

Form 5500

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security  
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500.

OMB Nos. 1210-0110  
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan STATE STREET RETIREMENT RIGHT IN 2040
1b Three-digit plan number (PN) 233
1c Effective date of plan 02/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HAND BENEFITS & TRUST COMPANY
820 GESSNER ROAD SUITE 1250 HOUSTON, TX 77024
2b Employer Identification Number (EIN) 74-2008758
2c Plan Sponsor's telephone number 713-460-1000
2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

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

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

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

<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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**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.

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

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**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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2040</u>	<b>B</b> Three-digit plan number (PN)	<u>233</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS &amp; TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>74-2008758</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ROBERTSON'S GMC TRUCKINC 401K PLAN	
<b>b</b>	Name of plan sponsor	ROBERTSONS GMC TRUCK INC	<b>c</b> EIN-PN 04-2871748-001
<b>a</b>	Plan name	RAHN INDUSTRIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RAHN INDUSTRIES INC	<b>c</b> EIN-PN 01-0563590-001
<b>a</b>	Plan name	VARICOSITY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	VARICOSITY LLC	<b>c</b> EIN-PN 01-0746953-001
<b>a</b>	Plan name	NIECE EQUIPMENT LP 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NIECE EQUIPMENT LP	<b>c</b> EIN-PN 02-0613117-001
<b>a</b>	Plan name	CREEK ENTERPRISE 401K PLAN	
<b>b</b>	Name of plan sponsor	CREEK ENTERPRISE INC	<b>c</b> EIN-PN 02-0685190-001
<b>a</b>	Plan name	SAMM TAGUE 401K PLAN	
<b>b</b>	Name of plan sponsor	SAMM TAGUE	<b>c</b> EIN-PN 02-0757012-001
<b>a</b>	Plan name	SD&S TRUCKING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SD&S TRUCKING LLC	<b>c</b> EIN-PN 02-0784596-001
<b>a</b>	Plan name	OVAAA & AFFILIATED COMPANIES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OVAAA INC	<b>c</b> EIN-PN 03-0374222-001
<b>a</b>	Plan name	SERVICES BY DESIGN DBA CARING SOLUTIONS 401K	
<b>b</b>	Name of plan sponsor	SERVICES BY DESIGN DBA CARING SOLUTIONS	<b>c</b> EIN-PN 03-0374478-001
<b>a</b>	Plan name	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 457B	
<b>b</b>	Name of plan sponsor	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT	<b>c</b> EIN-PN 03-0418895-001
<b>a</b>	Plan name	RAPIDIT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RAPIDIT INC	<b>c</b> EIN-PN 03-0529614-001
<b>a</b>	Plan name	STEARNS IRRIGATION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	STEARNS IRRIGATION INC	<b>c</b> 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.)	
<b>a</b>	Plan name <a href="#">CASA NUEVA VIDA INC 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">CASA NUEVA VIDA INC</a>	<b>c</b> EIN-PN <a href="#">04-3012063-002</a>
<b>a</b>	Plan name <a href="#">JC DESMARAIS &amp; ASSOCIATES INC/IRRIGATION</a>	
<b>b</b>	Name of plan sponsor <a href="#">JC DESMARAIS AND ASSOCIATES INC</a>	<b>c</b> EIN-PN <a href="#">04-3056097-001</a>
<b>a</b>	Plan name <a href="#">NORMANDEAU TECHNOLOGIES INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NORMANDEAU TECHNOLOGIES INC</a>	<b>c</b> EIN-PN <a href="#">04-3431594-001</a>
<b>a</b>	Plan name <a href="#">NEW ENGLAND DISCOUNT RETAILERS INC 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">NEW ENGLAND DISCOUNT RETAILERS INC</a>	<b>c</b> EIN-PN <a href="#">04-3490470-001</a>
<b>a</b>	Plan name <a href="#">TAYLOR DAVIS LANDSCAPE COMPANY 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TAYLOR DAVIS LANDSCAPE COMPANY INC</a>	<b>c</b> EIN-PN <a href="#">04-3549575-001</a>
<b>a</b>	Plan name <a href="#">VALBRUNA SLATER STAINLESS INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VALBRUNA SLATER STAINLESS INC</a>	<b>c</b> EIN-PN <a href="#">04-3784903-001</a>
<b>a</b>	Plan name <a href="#">VIEIRA &amp; DIGIANFILIPPO LTD RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VIEIRA &amp; DIGIANFILIPPO LTD</a>	<b>c</b> EIN-PN <a href="#">05-0485583-001</a>
<b>a</b>	Plan name <a href="#">COPPER CREEK DENTISTRY 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">STEPHANIE KENDRICK DDS PLLC</a>	<b>c</b> EIN-PN <a href="#">05-0573046-001</a>
<b>a</b>	Plan name <a href="#">INWOOD VILLAGE PEDIATRICS 401K PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">KH&amp;D INWOOD VILLAGE PEDIATRICS PLLC</a>	<b>c</b> EIN-PN <a href="#">05-0622563-001</a>
<b>a</b>	Plan name <a href="#">VALBRUNA STAINLESS INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VALBRUNA STAINLESS INC</a>	<b>c</b> EIN-PN <a href="#">06-1379799-001</a>
<b>a</b>	Plan name <a href="#">FOXBORO ORTHODONTICS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ANITA S KARASKO DMD PC</a>	<b>c</b> EIN-PN <a href="#">06-1750645-001</a>
<b>a</b>	Plan name <a href="#">SCHWING ELECTRICAL SUPPLY CORP PSP &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">SCHWING ELECTRICAL SUPPLY CORP</a>	<b>c</b> EIN-PN <a href="#">11-1948173-002</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	OXFORD NURSING HOME 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OXFORD NURSING HOME INC	<b>c</b> EIN-PN 11-3157922-001
<b>a</b>	Plan name	COGEN CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	COGEN CORPORATION	<b>c</b> EIN-PN 11-3328826-001
<b>a</b>	Plan name	ADMIRAL INSURANCE BROKERAGE CORP 401K PSP	
<b>b</b>	Name of plan sponsor	ADMIRAL INSURANCE BROKERAGE CORP	<b>c</b> EIN-PN 11-3347136-001
<b>a</b>	Plan name	ACOREA ENTERPRISES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACOREA ENTERPRISES INC	<b>c</b> EIN-PN 11-3678074-001
<b>a</b>	Plan name	THE HOMELESS ALLIANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HOMELESS ALLIANCE INC	<b>c</b> EIN-PN 11-3718005-001
<b>a</b>	Plan name	DUTCHMAN TREE FARM 401K PLAN	
<b>b</b>	Name of plan sponsor	DUTCHMAN TREE FARMS LLC	<b>c</b> EIN-PN 11-3772653-001
<b>a</b>	Plan name	NEW YORK PROFESSIONAL NURSES UNION RET PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK PROFESSIONAL NURSES UNION	<b>c</b> EIN-PN 13-3642959-001
<b>a</b>	Plan name	DCC 401K PLAN	
<b>b</b>	Name of plan sponsor	DURAN CUTTING CORP	<b>c</b> EIN-PN 13-3688747-001
<b>a</b>	Plan name	MEP AMERICA INC EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MEP AMERICA INC	<b>c</b> EIN-PN 13-3994242-001
<b>a</b>	Plan name	GAM LAW 401K PLAN	
<b>b</b>	Name of plan sponsor	MAG LAW OFFICES PC	<b>c</b> EIN-PN 13-4306677-001
<b>a</b>	Plan name	GROUND WATER SYSTEMS 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	GROUND WATER SYSTEMS INC	<b>c</b> EIN-PN 16-1045313-001
<b>a</b>	Plan name	FRIENDS OF NIGHT PEOPLE 401K PLAN	
<b>b</b>	Name of plan sponsor	FRIENDS OF NIGHT PEOPLE INC	<b>c</b> EIN-PN 16-1086657-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ANDYS PRODUCE CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor ANDYS PRODUCE CO INC	<b>c</b> EIN-PN 16-1347881-003
<b>a</b>	Plan name CONVERGENCECOACHING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CONVERGENCECOACHING LLC	<b>c</b> EIN-PN 16-1590309-001
