PN 83-0900520-001
a	Plan name	DT SUPPLIES INC 401K PLAN	
b	Name of plan sponsor	DT SUPPLIES INC	c EIN-PN 83-1035249-001
a	Plan name	VETERAN CLAIMS PAID 401K PLAN	
b	Name of plan sponsor	VETERAN CLAIMS PAID LLC	c EIN-PN 83-1662039-001
a	Plan name	CONVERGE MEDICAL TECHNOLOGY 401K PLAN	
b	Name of plan sponsor	CONVERGE MEDICAL TECHNOLOGY LLC	c EIN-PN 83-1809918-001
a	Plan name	CORN FED CONCRETE SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	CORN FED CONCRETE SOLUTIONS LLC	c EIN-PN 83-2966465-001
a	Plan name	W INTERNATIONAL 401K PLAN	
b	Name of plan sponsor	W INTERNATIONAL SC LLC	c EIN-PN 83-2995647-001
a	Plan name	COMPLEX HEALTHCARE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	COMPLEX HEALTHCARE SOLUTIONS LLC	c EIN-PN 83-3356744-001
a	Plan name	WINNING CM STRATEGIES LLC INDIVIDUAL 401K	
b	Name of plan sponsor	WINNING CM STRATEGIES LLC	c EIN-PN 83-3511397-001
a	Plan name	ARCSTAR ELECTRIC LLC 401K PLAN	
b	Name of plan sponsor	ARCSTAR ELECTRIC LLC	c EIN-PN 83-4467357-001
a	Plan name	R V WORLD 401K PLAN	
b	Name of plan sponsor	RV WORLD RECREATION VEHICLE CENTRE LLC	c EIN-PN 83-4486585-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a Plan name	STACY PAPANGELIS INDIVIDUAL K PLAN	
b Name of plan sponsor	STACY PAPANGELIS LCPC LLC	c EIN-PN 83-4641289-001
a Plan name	NATIONWIDE EQUIPMENT CONTROL INC PS PLAN	
b Name of plan sponsor	NATIONWIDE EQUIPMENT CONTROL INC	c EIN-PN 84-0993887-001
a Plan name	ROY JACKSON ELECTRIC INC PROFIT SHARING PLAN	
b Name of plan sponsor	ROY JACKSON ELECTRIC INC	c EIN-PN 84-1103569-001
a Plan name	ARGUS OF COLORADO 401K PLAN	
b Name of plan sponsor	ARGUS OF COLORADO DBA ARGUS HOME HEALTH	c EIN-PN 84-1163767-001
a Plan name	RAPPORT INC 401K PLAN & TRUST	
b Name of plan sponsor	RAPPORT INC	c EIN-PN 84-1262279-001
a Plan name	THE AHBE GROUP 401K PLAN AND TRUST	
b Name of plan sponsor	THE AHBE GROUP INC	c EIN-PN 84-1326860-002
a Plan name	SUMMIT DERMATOLOGY RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	SUMMIT DERMATOLOGY PC	c EIN-PN 84-1540358-001
a Plan name	ON SITE PHYSICAL THERAPY LLC 401K PLAN	
b Name of plan sponsor	ON-SITE PHYSICAL THERAPY LLC	c EIN-PN 84-1685194-001
a Plan name	FOGLAMP CONTENT STUDIO LLC 401K PLAN	
b Name of plan sponsor	FOGLAMP CONTENT STUDIO LLC	c EIN-PN 84-2173016-001
a Plan name	ACCESSDX 401K PLAN	
b Name of plan sponsor	ARANSCIA LLC	c EIN-PN 84-2725709-001
a Plan name	MICHAEL J VILAG DDS PC 401K PLAN	
b Name of plan sponsor	MICHAEL J VILAG DDS PC	c EIN-PN 84-3500534-001
a Plan name	MINCHIN BUICK GMC TRUCK 401K PLAN	
b Name of plan sponsor	MINCHIN OF STAMFORD LLC	c EIN-PN 84-3535051-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	F5 401K PLAN	
b	Name of plan sponsor	F5 MORTGAGE LLC	c EIN-PN 84-3621967-001
a	Plan name	VACAYZEN 401K PLAN	
b	Name of plan sponsor	30A BEACH HOSPITALITY HOLDINGS LLC	c EIN-PN 84-3759073-001
a	Plan name	THOMPSON LAW PLLC 401K P/S PLAN	
b	Name of plan sponsor	THOMPSON LAW PLLC	c EIN-PN 84-3997217-001
a	Plan name	LAW OFFICES OF NICHOLAS C KIRKELES	
b	Name of plan sponsor	LAW OFFICES OF NICHOLAS C KIRKELES	c EIN-PN 84-4086315-001
a	Plan name	CLIMATROL AIR DMM 401K PLAN	
b	Name of plan sponsor	CLIMATROL AIR LLC	c EIN-PN 84-4498149-001
a	Plan name	ACORN TO OAK INC 401K PLAN	
b	Name of plan sponsor	ACORN TO OAK INC	c EIN-PN 85-1112575-001
a	Plan name	BEACH CITIES AUTO GLASS 401K PLAN	
b	Name of plan sponsor	BEACH CITIES AUTO GLASS LLC	c EIN-PN 85-1480787-001
a	Plan name	FIND YOUR BALANCE CTR FOR GRWTH & CHANGE 401K	
b	Name of plan sponsor	FIND YOUR BALANCE THERAPY CENTER	c EIN-PN 85-1594780-001
a	Plan name	CNJ CLEANING SERVICES INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	CNJ CLEANING SERVICES	c EIN-PN 85-3213741-001
a	Plan name	TFD RETIREMENT PLAN	
b	Name of plan sponsor	TWIETMEYER FAMILY DENTISTRY LLC	c EIN-PN 85-3282857-001
a	Plan name	UAI 401K PLAN	
b	Name of plan sponsor	UNITED APPAREL INDUSTRIES	c EIN-PN 85-3926972-001
a	Plan name	DRIGGERS CONSTRUCTION 401K P/S PLAN	
b	Name of plan sponsor	DRIGGERS CONSTRUCTION OF MIDDLE GA LLC	c EIN-PN 85-4071720-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE COCOPAH INDIAN TRIBE 401K RETIREMENT	
b	Name of plan sponsor	COCOPAH INDIAN TRIBE	c EIN-PN 86-0255690-002
a	Plan name	TMM FAMILY SERVICES INC 401K PLAN	
b	Name of plan sponsor	TMM FAMILY SERVICES INC	c EIN-PN 86-0379677-001
a	Plan name	CHRIS'S CUSTOM CABINETS INC 401K PLAN	
b	Name of plan sponsor	CHRISS CUSTOM CABINETS INC	c EIN-PN 86-0394651-001
a	Plan name	ENGINEERING & ENVIRONMENTAL CONSULTANTS 401K	
b	Name of plan sponsor	ENGINEERING & ENVIRONMENTAL CONSULTANTS	c EIN-PN 86-0579251-001
a	Plan name	LOW MOUNTAIN CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LOW MOUNTAIN CONSTRUCTION INC	c EIN-PN 86-0705725-001
a	Plan name	DALMOLIN EXCAVATING INC 401K PLAN	
b	Name of plan sponsor	DALMOLIN EXCAVATING INC	c EIN-PN 86-0782533-001
a	Plan name	WISE CONSULTING AND TRAINING 401K PS PLAN	
b	Name of plan sponsor	WISE CONSULTING AND TRAINING	c EIN-PN 86-0877529-001
a	Plan name	1ST BANK YUMA 401K PLAN	
b	Name of plan sponsor	1ST BANK YUMA INC	c EIN-PN 86-0968262-001
a	Plan name	LARRY'S ENGINE & MARINE INC 401K PLAN	
b	Name of plan sponsor	LARRYS ENGINE & MARINE INC	c EIN-PN 86-0984592-001
a	Plan name	TRIGON STAFF 401K PLAN	
b	Name of plan sponsor	TRIGON STAFF ADMINISTRATORS INC	c EIN-PN 86-1014493-001
a	Plan name	GEN-MARK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GEMCO-RENMARK SALES LLC	c EIN-PN 86-1168002-001
a	Plan name	VIRGINIA PLASTIC SURGERY PLLC 401K RETIREMENT	
b	Name of plan sponsor	VIRGINIA PLASTIC SURGERY PLLC	c EIN-PN 86-2181229-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	ONE WORLD GEOSOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	ONE WORLD GEOSOLUTIONS INC	c EIN-PN 86-2754317-001
a	Plan name	BERRYHILL & MITCHELL PC 401K PLAN	
b	Name of plan sponsor	BERRYHILL & MITCHELL PC	c EIN-PN 86-2778890-001