<b>a</b>	Plan name TRI-REP SALES 401K PLAN	
<b>b</b>	Name of plan sponsor TRI-REP SALES INC	<b>c</b> EIN-PN 20-0280914-001
<b>a</b>	Plan name HOME TITLE CONNECT LLC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor HOME TITLE CONNECT LLC	<b>c</b> EIN-PN 20-0346889-001
<b>a</b>	Plan name EL AGUILA INC 401K PLAN	
<b>b</b>	Name of plan sponsor EL AGUILA INC	<b>c</b> EIN-PN 20-0354181-001
<b>a</b>	Plan name REGINA-ANDREW DESIGN 401K PLAN	
<b>b</b>	Name of plan sponsor REGINA-ANDREW DESIGN INC	<b>c</b> EIN-PN 20-0740554-001
<b>a</b>	Plan name CENTER FOR TRUE HARMONY WELLNESS 401K PLAN	
<b>b</b>	Name of plan sponsor THE CENTER FOR TRUE HARMONY WELLNESS AND MED	<b>c</b> EIN-PN 20-0775994-001
<b>a</b>	Plan name HADLEY'S TOWING LLC	
<b>b</b>	Name of plan sponsor HADLEYS TOWING LLC	<b>c</b> EIN-PN 20-1050422-001
<b>a</b>	Plan name BAYSIDE MECHANICAL INC 401K PLAN	
<b>b</b>	Name of plan sponsor BAYSIDE MECHANICAL INC	<b>c</b> EIN-PN 20-1083341-001
<b>a</b>	Plan name TOTAL SECURITY SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TOTAL SECURITY SOLUTIONS INC	<b>c</b> EIN-PN 20-1159014-001
<b>a</b>	Plan name 5D MINING 401K PLAN	
<b>b</b>	Name of plan sponsor 5D MINING & CONSTRUCTION INC	<b>c</b> EIN-PN 20-1211201-001
<b>a</b>	Plan name GROUND ZERO SHELTERS CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor GROUND ZERO SHELTERS CO INC	<b>c</b> EIN-PN 20-1437041-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CES USA 401K PLAN	
<b>b</b>	Name of plan sponsor	CES USA	<b>c</b> EIN-PN 20-1706442-001
<b>a</b>	Plan name	PREMIER PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor	PREMIER PARTNERS REALTY INC	<b>c</b> EIN-PN 20-2048430-002
<b>a</b>	Plan name	FOODLINKS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	FOODLINKS INC	<b>c</b> EIN-PN 20-2096414-001
<b>a</b>	Plan name	ENVIRONMENTAL TEST SYSTEMS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ENVIRONMENTAL TEST SYSTEMS INC	<b>c</b> EIN-PN 20-2152949-001
<b>a</b>	Plan name	HENDERSON EYE CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	HENDERSON & POSEGATE EYE CENTER PC	<b>c</b> EIN-PN 20-2247391-001
<b>a</b>	Plan name	GUST PROMOTIONS INC INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	GUST PROMOTIONS INC	<b>c</b> EIN-PN 20-2356168-001
<b>a</b>	Plan name	TOTAL SITE SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TOTAL SITE SERVICES INC	<b>c</b> EIN-PN 20-2756205-001
<b>a</b>	Plan name	NICHOLAS F GARDNER DDS 401K PLAN	
<b>b</b>	Name of plan sponsor	NICHOLAS FGARDNER DDS	<b>c</b> EIN-PN 20-2808347-001
<b>a</b>	Plan name	SOCAL PHYSICAL THERAPY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SOCAL PHYSICAL THERAPY INC	<b>c</b> EIN-PN 20-2812783-001
<b>a</b>	Plan name	CENTRAL OHIO PLASTIC SURGERY 401K PLAN	
<b>b</b>	Name of plan sponsor	CENTRAL OHIO PLASTIC SURGERY INC	<b>c</b> EIN-PN 20-2940809-001
<b>a</b>	Plan name	LAKOTA CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	LAKOTA CORP	<b>c</b> EIN-PN 20-2970922-001
<b>a</b>	Plan name	C R WINDOWS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	C R WINDOWS INC	<b>c</b> EIN-PN 20-3162764-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name FARR CONSTRUCTION CORP DBA RDC 401K PLAN	
<b>b</b>	Name of plan sponsor FARR CONSTRUCTION DBA RESOURCE DEVELOPMENT	<b>c</b> EIN-PN 20-3783793-001
<b>a</b>	Plan name SOUTH CENTRAL SEALING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SOUTH CENTRAL SEALING LLC	<b>c</b> EIN-PN 20-3982191-001
<b>a</b>	Plan name JPLUS ARCHITECTS 401K PLAN	
<b>b</b>	Name of plan sponsor JPLUS ARCHITECTS INC	<b>c</b> EIN-PN 20-4056566-001
<b>a</b>	Plan name DIVERSE ACQUISITION COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor DIVERSE ACQUISITION COMPANY INC	<b>c</b> EIN-PN 20-4707578-001
<b>a</b>	Plan name ROCKY VISTA UNIVERSITY LLC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor ROCKY VISTA UNIVERSITY LLC	<b>c</b> EIN-PN 20-4761077-001
<b>a</b>	Plan name FRANCISCO HERNANDEZ TAX SERVICES LLC 401K	
<b>b</b>	Name of plan sponsor FRANCISCO HERNANDEZ TAX SERVICES LLC	<b>c</b> EIN-PN 20-4883056-001
<b>a</b>	Plan name MCPHAILS AUTO SALES INC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor MCPHAILS AUTO SALES INC	<b>c</b> EIN-PN 20-4885311-001
<b>a</b>	Plan name FISHBONE 401K PLAN	
<b>b</b>	Name of plan sponsor FISHBONE SAFETY SOLUTIONS LTD	<b>c</b> EIN-PN 20-4997174-001
<b>a</b>	Plan name SOUTHERNWOOD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SOUTHERNWOOD FRAMING LLC	<b>c</b> EIN-PN 20-5159686-001
<b>a</b>	Plan name KILLIAN AUTOMOTIVE 401K PLAN	
<b>b</b>	Name of plan sponsor KILLIAN AUTOMOTIVE	<b>c</b> EIN-PN 20-5227343-001
<b>a</b>	Plan name PRATTS PROFESSIONAL CHIMNEY SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor PRATTS PROFESSIONAL CHIMNEY SERVICE	<b>c</b> EIN-PN 20-5258840-001
<b>a</b>	Plan name ARAPAHOE OILFIELD SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor ARAPAHOE OILFIELD SERVICES LLC	<b>c</b> EIN-PN 20-5439087-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	360 PROJECT MANAGEMENT 401K PS PLAN	
<b>b</b>	Name of plan sponsor	360 PROJECT MANAGEMENT	<b>c</b> EIN-PN 20-5589904-001
<b>a</b>	Plan name	SEMINGSON ARCHITECTS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SEMINGSTON ARCHITECTS INC	<b>c</b> EIN-PN 20-5981770-001
<b>a</b>	Plan name	TENNESSEE EQUINE HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	TENNESSEE EQUINE HOSPITAL	<b>c</b> EIN-PN 20-8123097-001
<b>a</b>	Plan name	HEALTHSOURCE INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HEALTHSOURCE INTEGRATED SOLUTIONS INC	<b>c</b> EIN-PN 20-8498601-003
<b>a</b>	Plan name	GREAT LAKES BAY SURG & ENDOSCOPY 401K PLAN	
<b>b</b>	Name of plan sponsor	NPS ASSOCIATES LLC DBA GREAT LAKES SURGERY	<b>c</b> EIN-PN 20-8500953-001
<b>a</b>	Plan name	BRIER CREEK PEDIATRIC DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor	CHRISTI M DAVIS DDS PA	<b>c</b> EIN-PN 20-8742190-001
<b>a</b>	Plan name	TRI CITY HEATING AND AIR CONDITIONING 401K PL	
<b>b</b>	Name of plan sponsor	TRI-CITY HEATING AND AIR CONDITIONING INC	<b>c</b> EIN-PN 20-8903507-001
<b>a</b>	Plan name	SAINT DOMINIC ACADEMY 401K PLAN	
<b>b</b>	Name of plan sponsor	SAINT DOMINIC ACADEMY	<b>c</b> EIN-PN 22-1597129-001
<b>a</b>	Plan name	RK CHEVROLET INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RK CHEVROLET INC	<b>c</b> EIN-PN 22-2398337-001
<b>a</b>	Plan name	LK AUTO D/B/A TOYOTA OF VINELAND 401K PLAN	
<b>b</b>	Name of plan sponsor	LK AUTO SALES INC DBA TOYOTA OF VINELAND	<b>c</b> EIN-PN 22-3083829-001
<b>a</b>	Plan name	FIFTH AVENUE ICE CREAM OF NEVADA INC 401K PLA	
<b>b</b>	Name of plan sponsor	FIFTH AVENUE ICE CREAM OF NEVADA INC	<b>c</b> EIN-PN 22-3228763-001
<b>a</b>	Plan name	HERITAGE TILE 401K PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE TILE & MARBLE CO	<b>c</b> EIN-PN 22-3726239-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SERVICEONE 401K PLAN	
<b>b</b>	Name of plan sponsor	JC ACQUISITIONS INC&SUBSIDIARIES	<b>c</b> EIN-PN 22-3888799-001
<b>a</b>	Plan name	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	
<b>b</b>	Name of plan sponsor	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	<b>c</b> EIN-PN 22-3948303-001
<b>a</b>	Plan name	KAHRS INTERNATIONAL INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	KAHRS INTERNATIONAL INC	<b>c</b> EIN-PN 23-2417661-001
<b>a</b>	Plan name	RAY PRICE MOTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	RAY PRICE MOTORS	<b>c</b> EIN-PN 23-2635237-001
<b>a</b>	Plan name	KTI LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	KTI LTD	<b>c</b> EIN-PN 23-2820510-001
<b>a</b>	Plan name	OSMOND GENERAL HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	OSMOND GENERAL HOSPITAL	<b>c</b> EIN-PN 23-7161473-001
<b>a</b>	Plan name	MEMPHIS IN MAY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MEMPHIS IN MAY INTERNATIONAL FESTIVAL	<b>c</b> EIN-PN 23-7308001-002
<b>a</b>	Plan name	MILLER TRANSFER & RIGGING CO 401K PS PLAN	
<b>b</b>	Name of plan sponsor	MILLER TRANSFER & RIGGING COMPANY	<b>c</b> EIN-PN 25-1189978-001
<b>a</b>	Plan name	ARMSTRONG INDIANA BDHP PENSION PLAN	
<b>b</b>	Name of plan sponsor	ARMSTRONG-INDIANA BEHAVIORAL AND DEVELOPMENT	<b>c</b> EIN-PN 25-1199680-001
<b>a</b>	Plan name	ERIE FOOD CO-OP 401K PLAN	
<b>b</b>	Name of plan sponsor	WHOLE FOODS COOPERATIVE	<b>c</b> EIN-PN 25-1401503-001
<b>a</b>	Plan name	THE ELECTRIC COMPANY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE ELECTRIC COMPANY INC	<b>c</b> EIN-PN 25-1714107-001
<b>a</b>	Plan name	CONNOLLY STEELE & COMPANY P C 401K PLAN	
<b>b</b>	Name of plan sponsor	CONNOLLY STEELE & COMPANY PC	<b>c</b> EIN-PN 25-1767399-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INFO-MATRIX CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	INFO-MATRIX CORPORATION	<b>c</b> EIN-PN 25-1788570-001
<b>a</b>	Plan name	HOLOBINKO CONSORTIUM LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOLOBINKO CONSORTIUM LLC	<b>c</b> EIN-PN 25-1898032-001
<b>a</b>	Plan name	ANDERSON PHYSICAL THERAPY INC 401K PS	
<b>b</b>	Name of plan sponsor	ANDERSON PHYSICAL THERAPY INC	<b>c</b> EIN-PN 26-0222060-001
<b>a</b>	Plan name	MOHLER DESIGN 401K PLAN	
<b>b</b>	Name of plan sponsor	MOHLER DESIGN LLC	<b>c</b> EIN-PN 26-0498953-001
<b>a</b>	Plan name	ACCOUNTING & TAX SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACCOUNTING & TAX SOLUTIONS INC	<b>c</b> EIN-PN 26-0562900-001
<b>a</b>	Plan name	MITEC SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MITEC SOLUTIONS INC	<b>c</b> EIN-PN 26-0590889-001
<b>a</b>	Plan name	SEITEC 401K WEALTH PLAN	
<b>b</b>	Name of plan sponsor	AGRIHORIZON INC	<b>c</b> EIN-PN 26-0659633-001
<b>a</b>	Plan name	MANDUKA LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MANDUKA LLC	<b>c</b> EIN-PN 26-1648490-001
<b>a</b>	Plan name	OAK STREET WHOLESALERS 401K PLAN	
<b>b</b>	Name of plan sponsor	OAK STREET WHOLESALERS INC	<b>c</b> EIN-PN 26-1779123-001
<b>a</b>	Plan name	QUIK TEK MACHINING 401K PLAN	
<b>b</b>	Name of plan sponsor	QUIK TEK MACHINING LLC	<b>c</b> EIN-PN 26-1912212-001
<b>a</b>	Plan name	COMMUNITY PHARMACY SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY PHARMACY SERVICES INC	<b>c</b> EIN-PN 26-2122849-001
<b>a</b>	Plan name	EDGE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	EDGE SERVICES INC	<b>c</b> EIN-PN 26-2464207-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TEXAS TITLE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	TEXAS TITLE COMPANY	<b>c</b> EIN-PN 26-2717873-001
<b>a</b>	Plan name	BLUE WATER CREDIT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BLUE WATER CREDIT LLC	<b>c</b> EIN-PN 26-2934487-001
<b>a</b>	Plan name	EGGS 'N THINGS HAWAII INC 401K RET PLAN	
<b>b</b>	Name of plan sponsor	EGGS N THINGS HAWAII INC	<b>c</b> EIN-PN 26-3209690-001
<b>a</b>	Plan name	FAST TRACK URGENT CARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CRESCENT URGENT HEALTHCARE SERVICES LLC	<b>c</b> EIN-PN 26-3661532-001
<b>a</b>	Plan name	VIP SEAFOOD RESTAURANT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VIP SEAFOOD RESTAURANT INC 4	<b>c</b> EIN-PN 26-3924932-001
<b>a</b>	Plan name	F STREET DEV GROUP 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	F STREET DEVELOPMENT GROUP LLC	<b>c</b> EIN-PN 26-3977115-001
<b>a</b>	Plan name	MIDWEST MECHANICAL INDUSTRIAL SERVICES 401K	
<b>b</b>	Name of plan sponsor	MIDWEST MECHANICAL INDUSTRIAL SERVICES LLC	<b>c</b> EIN-PN 26-4031281-001
<b>a</b>	Plan name	BRADLEY R GILMER DDS 401K PLAN	
<b>b</b>	Name of plan sponsor	BRADLEY R GILMER DDS LLC	<b>c</b> EIN-PN 26-4037356-001
<b>a</b>	Plan name	BIOMEDGPS 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BIOMEDGPSLLC	<b>c</b> EIN-PN 26-4134877-001
<b>a</b>	Plan name	PRO AIR INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRO AIR INC	<b>c</b> EIN-PN 26-4682398-001
<b>a</b>	Plan name	STILLWATER PROVISIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	STILLWATER PROVISIONS	<b>c</b> EIN-PN 27-0235099-001
<b>a</b>	Plan name	PARKERS 401K PLAN	
<b>b</b>	Name of plan sponsor	BALLARD BUILDING RESTAURANT CO	<b>c</b> EIN-PN 27-0265416-001

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

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

<b>a</b> Plan name	MANASSA BOJCZUK PC 401K P/S PLAN	
<b>b</b> Name of plan sponsor	MANASSA BOJCZUK PC	<b>c</b> EIN-PN 27-0377867-001
<b>a</b> Plan name	WINJET AUTOMOTIVE INC 401K PLAN	
<b>b</b> Name of plan sponsor	WINJET AUTOMOTIVE INC	<b>c</b> EIN-PN 27-0437448-001
<b>a</b> Plan name	HOT PURPLE ENERGY 401K	
<b>b</b> Name of plan sponsor	HOT PURPLE INC	<b>c</b> EIN-PN 27-0475938-001
<b>a</b> Plan name	AGILE TRANSFORMATION INC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	AGILE TRANSFORMATION INC	<b>c</b> EIN-PN 27-0528434-001
<b>a</b> Plan name	PEARLWIND 401K PLAN	
<b>b</b> Name of plan sponsor	PEARLWIND LLC	<b>c</b> EIN-PN 27-0627611-001
<b>a</b> Plan name	RS DALE CO INC SAFE HARBOR 401K PLAN	
<b>b</b> Name of plan sponsor	RS DALE CO INC	<b>c</b> EIN-PN 27-0755164-001
<b>a</b> Plan name	ACHIEVEMENT REHABILITATION THR 401K PSP TRUST	
<b>b</b> Name of plan sponsor	ACHIEVEMENT REHABILITATION THROUGH THERAPEUT	<b>c</b> EIN-PN 27-0991521-001
<b>a</b> Plan name	VISTA METALS GEORGIA 401K & PS PLAN	
<b>b</b> Name of plan sponsor	VISTA METALS-GEORGIA	<b>c</b> EIN-PN 27-1043263-001
<b>a</b> Plan name	VISTA METALS GA PRODUCTION EES 401K PLAN	
<b>b</b> Name of plan sponsor	VISTA METALS GEORGIA	<b>c</b> EIN-PN 27-1043263-003
<b>a</b> Plan name	SUNIL KUMAR DMD PC 401K PLAN	
<b>b</b> Name of plan sponsor	SUNIL KUMAR DMD PC	<b>c</b> EIN-PN 27-1229490-001
<b>a</b> Plan name	NEW HOPE TRANSITIONAL HOUSING 401K PLAN	
<b>b</b> Name of plan sponsor	NEW HOPE TRANSITIONAL HOUSING INC	<b>c</b> EIN-PN 27-1440474-001
<b>a</b> Plan name	BRYLLAN 401K PLAN	
<b>b</b> Name of plan sponsor	BRYLLAN LLC	<b>c</b> EIN-PN 27-1568186-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name FOREFRONT TECHNOLOGY'S 401K PS PLAN	
<b>b</b>	Name of plan sponsor FOREFRONT TECHNOLOGY SOLUTIONS CORP	<b>c</b> EIN-PN 27-1814097-001
<b>a</b>	Plan name PRO-LOW JOINT VENTURE 401K PLAN	
<b>b</b>	Name of plan sponsor PRO-LOW JOINT VENTURE	<b>c</b> EIN-PN 27-1816494-001
<b>a</b>	Plan name ELEANOR CREATIVE 401K PLAN	
<b>b</b>	Name of plan sponsor ELEANOR CREATIVE LLC	<b>c</b> EIN-PN 27-1894450-001
<b>a</b>	Plan name POSITIVE GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor POSITIVE GROUP LLC	<b>c</b> EIN-PN 27-2716470-001
<b>a</b>	Plan name VAERUS AVIATION 401K PLAN	
<b>b</b>	Name of plan sponsor VAERUS AVIATION INC	<b>c</b> EIN-PN 27-3587432-001
<b>a</b>	Plan name INDUSTRIAL COATINGS GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor INDUSTRIAL COATINGS GROUP INC	<b>c</b> EIN-PN 27-3610603-001
<b>a</b>	Plan name CANNON UTILITY SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CANNON UTILITY SERVICES LLC	<b>c</b> EIN-PN 27-3701067-001
<b>a</b>	Plan name GATEWAY HOME CARE LLC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor GATEWAY HOME CARE LLC	<b>c</b> EIN-PN 27-4871931-001