a	Plan name	RIVERSIDE COOLING LLC 401K PLAN	
b	Name of plan sponsor	RIVERSIDE COOLING LLC	c EIN-PN 86-3986986-001
a	Plan name	MOUNTAIN UTAH FAMILY MEDICINE 401K PLAN	
b	Name of plan sponsor	MOUNTAIN UTAH FAMILY MEDICINE	c EIN-PN 87-0509414-001
a	Plan name	ALTA ALLOYS 401K PLAN	
b	Name of plan sponsor	ALTA ALLOYS	c EIN-PN 87-1031781-001
a	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
b	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-001
a	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-2	
b	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-002
a	Plan name	GARABIS FAMILY MEDICINE LLC 401K PS PLAN	
b	Name of plan sponsor	GARABIS FAMILY MEDICINE	c EIN-PN 87-3093438-001
a	Plan name	HEARTLAND STEEL LLC 401K PLAN	
b	Name of plan sponsor	HEARTLAND STEEL LLC	c EIN-PN 87-3153281-001
a	Plan name	SPEED AUTO MANAGEMENT 401K PLAN	
b	Name of plan sponsor	SPEED AUTO MANAGEMENT LLC	c EIN-PN 87-3785587-001
a	Plan name	ADVANCE INSTALLATIONS INC 401K PLAN	
b	Name of plan sponsor	ADVANCE INSTALLATIONS INC	c EIN-PN 88-0150572-001
a	Plan name	CAT HOSPITAL OF TUCSON 401K PLAN	
b	Name of plan sponsor	JOHNSTON VETERINARY CARE LLC	c EIN-PN 88-0783762-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VOGUE NAIL SPA INC 401K PLAN	
b	Name of plan sponsor	VOGUE NAIL SPA INC	c EIN-PN 88-3569381-001
a	Plan name	WALKER PLUMBING SERVICES 401K PLAN	
b	Name of plan sponsor	WALKER PLUMBING SERVICES INC	c EIN-PN 90-0041887-001
a	Plan name	WATERFRONT CONSTRUCTION INC 401K PS PLAN	
b	Name of plan sponsor	WATERFRONT CONSTRUCTION INC	c EIN-PN 91-1010788-001
a	Plan name	S & S MASONRY INC 401K PLAN	
b	Name of plan sponsor	S & S MASONRY INC	c EIN-PN 91-1747784-001
a	Plan name	MECA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	METROPOLITAN ENTERTAINMENT & CONVENTION	c EIN-PN 91-1846837-001
a	Plan name	TNT POWER WASH INC RETIREMENT PLAN	
b	Name of plan sponsor	TNT POWER WASH INC	c EIN-PN 92-0184358-002
a	Plan name	WHITE LOTUS MENTAL HEALTH CLINIC 401K PLAN	
b	Name of plan sponsor	WHITE LOTUS MENTAL HEALTH CLINIC PLLC	c EIN-PN 92-2144594-001
a	Plan name	JB STEEL 401K PLAN	
b	Name of plan sponsor	JB STEEL LLC	c EIN-PN 93-0581861-006
a	Plan name	JASON SEAN COHEN LAW RETIREMENT PLAN	
b	Name of plan sponsor	JASON SEAN COHEN LAW PC	c EIN-PN 93-2022691-001
a	Plan name	SANDHILLS RENEWABLE ENERGY LLC 401K PLAN	
b	Name of plan sponsor	SANDHILLS RENEWABLE ENERGY LLC	c EIN-PN 93-2382958-001
a	Plan name	NGUYEN INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	MIHN-HIEU NGUYEN	c EIN-PN 93-3813495-001
a	Plan name	ALPERT & AFFILIATES LLC 401K PLAN	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METALS	c EIN-PN 93-4221850-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SAF-T-CAB INC 401K PLAN	
b	Name of plan sponsor	SAF-T-CAB INC	c EIN-PN 94-1666151-002
a	Plan name	FRESNO DENTAL PROFESSIONALS 401K RETIREMENT	
b	Name of plan sponsor	FRESNO DENTAL PROFESSIONALS	c EIN-PN 94-2371801-002