<b>a</b>	Plan name WHEELHOUSE INNOVATIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor WHEELHOUSE INNOVATIONS LLC	<b>c</b> EIN-PN 27-4934290-001
<b>a</b>	Plan name SCHNELLER PLUMBING HEATING & AIR INC 401K	
<b>b</b>	Name of plan sponsor SCHNELLER PLUMBING HEATING & AIR INC	<b>c</b> EIN-PN 27-5429250-001
<b>a</b>	Plan name TK DESIGN & ASSOCIATES INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor TK DESIGN & ASSOCIATES INC	<b>c</b> EIN-PN 30-0334148-001
<b>a</b>	Plan name SCREED TECH 401K PLAN	
<b>b</b>	Name of plan sponsor SCREED TECH LLC	<b>c</b> EIN-PN 30-0386454-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BRIDGES HOLDINGS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BRIDGES HOLDINGS INC	<b>c</b> EIN-PN 30-0505804-001
<b>a</b>	Plan name	SARVICUS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SARVICUS LLC	<b>c</b> EIN-PN 30-0625973-001
<b>a</b>	Plan name	LAW OFFICES OF DAVID F ISSAPOUR RETIREMENT	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF DAVID F ISSAPOUR APLC	<b>c</b> EIN-PN 30-0759730-001
<b>a</b>	Plan name	FLORIDA COASTAL COLORS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA COASTAL COLORS LLC	<b>c</b> EIN-PN 30-0829901-001
<b>a</b>	Plan name	WESTERN HILLS COUNTRY CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor	WESTERN HILLS COUNTRY CLUB	<b>c</b> EIN-PN 31-0486880-001
<b>a</b>	Plan name	STEDMAN FLOOR COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	STEDMAN FLOOR COMPANY	<b>c</b> EIN-PN 31-0823623-002
<b>a</b>	Plan name	THE WYETH-SCOTT COMPANY 401K PS PLAN	
<b>b</b>	Name of plan sponsor	WYETH-SCOTT COMPANY	<b>c</b> EIN-PN 31-1169617-001
<b>a</b>	Plan name	BELT INSURANCE AGENCY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BELT INSURANCE AGENCY LLC	<b>c</b> EIN-PN 31-1260214-001
<b>a</b>	Plan name	SOUTHERN OHIO EYE ASSOCIATES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN OHIO EYE ASSOCIATES LLC	<b>c</b> EIN-PN 31-1744464-001
<b>a</b>	Plan name	SPRINGFIELD TOWNSHIP 457B PLAN	
<b>b</b>	Name of plan sponsor	SPRINGFIELD TOWNSHIP	<b>c</b> EIN-PN 31-6000601-001
<b>a</b>	Plan name	OUTER BANKS BLUE REALTY SERVICES 401K PS PLAN	
<b>b</b>	Name of plan sponsor	OUTER BANKS BLUE LLC D/B/A OUTER BANKS REAL	<b>c</b> EIN-PN 32-0150985-001
<b>a</b>	Plan name	HAPPY TRAILER SALES 401K PLAN	
<b>b</b>	Name of plan sponsor	HAPPY TRAILER SALES LLC	<b>c</b> EIN-PN 32-0454017-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">AHERN AGRIBUSINESS INC 401K PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">AHERN AGRIBUSINESS INC</a>	<b>c</b> EIN-PN <a href="#">33-0145028-001</a>
<b>a</b>	Plan name <a href="#">ENVIRONMENTAL SPRAY SYSTEMS INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ENVIRONMENTAL SPRAY SYSTEMS INC</a>	<b>c</b> EIN-PN <a href="#">33-0340030-001</a>
<b>a</b>	Plan name <a href="#">HANNA CONSTRUCTION INC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">HANNA CONSTRUCTION INC DBA HANNA CONSTRUCT</a>	<b>c</b> EIN-PN <a href="#">33-0719144-001</a>
<b>a</b>	Plan name <a href="#">CARICH ENTERPRISES INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CARICH ENTERPRISES INC</a>	<b>c</b> EIN-PN <a href="#">33-0806817-001</a>
<b>a</b>	Plan name <a href="#">SOUTHWEST STRATEGIES LLC 401K PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SOUTHWEST STRATEGIES LLC</a>	<b>c</b> EIN-PN <a href="#">33-0900047-003</a>
<b>a</b>	Plan name <a href="#">JB &amp; BB INC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JB &amp; BB INC</a>	<b>c</b> EIN-PN <a href="#">33-0958289-001</a>
<b>a</b>	Plan name <a href="#">PRECISION WEALTH FINANCIAL &amp; INSURANCE 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">PRECISION WEALTH FINANCIAL &amp; INSURANCE SRVS</a>	<b>c</b> EIN-PN <a href="#">33-0986862-001</a>
<b>a</b>	Plan name <a href="#">NATIONAL TOOLING &amp; MACHINING ASSOCIATION 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">NATIONAL TOOLING &amp; MACHINING ASSOC</a>	<b>c</b> EIN-PN <a href="#">34-0646162-002</a>
<b>a</b>	Plan name <a href="#">OBARS MACHINE &amp; TOOL COMPANY PS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">OBARS MACHINE &amp; TOOL COMPANY INC</a>	<b>c</b> EIN-PN <a href="#">34-0965850-001</a>
<b>a</b>	Plan name <a href="#">ATWOOD INDUSTRIES INC 401K RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ATWOOD INDUSTRIES INC</a>	<b>c</b> EIN-PN <a href="#">34-1101489-001</a>
<b>a</b>	Plan name <a href="#">LARIA CHEVROLET-BUICK 401K PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LARIA CHEVROLET-BUICK INC</a>	<b>c</b> EIN-PN <a href="#">34-1346123-002</a>
<b>a</b>	Plan name <a href="#">CHN HOUSING PARTNERS 401K PS PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">CHN HOUSING PARTNERS</a>	<b>c</b> EIN-PN <a href="#">34-1346763-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HROBAT INSURANCE AGENCY INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HROBAT INSURANCE AGY INC	<b>c</b> EIN-PN 34-1521983-001
<b>a</b>	Plan name	MIDLAKE PRODUCTS & MANUFACTURING CO INC	
<b>b</b>	Name of plan sponsor	MIDLAKE PRODUCTS & MANUFACTURING CO INC	<b>c</b> EIN-PN 34-1571105-001
<b>a</b>	Plan name	TOMS AUTO 401K PLAN	
<b>b</b>	Name of plan sponsor	TOMS AUTO REPAIR INC	<b>c</b> EIN-PN 34-1862262-001
<b>a</b>	Plan name	TK'S PAINTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TKS PAINTING LLC	<b>c</b> EIN-PN 34-2024414-001
<b>a</b>	Plan name	CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN	
<b>b</b>	Name of plan sponsor	CUYAHOGA COUNTY OF OHIO	<b>c</b> EIN-PN 34-6000817-001
<b>a</b>	Plan name	MEDINA COUNTY PE DEF COMP 457B PLAN	
<b>b</b>	Name of plan sponsor	MEDINA COUNTY	<b>c</b> EIN-PN 34-6001851-001
<b>a</b>	Plan name	OH457IO DEFERRED COMPENSATION	
<b>b</b>	Name of plan sponsor	CITY OF WARREN OHIO	<b>c</b> EIN-PN 34-6002974-001
<b>a</b>	Plan name	DAHM BROTHERS INC 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	DAHM BROTHERS INC	<b>c</b> EIN-PN 35-0259100-001
<b>a</b>	Plan name	BANKS HARDWOODS INC 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BANKS HARDWOODS INC	<b>c</b> EIN-PN 35-1641369-001
<b>a</b>	Plan name	ALDRIDGE INSURANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	ALDRIDGE INSURANCE INC	<b>c</b> EIN-PN 35-1937710-001
<b>a</b>	Plan name	WAYNE METALS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WAYNE METALS LLC	<b>c</b> EIN-PN 35-2129195-001
<b>a</b>	Plan name	POSSIBILITIES NORTHEAST LLC 401K SALARY	
<b>b</b>	Name of plan sponsor	POSSIBILITIES NORTHEAST LLC	<b>c</b> EIN-PN 35-2151934-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MORGAN BRONZE PRODUCTS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MORGAN BRONZE PRODUCTS INC	<b>c</b> EIN-PN 36-2100305-001
<b>a</b>	Plan name	AMSA 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN MEDICAL STUDENT ASSOCIATION	<b>c</b> EIN-PN 36-2222695-001
<b>a</b>	Plan name	MECCON INDUSTRIES 401K PLAN	
<b>b</b>	Name of plan sponsor	MECCON INDUSTRIES INC	<b>c</b> EIN-PN 36-3008454-002
<b>a</b>	Plan name	S3 INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAFETY SERVICE SYSTEMS INC	<b>c</b> EIN-PN 36-4077377-001
<b>a</b>	Plan name	JIM KAY & ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	JIM KAY & ASSOCIATES	<b>c</b> EIN-PN 36-4199692-001
<b>a</b>	Plan name	TEAM CORN & SOIL INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TEAM CORN & SOIL INC	<b>c</b> EIN-PN 36-4425176-001