a	Plan name	MY LIFE FOUNDATION INC 401K PSP	
b	Name of plan sponsor	MY LIFE FOUNDATION INC	c EIN-PN 94-3347107-001
a	Plan name	ALPERT & ALPERT IRON & METAL PROD 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-007
a	Plan name	ALPERT & ALPERT IRON & METAL LB UNION 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-006
a	Plan name	ALPERT & ALPERT IRON & METAL LA UNION 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL	c EIN-PN 95-1860560-004
a	Plan name	ALPERT & ALPERT IRON & METAL INC 401K PS PLAN	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-001
a	Plan name	HOSPITAL SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	HOSPITAL SYSTEMS INC	c EIN-PN 95-1976576-001
a	Plan name	TELL STEEL INC 401K PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-002
a	Plan name	TELL STEEL PROFIT SHARING PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-005
a	Plan name	VISTA METALS CORP UNION 401K PLAN	
b	Name of plan sponsor	VISTA METALS CORPORATION	c EIN-PN 95-2139701-005
a	Plan name	VISTA METALS CORP 401K & PS PLAN	
b	Name of plan sponsor	VISTA METALS CORP	c EIN-PN 95-2139701-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name MAGNISON & MOEN INC 401K PLAN	
b	Name of plan sponsor MAGNISON & MOEN INC	c EIN-PN 95-2644487-001
a	Plan name STANG INDUSTRIAL PRODUCTS PS 401K PLAN	
b	Name of plan sponsor STANG INDUSTRIES INC	c EIN-PN 95-2677607-001
a	Plan name TOKUYAMA AND HANSEN 401K PLAN	
b	Name of plan sponsor JY TOKUYAMA DDS AND LE HANSEN DDS	c EIN-PN 95-2787703-001
a	Plan name WISE & HEALTHY AGING 401K PLAN	
b	Name of plan sponsor WISE & HEALTHY AGING	c EIN-PN 95-2788014-002
a	Plan name SEVEN LAKES HOA 401K PLAN	
b	Name of plan sponsor SEVEN LAKES HOMEOWNERS ASSN INC DBA SEVEN	c EIN-PN 95-2814425-001
a	Plan name PACIFIC INDUSTRIAL ELECTRIC PSP	
b	Name of plan sponsor PACIFIC INTL ELECTRIC CO INC DBA PIE	c EIN-PN 95-2870436-001
a	Plan name TUFFLI COMPANY INCORPORATED 401K PLAN	
b	Name of plan sponsor TUFFLI COMPANY INCORPORATED	c EIN-PN 95-3292672-003
a	Plan name REPUBLIC FENCE 401K PLAN	
b	Name of plan sponsor REPUBLIC FENCE CO INC	c EIN-PN 95-3300909-001
a	Plan name SCRS - IL 401K PS PLAN	
b	Name of plan sponsor SOUTHERN CALIFORNIA REHAB SERVICES INC	c EIN-PN 95-3411383-001
a	Plan name PALM DESERT RESORTER ASSOCIATION 401K PLAN	
b	Name of plan sponsor PALM DESERT RESORTER ASSOCIATION	c EIN-PN 95-3531263-001
a	Plan name TUSTIN COMMUNITY BANK PS 401K PLAN	
b	Name of plan sponsor TUSTIN COMMUNITY BANK	c EIN-PN 95-3538278-002
a	Plan name NUFFER SMITH TUCKER INC 401K PLAN	
b	Name of plan sponsor NUFFER SMITH TUCKER INC	c EIN-PN 95-3639651-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	TORRANCE ORTHOPAEDIC SPORTS MEDICINE GRP 401K
b	Name of plan sponsor	TORRANCE ORTHOPAEDIC & SPORTS MEDICINE GROUP
c	EIN-PN	95-3791747-001
a	Plan name	TPPM 401K PLAN
b	Name of plan sponsor	TORREY PINES PROPERTY MANAGEMENT INC
c	EIN-PN	95-3802727-001
a	Plan name	STATEWIDE PEST CONTROL CO 401K PSP & TRUST