<b>a</b>	Plan name	MEHUL C PATEL DDS PC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	MEHUL C PATEL DDS PC	<b>c</b> EIN-PN 36-4544110-002
<b>a</b>	Plan name	THIELEN FOLEY & MIRDO LLC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	THIELEN FOLEY & MIRDO LLC	<b>c</b> EIN-PN 36-4556774-001
<b>a</b>	Plan name	BURDITT CONSULTANTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BURDITT CONSULTANTS LLC	<b>c</b> EIN-PN 36-4604937-001
<b>a</b>	Plan name	MICHAEL COLE INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL COLE ATTORNEY AT LAW	<b>c</b> EIN-PN 36-4901208-001
<b>a</b>	Plan name	PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP	
<b>b</b>	Name of plan sponsor	PARTNERSHIP FINANCIAL CREDIT UNION	<b>c</b> EIN-PN 36-6070077-001
<b>a</b>	Plan name	GRIFFITTS CONSTRUCTION 401K	
<b>b</b>	Name of plan sponsor	GRIFFITTS CONSTRUCTION INC	<b>c</b> EIN-PN 37-0863472-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALPHAGRAPHS 401K PLAN	
<b>b</b>	Name of plan sponsor	ALPHAGRAPHS	<b>c</b> EIN-PN 37-1461157-001
<b>a</b>	Plan name	BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC	
<b>b</b>	Name of plan sponsor	BUEHLER MOTOR INC	<b>c</b> EIN-PN 37-1492335-002
<b>a</b>	Plan name	NEXT STEP COMMUNICATIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	NEXT STEP COMMUNICATIONS LLC	<b>c</b> EIN-PN 37-1644996-001
<b>a</b>	Plan name	CONTRACTORS INSURANCE AGENCY 401K PLAN	
<b>b</b>	Name of plan sponsor	CONTRACTORS INSURANCE AGENCY INC	<b>c</b> EIN-PN 37-1789030-001
<b>a</b>	Plan name	MY 401K PLAN	
<b>b</b>	Name of plan sponsor	KINSTLER BROWN COMPANIES INC	<b>c</b> EIN-PN 37-1792802-001
<b>a</b>	Plan name	ECON DEV ALLIANCE OF ST CLAIR COUNTY PLAN	
<b>b</b>	Name of plan sponsor	ECONOMIC DEVELOPMENT ALLIANCE	<b>c</b> EIN-PN 38-1410034-001
<b>a</b>	Plan name	THEUT PRODUCTS INC 401K SALARY REDUCTION	
<b>b</b>	Name of plan sponsor	THEUT PRODUCTS INC	<b>c</b> EIN-PN 38-1551483-002
<b>a</b>	Plan name	EW KITCHENS INC EMPLOYEES' 401K PLAN	
<b>b</b>	Name of plan sponsor	EW KITCHENS INC	<b>c</b> EIN-PN 38-1626582-001
<b>a</b>	Plan name	SILVER SEAL PRODUCTS CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SILVER SEAL PRODUCTS CO INC	<b>c</b> EIN-PN 38-1658716-001
<b>a</b>	Plan name	ARC SERVICES OF MACOMB 401K PLAN	
<b>b</b>	Name of plan sponsor	ARC SERVICES OF MACOMB INC	<b>c</b> EIN-PN 38-1738601-001
<b>a</b>	Plan name	BEST MATERIALS PROFIT-SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEST BLOCK COMPANY	<b>c</b> EIN-PN 38-1819457-001
<b>a</b>	Plan name	ARROW ROOFING & SUPPLY INC PS PLAN	
<b>b</b>	Name of plan sponsor	ARROW ROOFING & SUPPLY INC	<b>c</b> EIN-PN 38-1893198-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ZILKA HEATING & COOLING INC 401K PLAN	
<b>b</b>	Name of plan sponsor ZILKA HEATING & COOLING INC	<b>c</b> EIN-PN 38-1947015-001
<b>a</b>	Plan name KOROTKIN INSURANCE GROUP INC 401K SRP	
<b>b</b>	Name of plan sponsor KOROTKIN INSURANCE GROUP INC DBA KIG	<b>c</b> EIN-PN 38-2022737-001
<b>a</b>	Plan name MELLEEN SMITH AND PIVOZ 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MELLEEN SMITH & PIVOZ PLC	<b>c</b> EIN-PN 38-2050733-001
<b>a</b>	Plan name E & L MEAT COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor E & L MEAT COMPANY	<b>c</b> EIN-PN 38-2141947-001
<b>a</b>	Plan name MC VAN KAMPEN TRUCKING INC 401K PLAN	
<b>b</b>	Name of plan sponsor MC VAN KAMPEN TRUCKING INC	<b>c</b> EIN-PN 38-2393098-001
<b>a</b>	Plan name LUCKMARR PLASTICS INC 401K SALARY REDUCTION P	
<b>b</b>	Name of plan sponsor LUCKMARR PLASTICS INC	<b>c</b> EIN-PN 38-2475612-001
<b>a</b>	Plan name J THEISEN INC 401K PLAN	
<b>b</b>	Name of plan sponsor J THEISEN INC	<b>c</b> EIN-PN 38-2607616-001
<b>a</b>	Plan name CONTEMPORARY OBSTETRICS PC 401K PS PLAN	
<b>b</b>	Name of plan sponsor CONTEMPORARY OBSTETRICS PC	<b>c</b> EIN-PN 38-2688194-001
<b>a</b>	Plan name AUTOMATION & MODULAR COMPONENTS INC 401K	
<b>b</b>	Name of plan sponsor AUTOMATION & MODULAR COMPONENTS INC	<b>c</b> EIN-PN 38-2831279-002
<b>a</b>	Plan name ANCA INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ANCA INC	<b>c</b> EIN-PN 38-2850970-001
<b>a</b>	Plan name BOWMAN EXCAVATING 401K PLAN	
<b>b</b>	Name of plan sponsor BOWMAN EXCAVATING INC	<b>c</b> EIN-PN 38-3003824-001
<b>a</b>	Plan name OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor OAKLAND MANAGEMENT CORP	<b>c</b> EIN-PN 38-3196699-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LA BEAU INC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	LA BEAU INC	<b>c</b> EIN-PN 38-3203407-001
<b>a</b>	Plan name	PLASTIC SERVICE CENTER INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PLASTIC SERVICE CENTER INC	<b>c</b> EIN-PN 38-3270852-001
<b>a</b>	Plan name	THERMAL ONE INC 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	THERMAL ONE INC	<b>c</b> EIN-PN 38-3331535-001
<b>a</b>	Plan name	TWIN PINES LANDSCAPING 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TWIN PINES LANDSCAPING	<b>c</b> EIN-PN 38-3426291-001
<b>a</b>	Plan name	HERITAGE CHURCH 401K PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE CHURCH OF MACOMB	<b>c</b> EIN-PN 38-3509400-001
<b>a</b>	Plan name	ROYAL STONE SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	ROYAL STONE LLC	<b>c</b> EIN-PN 38-3528028-001
<b>a</b>	Plan name	R A M PRODUCE DISTRIBUTORS LLC 401K PROF	
<b>b</b>	Name of plan sponsor	RAM PRODUCE DISTRIBUTIONS LLC	<b>c</b> EIN-PN 38-3624126-001
<b>a</b>	Plan name	AXTELLA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AXTELLA LLC	<b>c</b> EIN-PN 38-3627552-001
<b>a</b>	Plan name	MAYER & NEWTON 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF MAYER & NEWTON	<b>c</b> EIN-PN 38-3736904-001
<b>a</b>	Plan name	CREEK PLASTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	CREEK PLASTICS LLC	<b>c</b> EIN-PN 38-3834228-001
<b>a</b>	Plan name	EXCALIBUR LAUNDRIES INC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	EXCALIBUR LAUNDRIES INC	<b>c</b> EIN-PN 39-1391734-001
<b>a</b>	Plan name	O'BRIEN AND ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	O'BRIEN SERVICES INC	<b>c</b> EIN-PN 39-1818583-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MDS 401K PLAN	
<b>b</b>	Name of plan sponsor	MODERN DISPOSAL SYSTEMS LLC	<b>c</b> EIN-PN 39-1966606-001
<b>a</b>	Plan name	ATLAS CRYPT AND MANUFACTURING 401K RET PLAN	
<b>b</b>	Name of plan sponsor	ATLAS CRYPT AND MANUFACTURING CO INC	<b>c</b> EIN-PN 41-0951243-001
<b>a</b>	Plan name	TPI CUSTOM SOLUTIONS 401K AND PSP	
<b>b</b>	Name of plan sponsor	TPI CUSTOM SOLUTIONS	<b>c</b> EIN-PN 41-1417264-001
<b>a</b>	Plan name	MINSER CHIROPRACTIC CLINIC 401K PLAN	
<b>b</b>	Name of plan sponsor	MINSER CHIROPRACTIC CLINIC PA INC	<b>c</b> EIN-PN 41-1768916-001
<b>a</b>	Plan name	AXIS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AXIS MINNESOTA INC	<b>c</b> EIN-PN 41-1852557-001
<b>a</b>	Plan name	401K PLAN FOR EMPLOYEES OF MSEA	
<b>b</b>	Name of plan sponsor	MINNESOTA SCHOOL EMPLOYEES ASSOCIATION	<b>c</b> EIN-PN 41-1994256-002
<b>a</b>	Plan name	EDWARDS AUTO GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	<b>c</b> EIN-PN 42-0646357-001
<b>a</b>	Plan name	ACCURATE INSURANCE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACCURATE INSURANCE INC	<b>c</b> EIN-PN 42-0751166-001
<b>a</b>	Plan name	FUTURE FOAM INC 401K PS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FUTURE FOAM INC	<b>c</b> EIN-PN 42-0836191-001
<b>a</b>	Plan name	JIM HAWK TRUCK TRAILERS INC 401K SAVINGS	
<b>b</b>	Name of plan sponsor	JIM HAWK TRUCK TRAILERS INC	<b>c</b> EIN-PN 42-1022818-002
<b>a</b>	Plan name	CANDEO 401K PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE COMMUNITY OPTIONS INC DBA CANDEO	<b>c</b> EIN-PN 42-1388521-004
<b>a</b>	Plan name	IOWA MOLD & ENGINEERING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	IOWA MOLD & ENGINEERING INC	<b>c</b> EIN-PN 42-1411689-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	IOWA EARTH WORKS 401K PLAN
<b>b</b>	Name of plan sponsor	BALLARD LLC
<b>c</b>	EIN-PN	42-1467898-001
<b>a</b>	Plan name	PEDIATRIC SPECIALISTS 401K PLAN
<b>b</b>	Name of plan sponsor	PEDIATRIC SPECIALISTS OF BLOOMFIELD HILLS
<b>c</b>	EIN-PN	42-1619657-001
<b>a</b>	Plan name	GARY'S FOODS 401K PLAN
<b>b</b>	Name of plan sponsor	D & G INC
<b>c</b>	EIN-PN	42-6167526-001
<b>a</b>	Plan name	UNICO BANK 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	UNICO BANK
<b>c</b>	EIN-PN	43-0338550-002
<b>a</b>	Plan name	VOGEL SHEET METAL AND HEATING 401K PLAN
<b>b</b>	Name of plan sponsor	VOGEL SHEET METAL AND HEATING INC
<b>c</b>	EIN-PN	43-0964662-001
<b>a</b>	Plan name	DBA 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	DAN BUCKEY ASSOCIATES INC
<b>c</b>	EIN-PN	43-1198569-003
<b>a</b>	Plan name	CII & GPAL RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	CEREAL INGREDIENTS INC
<b>c</b>	EIN-PN	43-1527502-001
<b>a</b>	Plan name	MAXUS PROPERTIES LLC 401K RETIREMENT SAVING
<b>b</b>	Name of plan sponsor	MAXUS PROPERTIES LLC
<b>c</b>	EIN-PN	43-1638032-001
<b>a</b>	Plan name	LUEBBERING INSURANCE AGENCY 401K PLAN
<b>b</b>	Name of plan sponsor	LUEBBERING INSURANCE AGENCY LLC
<b>c</b>	EIN-PN	43-1849676-001
<b>a</b>	Plan name	DIEB ENTERPRISES INC 401K PLAN
<b>b</b>	Name of plan sponsor	DIEB ENTERPRISES INC
<b>c</b>	EIN-PN	43-1851281-001
<b>a</b>	Plan name	THE FEDERAL SAVINGS BANK RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE FEDERAL SAVINGS BANK
<b>c</b>	EIN-PN	43-1883419-001
<b>a</b>	Plan name	LAGOON PUMPING & DREDGING INC 401K PLAN
<b>b</b>	Name of plan sponsor	LAGOON PUMPING & DREDGING INC
<b>c</b>	EIN-PN	43-2010523-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SCOTT'S ELECTRIC INC 401K PLAN	
<b>b</b>	Name of plan sponsor SCOTTS ELECTRIC INC	<b>c</b> EIN-PN 45-0405047-001
<b>a</b>	Plan name FIREBIRD AST RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor FIREBIRD ANALYTICAL SOLUTIONS & TECHNOLOGIES	<b>c</b> EIN-PN 45-1475401-001
<b>a</b>	Plan name XTREME FIRE PROTECTION 401K PLAN	
<b>b</b>	Name of plan sponsor XTREME FIRE PROTECTION	<b>c</b> EIN-PN 45-1555692-001
<b>a</b>	Plan name BTP TECHNOLOGIES LLC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BTP TECHNOLOGIES LLC	<b>c</b> EIN-PN 45-1672173-001
<b>a</b>	Plan name JW LOGISTICS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor JW LOGISTICS LLC	<b>c</b> EIN-PN 45-2214807-001
<b>a</b>	Plan name INTELLIGRATED COMMUNICATIONS 401K PSP	
<b>b</b>	Name of plan sponsor INTELLIGRATED COMMUNICATIONS INC	<b>c</b> EIN-PN 45-2422188-001
<b>a</b>	Plan name CONSUMER 51 LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CONSUMER 51 LLC	<b>c</b> EIN-PN 45-2501771-001
<b>a</b>	Plan name SYNECT LLC 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor SYNECT LLC	<b>c</b> EIN-PN 45-2518367-001
<b>a</b>	Plan name STATCARE URGENT & WALK IN MEDICAL 401K PLAN	
<b>b</b>	Name of plan sponsor STATCARE URGENT & WALK IN MEDICAL CARE PLLC	<b>c</b> EIN-PN 45-2756491-001
<b>a</b>	Plan name BOISSEAU F&B LLC 401K PLAN	
<b>b</b>	Name of plan sponsor BOISSEAU F&B LLC	<b>c</b> EIN-PN 45-2818455-001
<b>a</b>	Plan name OMEGACOMP INC 401K PLAN	
<b>b</b>	Name of plan sponsor OMEGACOMP INC	<b>c</b> EIN-PN 45-2854307-001
<b>a</b>	Plan name AGT AND ASSOCIATES INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AGT AND ASSOCIATES INC	<b>c</b> EIN-PN 45-2858819-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name CROW RIVER DENTAL 401K & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CROW RIVER DENTAL	<b>c</b> EIN-PN 45-3019657-001
<b>a</b>	Plan name COUTURE TEE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor COUTURE TEE COMPANY	<b>c</b> EIN-PN 45-3815936-001
<b>a</b>	Plan name STEELBRIDGE VENTURES CONSULTING 401K P/S PLAN	
<b>b</b>	Name of plan sponsor STEELBRIDGE VENTURES CONSULTING LLC	<b>c</b> EIN-PN 45-4125594-001
<b>a</b>	Plan name PRAIRIE LANDWORKS INC 401K PLAN	
<b>b</b>	Name of plan sponsor PRAIRIE LANDWORKS INC	<b>c</b> EIN-PN 45-4357575-001
<b>a</b>	Plan name RS WAGNER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor RS WAGNER LLC	<b>c</b> EIN-PN 45-4414308-001
<b>a</b>	Plan name RIDDER CORP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RIDDER CORP	<b>c</b> EIN-PN 45-4649700-001
<b>a</b>	Plan name NPE CONSULTING 401K PLAN	
<b>b</b>	Name of plan sponsor NPE CONSULTING LLC	<b>c</b> EIN-PN 45-4867519-001
<b>a</b>	Plan name AVANT TECNO USA INC 401K PLAN	
<b>b</b>	Name of plan sponsor AVANT TECNO USAINC	<b>c</b> EIN-PN 45-5334621-001
<b>a</b>	Plan name COASTLINE FINANCIAL RESOURCES 401K PLAN	
<b>b</b>	Name of plan sponsor COASTLINE FINANCIAL RESOURCESLLC	<b>c</b> EIN-PN 45-5485291-001
<b>a</b>	Plan name RAY-MAC INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RAY-MAC INC	<b>c</b> EIN-PN 46-0320438-001
<b>a</b>	Plan name SHANNON CAPITAL INC 401K PLAN	
<b>b</b>	Name of plan sponsor SHANNON CAPITAL INC	<b>c</b> EIN-PN 46-0391539-001
<b>a</b>	Plan name GUTSHALL & KOHLE EYECARE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor GUTSHALL & KOHLE EYECARE LLC	<b>c</b> EIN-PN 46-0516831-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	TITAN MODULAR SPARTAN CARGO 401K PLAN
<b>b</b>	Name of plan sponsor	TITAN MODULAR SYSTEMS INC
<b>c</b>	EIN-PN	46-0843552-001
<b>a</b>	Plan name	CUSTOM DENTAL LLC 401K PLAN
<b>b</b>	Name of plan sponsor	CUSTOM DENTAL LLC
<b>c</b>	EIN-PN	46-0905644-001
<b>a</b>	Plan name	MY FUTURE PAYCHECK 401K PLAN
<b>b</b>	Name of plan sponsor	R & C WELDING FAB TRUCKING & SERVICES INC
<b>c</b>	EIN-PN	46-0936806-001
<b>a</b>	Plan name	VIRDEN DENTAL CARE LTD 401K PLAN
<b>b</b>	Name of plan sponsor	VIRDEN DENTAL CARE LTD
<b>c</b>	EIN-PN	46-1576791-005
<b>a</b>	Plan name	MACKIE CONSTRUCTION INC 401K PLAN
<b>b</b>	Name of plan sponsor	MACKIE CONSTRUCTION INC
<b>c</b>	EIN-PN	46-2025320-001
<b>a</b>	Plan name	WENZL COLLISION CENTER 401K PLAN
<b>b</b>	Name of plan sponsor	WENZL COLLISION CENTER
<b>c</b>	EIN-PN	46-2076899-001
<b>a</b>	Plan name	VERSEIO 401K RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	VERSEIO
<b>c</b>	EIN-PN	46-2220746-001
<b>a</b>	Plan name	TRINITY M LOVELESS MD PLLC 401K PLAN
<b>b</b>	Name of plan sponsor	TRINITY LOVELESS MD PLLC
<b>c</b>	EIN-PN	46-2331621-001
<b>a</b>	Plan name	SUNSAL DENTAL PLLC 401K PLAN AND TRUST
<b>b</b>	Name of plan sponsor	SUNSAL DENTAL PLLC
<b>c</b>	EIN-PN	46-2377443-001
<b>a</b>	Plan name	ELITE SCHOOL MANAGEMENT INC 401K PLAN
<b>b</b>	Name of plan sponsor	ELITE SCHOOL MANAGEMENT INC
<b>c</b>	EIN-PN	46-2542895-001
<b>a</b>	Plan name	MYERS ORTHODONTICS PLLC PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	MYERS ORTHODONTICS PLLC
<b>c</b>	EIN-PN	46-2612984-001
<b>a</b>	Plan name	ECC 401K PLAN
<b>b</b>	Name of plan sponsor	EPIC CONCRETE CONSTRUCTION INC
<b>c</b>	EIN-PN	46-2822813-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>KAY DEE COMPANY OF OMAHA 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>KAY DEE COMPANY LLC</b>	<b>c</b> EIN-PN <b>46-3029426-001</b>
<b>a</b>	Plan name <b>SPROUT CREATIVE 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SPROUT CREATIVE</b>	<b>c</b> EIN-PN <b>46-3063818-001</b>