b	Name of plan sponsor	STATEWIDE PEST CONTROL CO INC
c	EIN-PN	95-3974674-001
a	Plan name	LOAN AMERICA INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	LOAN AMERICA INC
c	EIN-PN	95-4658269-001
a	Plan name	HENRY S SE RETIREMENT PLAN
b	Name of plan sponsor	J J C V B GANDARA INC
c	EIN-PN	95-4746842-001
a	Plan name	CARMENITA SEAFOOD RETIREMENT PLAN
b	Name of plan sponsor	CARMENITA SEAFOOD HOUSE INC
c	EIN-PN	95-4796784-001
a	Plan name	SOLIZE USA CORPORATION 401K PLAN
b	Name of plan sponsor	SOLIZE USA CORPORATION
c	EIN-PN	95-4880869-001
a	Plan name	GLOBAL COMMUNICATION GROUP INC 401K PLAN
b	Name of plan sponsor	GLOBAL COMMUNICATION GROUP INC
c	EIN-PN	95-4890079-001
a	Plan name	EXODUS HEALTHCARE NETWORK PLLC 401K PLAN
b	Name of plan sponsor	EXODUS HEALTHCARE NETWORK PLLC
c	EIN-PN	95-4893928-001
a	Plan name	OHIOSE 401K PLAN
b	Name of plan sponsor	OHIO SE INC
c	EIN-PN	99-2245989-001
a	Plan name	UNITED OF OMAHA FOR VARIOUS RET PLANS
b	Name of plan sponsor	UNITED OF OMAHA
c	EIN-PN	43-1795138-001
a	Plan name	
b	Name of plan sponsor	
c	EIN-PN	

**SCHEDULE H
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

► **File as an attachment to Form 5500.**

OMB No. 1210-0110

2024

This Form is Open to Public Inspection

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

A Name of plan STATE STREET RETIREMENT RIGHT IN 2035		B Three-digit plan number (PN) ►	232
C Plan sponsor's name as shown on line 2a of Form 5500 HAND BENEFITS & TRUST COMPANY		D Employer Identification Number (EIN) 74-2008758	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	72130	201872
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3354247	3047864
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	119295783	107502740
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	122722160	110752476
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13502	30169
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13502	30169
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	122708658	110722307

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	105162	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		105162
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	39594958	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	32196555	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		7398403
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	6790614	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6790614

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		14294179

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	81238	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		81238
j Total expenses. Add all expense amounts in column (b) and enter total	2j		81238

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		14212941
l Transfers of assets:			
(1) To this plan	2l(1)		33905725
(2) From this plan	2l(2)		60105017

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.