<b>a</b>	Plan name <b>D8 ALUMINUM 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>D8 ALUMINUM LLC</b>	<b>c</b> EIN-PN <b>46-3318066-001</b>
<b>a</b>	Plan name <b>RENAL REDUX PLLC 401K PS PLAN &amp; TRUST</b>	
<b>b</b>	Name of plan sponsor <b>RENAL REDUX PLLC</b>	<b>c</b> EIN-PN <b>46-3319049-001</b>
<b>a</b>	Plan name <b>AJ CONSTRUCTION RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>AJ CONSTRUCTION &amp; REMODELING INC</b>	<b>c</b> EIN-PN <b>46-3345759-001</b>
<b>a</b>	Plan name <b>ENTHEOS AUDIOLOGY COOPERATIVE INC 401K PSP</b>	
<b>b</b>	Name of plan sponsor <b>ENTHEOS AUDIOLOGY COOPERATIVE INC</b>	<b>c</b> EIN-PN <b>46-4270647-002</b>
<b>a</b>	Plan name <b>ID CONSTRUCTION GROUP INC 401K PS</b>	
<b>b</b>	Name of plan sponsor <b>ID CONSTRUCTION GROUP INC</b>	<b>c</b> EIN-PN <b>46-4379533-001</b>
<b>a</b>	Plan name <b>JDH 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>JDH INC</b>	<b>c</b> EIN-PN <b>46-4619170-001</b>
<b>a</b>	Plan name <b>ISIS COMMERCIAL INTERIORS INC RETIREMENT PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ISIS COMMERCIAL INTERIORS INC</b>	<b>c</b> EIN-PN <b>46-4621261-001</b>
<b>a</b>	Plan name <b>CAMPBELL PROPERTIES 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CAMPBELL PROPERTIES PAYROLL LLC</b>	<b>c</b> EIN-PN <b>46-4677430-001</b>
<b>a</b>	Plan name <b>SHIPMAN CONSTRUCTION 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>SHIPMAN CONSTRUCTION LLC</b>	<b>c</b> EIN-PN <b>46-4697549-001</b>
<b>a</b>	Plan name <b>MEYER COMPANIES INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MEYER COMPANIES INC</b>	<b>c</b> EIN-PN <b>46-4954727-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TEST X LLC 401K PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TEST X LLC	<b>c</b> EIN-PN 46-5227141-001
<b>a</b>	Plan name	RITA RANCH AUTOMOTIVE & TIRE 401K PLAN	
<b>b</b>	Name of plan sponsor	RITA RANCH AUTOMOTIVE & TIRE	<b>c</b> EIN-PN 46-5662256-001
<b>a</b>	Plan name	CARHART LUMBER COMPANY 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CARHART LUMBER COMPANY	<b>c</b> EIN-PN 47-0119720-001
<b>a</b>	Plan name	THERMO KING CHRISTENSEN 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	THERMO KING CHRISTENSEN INC	<b>c</b> EIN-PN 47-0411741-001
<b>a</b>	Plan name	DUFFY BROTHERS CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	DUFFY BROTHERS CONSTRUCTION INC	<b>c</b> EIN-PN 47-0469948-002
<b>a</b>	Plan name	QUINN INSURANCE INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	QUINN INSURANCE INC	<b>c</b> EIN-PN 47-0484197-001
<b>a</b>	Plan name	WN MOREHOUSE TRUCK LINE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WN MOREHOUSE TRUCK LINE INC	<b>c</b> EIN-PN 47-0519808-002
<b>a</b>	Plan name	STANTON HEALTH CENTER 457B PLAN	
<b>b</b>	Name of plan sponsor	CITY OF STANTON NURSING HOME	<b>c</b> EIN-PN 47-0522636-001
<b>a</b>	Plan name	VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VALLEY CORPORATION	<b>c</b> EIN-PN 47-0543890-001
<b>a</b>	Plan name	BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BORSHEIM JEWELRY COMPANY INC	<b>c</b> EIN-PN 47-0546003-001
<b>a</b>	Plan name	ANDERSON INDUST ENGINE CO 401K	
<b>b</b>	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO INC	<b>c</b> EIN-PN 47-0557609-001
<b>a</b>	Plan name	DPA 401K PLAN	
<b>b</b>	Name of plan sponsor	DEL PETERSON AND ASSOCIATES	<b>c</b> EIN-PN 47-0558743-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name WOODHOUSE AUTO FAMILY 401K PLAN	
<b>b</b>	Name of plan sponsor WOODHOUSE FORD INC	<b>c</b> EIN-PN 47-0565206-001
<b>a</b>	Plan name PTS 401K PLAN	
<b>b</b>	Name of plan sponsor POOLES TRUCK SERVICE INC	<b>c</b> EIN-PN 47-0580932-001
<b>a</b>	Plan name TROTTER INC 401K PLAN	
<b>b</b>	Name of plan sponsor TROTTER INC	<b>c</b> EIN-PN 47-0580954-001
<b>a</b>	Plan name B A B INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BAB INC	<b>c</b> EIN-PN 47-0596241-001
<b>a</b>	Plan name MASPORT INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MASPORT INCORPORATED	<b>c</b> EIN-PN 47-0596383-001
<b>a</b>	Plan name CLARK CONSTRUCTION COMPANY INC 401K PLAN	
<b>b</b>	Name of plan sponsor CLARK CONSTRUCTION COMPANY	<b>c</b> EIN-PN 47-0623108-001
<b>a</b>	Plan name LEACH CAMPER SALES OF LINCOLN 401K PS PLAN	
<b>b</b>	Name of plan sponsor LEACH CAMPER SALES OF LINCOLN	<b>c</b> EIN-PN 47-0630886-001
<b>a</b>	Plan name SENTRY ELECTRIC INC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor SENTRY ELECTRIC INC	<b>c</b> EIN-PN 47-0638377-001
<b>a</b>	Plan name ELLIOT CONSTRUCTION 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ELLIOT CONSTRUCTION INC	<b>c</b> EIN-PN 47-0661421-001
<b>a</b>	Plan name THE AMBASSADOR HOLDING CO 401K PS PLAN	
<b>b</b>	Name of plan sponsor THE AMBASSADOR HOLDING COMPANY	<b>c</b> EIN-PN 47-0684278-001
<b>a</b>	Plan name AOI CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor AOI CORPORATION	<b>c</b> EIN-PN 47-0687965-001
<b>a</b>	Plan name LARSON MOTORS INC 401K PLAN	
<b>b</b>	Name of plan sponsor LARSON MOTORS INC	<b>c</b> EIN-PN 47-0690377-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	RYAN COLLISION CTR 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	RYAN COLLISION CENTER INC DBA ABRA AUTO
<b>c</b>	EIN-PN	47-0708055-001
<b>a</b>	Plan name	JOHN'S PLUMBING COMPANY INC 401K PLAN
<b>b</b>	Name of plan sponsor	JOHNS PLUMBING COMPANY INC
<b>c</b>	EIN-PN	47-0718632-001
<b>a</b>	Plan name	MARTINS COUNTER TOPS INC 401K PS PLAN
<b>b</b>	Name of plan sponsor	MARTINS COUNTER TOPS INC
<b>c</b>	EIN-PN	47-0735289-001
<b>a</b>	Plan name	MIRACLE WORKERS INC 401K PLAN
<b>b</b>	Name of plan sponsor	MIRACLE WORKERS INC DBA MIRACLE WORKERS
<b>c</b>	EIN-PN	47-0746812-001
<b>a</b>	Plan name	BRANDING INC 401K PLAN
<b>b</b>	Name of plan sponsor	BRANDING INC
<b>c</b>	EIN-PN	47-0791243-001
<b>a</b>	Plan name	CHATEAU DEVELOPMENT 401K PLAN
<b>b</b>	Name of plan sponsor	CHATEAU DEVELOPMENT LLC
<b>c</b>	EIN-PN	47-0797757-001
<b>a</b>	Plan name	LOGISTICS 365 401K PLAN
<b>b</b>	Name of plan sponsor	LOGISTICS 365
<b>c</b>	EIN-PN	47-0799641-001
<b>a</b>	Plan name	JANSSEN AUTO GROUP 401K PLAN
<b>b</b>	Name of plan sponsor	JANSSEN & SONS INC
<b>c</b>	EIN-PN	47-0808815-001
<b>a</b>	Plan name	HEARTLAND PERIODONTICS RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	HEARTLAND PERIODONTICS & IMPLANT DENTISTRY
<b>c</b>	EIN-PN	47-0812386-001
<b>a</b>	Plan name	MORRISSEY ENGINEERING INC 401K RETIREMENT
<b>b</b>	Name of plan sponsor	MORRISSEY ENGINEERING INC
<b>c</b>	EIN-PN	47-0818042-001
<b>a</b>	Plan name	PHI 401K SAVINGS PLAN
<b>b</b>	Name of plan sponsor	PARKER HOLDINGS INC
<b>c</b>	EIN-PN	47-0826779-001
<b>a</b>	Plan name	SELECT SPRAYERS 401K PLAN
<b>b</b>	Name of plan sponsor	SELECT SPRAYERS & EQUIPMENT LLC
<b>c</b>	EIN-PN	47-0828257-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	HUSKER AG LLC 401K PLAN
<b>b</b>	Name of plan sponsor	HUSKER AG LLC
<b>c</b>	EIN-PN	47-0836953-001
<b>a</b>	Plan name	JOHNSON HARDWARE COMPANY LLC PS PLAN
<b>b</b>	Name of plan sponsor	JOHNSON HARDWARE COMPANY LLC
<b>c</b>	EIN-PN	47-0845233-001
<b>a</b>	Plan name	SASE 401K PLAN
<b>b</b>	Name of plan sponsor	SETTJE AGRI-SERVICES & ENGINEERING INC
<b>c</b>	EIN-PN	47-0846158-001
<b>a</b>	Plan name	CREST 401K PLAN
<b>b</b>	Name of plan sponsor	CREST RETIREMENT ADVISORS LLC
<b>c</b>	EIN-PN	47-0984091-001
<b>a</b>	Plan name	KRAUTZBERGER NORTH AMERICA 401K PLAN
<b>b</b>	Name of plan sponsor	KRAUTZBERGER NORTH AMERICA INC
<b>c</b>	EIN-PN	47-1109952-001
<b>a</b>	Plan name	INNOVATIVE SLEEP CENTERS 401K PLAN
<b>b</b>	Name of plan sponsor	INNOVATIVE SLEEP CENTRES INC
<b>c</b>	EIN-PN	47-1276359-001
<b>a</b>	Plan name	WEST OLYMPIA VETERINARY HOSPIT 401K PLAN
<b>b</b>	Name of plan sponsor	WEST OLYMPIA VETERINARY HOSPIT
<b>c</b>	EIN-PN	47-1544884-001
<b>a</b>	Plan name	EYES OF EAST SACRAMENTO 401K PLAN
<b>b</b>	Name of plan sponsor	BELMONTE & ESPIRITUPROFESSIONAL OPTOMETRIC
<b>c</b>	EIN-PN	47-1547560-001
<b>a</b>	Plan name	DUPURE 401K PLAN
<b>b</b>	Name of plan sponsor	BALANCE ENERGY LLC
<b>c</b>	EIN-PN	47-1815789-002
<b>a</b>	Plan name	JASON MECHANICAL INC 401K PLAN
<b>b</b>	Name of plan sponsor	JASON MECHANICAL INC
<b>c</b>	EIN-PN	47-2013596-001
<b>a</b>	Plan name	WHITEHOUSE FAMILY DENTAL 401K PLAN
<b>b</b>	Name of plan sponsor	SHUMATE DENTAL GROUP
<b>c</b>	EIN-PN	47-2154086-001
<b>a</b>	Plan name	WHITE'S ENERGY SERVICES LLC 401K PLAN
<b>b</b>	Name of plan sponsor	WHITES ENERGY SERVICES LLC
<b>c</b>	EIN-PN	47-2326344-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	DUSSIAS WITTENBERG KOENIGSBERGER 401K PLAN
<b>b</b>	Name of plan sponsor	DUSSIAS WITTENBERG KOENIGSBERGER LLP
<b>c</b>	EIN-PN	47-2346637-001
<b>a</b>	Plan name	MCCULLERS SPORTS GROUP 401K PS PLAN
<b>b</b>	Name of plan sponsor	MCCULLERS SPORTS GROUP LLC
<b>c</b>	EIN-PN	47-2358691-001
<b>a</b>	Plan name	AMERICAN MOVERS 401K PLAN
<b>b</b>	Name of plan sponsor	AMERICAN MOVERS
<b>c</b>	EIN-PN	47-2688546-001
<b>a</b>	Plan name	FAIRMOUNT FAMILY DENTIST LLC 401K PLAN
<b>b</b>	Name of plan sponsor	FAIRMOUNT FAMILY DENTIST LLC
<b>c</b>	EIN-PN	47-3724838-001
<b>a</b>	Plan name	ALEXGIAN INC & AFFILIATED RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	ALEXGIAN INC
<b>c</b>	EIN-PN	47-3754429-001
<b>a</b>	Plan name	K & P CONSTRUCTION SERVICES 401K PLAN
<b>b</b>	Name of plan sponsor	K & P COMMERCIAL CONTRACTORS LLC DBA K & P
<b>c</b>	EIN-PN	47-3957289-001
<b>a</b>	Plan name	POOYAN NASIBI DDS INC 401K PROFIT SHARING
<b>b</b>	Name of plan sponsor	POOYAN NASIBI DDS INC
<b>c</b>	EIN-PN	47-4345076-001
<b>a</b>	Plan name	CONTOUR LANDSCAPE 401K PLAN
<b>b</b>	Name of plan sponsor	CONTOUR LANDSCAPE
<b>c</b>	EIN-PN	47-4649821-001
<b>a</b>	Plan name	L2 CONSTRUCTION MANAGEMENT CORP 401K PLAN
<b>b</b>	Name of plan sponsor	L2 CONSTRUCTION MANAGEMENT CORPORATION
<b>c</b>	EIN-PN	47-4910431-001
<b>a</b>	Plan name	RA ELECTRIC 401K PLAN
<b>b</b>	Name of plan sponsor	RA CUSTOMS LLC
<b>c</b>	EIN-PN	47-4961162-001
<b>a</b>	Plan name	AAA AUTO GLASS RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	AAA AUTO GLASS INC
<b>c</b>	EIN-PN	47-5053179-001
<b>a</b>	Plan name	CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN
<b>b</b>	Name of plan sponsor	CARLOS LOPEZ & ASSOCIATES LLC
<b>c</b>	EIN-PN	47-5275587-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TOPEKA COUNTRY CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor	TOPEKA COUNTRY CLUB	<b>c</b> EIN-PN 48-0451300-002
<b>a</b>	Plan name	GUARANTEED FOODS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GUARANTEED FOODS INC	<b>c</b> EIN-PN 48-0637416-001
<b>a</b>	Plan name	MEMORIAL HOME INC 401K RSP	
<b>b</b>	Name of plan sponsor	MEMORIAL HOME INC	<b>c</b> EIN-PN 48-0643239-001
<b>a</b>	Plan name	SEK GENETICS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SEK GENETICS INC	<b>c</b> EIN-PN 48-1162192-001
<b>a</b>	Plan name	WILDCAT FEEDS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WILDCAT FEEDS LLC	<b>c</b> EIN-PN 48-1247947-001
<b>a</b>	Plan name	INNOVATIVE TOOLING SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE TOOLING SOLUTIONS INC	<b>c</b> EIN-PN 48-1265558-001
<b>a</b>	Plan name	EAST LOS ANGELES WOMENS CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	EAST LOS ANGELES WOMENS CENTER	<b>c</b> EIN-PN 51-0204577-001
<b>a</b>	Plan name	JONES MOBILITY 401K PLAN	
<b>b</b>	Name of plan sponsor	JONES ADAPTIVE MOBILITY	<b>c</b> EIN-PN 51-0676212-001
<b>a</b>	Plan name	MITCH AND BILL'S INC 401K RATE GROUP PS PLAN	
<b>b</b>	Name of plan sponsor	MITCH AND BILLS INC	<b>c</b> EIN-PN 52-0577701-001
<b>a</b>	Plan name	NTT ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	NTT ASSOCIATES INC	<b>c</b> EIN-PN 52-1111045-001
<b>a</b>	Plan name	MODERN DOOR & EQUIPMENT SALES INC401K PSP	
<b>b</b>	Name of plan sponsor	MODERN DOOR & EQUIPMENT SALES INC	<b>c</b> EIN-PN 52-1382311-001
<b>a</b>	Plan name	FREDERICK GYMNASTICS CLUB INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	FREDERICK GYMNASTICS CLUB INC	<b>c</b> EIN-PN 52-1518254-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ZAMORAS AUTO BODY INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ZAMORAS AUTO BODY INC	<b>c</b> EIN-PN 52-1816215-001
<b>a</b>	Plan name	APPLEMILL INC DBA MAIDBRIGADE 401K PLAN	
<b>b</b>	Name of plan sponsor	APPLEMILL INC DBA MAIDBRIGADE	<b>c</b> EIN-PN 52-1881628-001
<b>a</b>	Plan name	PHOENIX IDA 457B RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE	<b>c</b> EIN-PN 52-2038405-001
<b>a</b>	Plan name	B&D AUTO PARTS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	B&D AUTO PARTS INC	<b>c</b> EIN-PN 52-2124827-001
<b>a</b>	Plan name	JD ALLMAN INC 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JD ALLMAN INC	<b>c</b> EIN-PN 52-2380800-001
<b>a</b>	Plan name	JACK ST CLAIR INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	JACK ST CLAIR INC	<b>c</b> EIN-PN 54-0803901-001
<b>a</b>	Plan name	PRODUCTION II 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRODUCTION II INC	<b>c</b> EIN-PN 54-0890858-001
<b>a</b>	Plan name	LAW FIRM 401K PLAN	
<b>b</b>	Name of plan sponsor	JESSEE READ HOWARDPC	<b>c</b> EIN-PN 54-1374049-001
<b>a</b>	Plan name	RAFALY ELECTRIC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RAFALY ELECTRICAL CONTRACTORS INC	<b>c</b> EIN-PN 54-1527095-001
<b>a</b>	Plan name	STUDEBAKER SUBMETERING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	STUDEBAKER SUBMETERING INC	<b>c</b> EIN-PN 54-1963792-001
<b>a</b>	Plan name	SCI AUTOMATION INC 401K PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SCI AUTOMATION INC	<b>c</b> EIN-PN 54-2150828-001
<b>a</b>	Plan name	SAFE 401K PLAN	
<b>b</b>	Name of plan sponsor	STOP ABUSIVE FAMILY ENVIRONMENTS INC	<b>c</b> EIN-PN 55-0647494-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CUSTOM LIGHT & SOUND INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM LIGHT & SOUND INC	<b>c</b> EIN-PN 56-1176591-001
<b>a</b>	Plan name	LUPOLI REAL ESTATE & CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	LUPOLI REAL ESTATE AND CONSTRUCTION CO INC	<b>c</b> EIN-PN 56-1568808-001
<b>a</b>	Plan name	WINDSOR INVESTMENTS 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WINDSOR INVESTMENTS LLC	<b>c</b> EIN-PN 56-2230286-001
<b>a</b>	Plan name	THE TIMMERMAN SCHOOL EMPLOYEES PS PLAN	
<b>b</b>	Name of plan sponsor	THE TIMMERMAN SCHOOL INC	<b>c</b> EIN-PN 57-0483452-001
<b>a</b>	Plan name	THOMPSON HANCOCK WITTE & ASSOC 401K PSP & TRU	
<b>b</b>	Name of plan sponsor	THOMPSON HANCOCK WITTE & ASSOC	<b>c</b> EIN-PN 58-1108140-001
<b>a</b>	Plan name	ALL SOUTH WAREHOUSE D/C INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL SOUTH WAREHOUSE D/C INC	<b>c</b> EIN-PN 58-1380373-002
<b>a</b>	Plan name	ELITE STRUCTURES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ELITE STRUCTURES INC	<b>c</b> EIN-PN 58-1901587-001
<b>a</b>	Plan name	DEHART AND HILL ELECTRIC INC 401K PLAN	
<b>b</b>	Name of plan sponsor	DEHART AND HILL ELECTRIC INC	<b>c</b> EIN-PN 58-2672068-001
<b>a</b>	Plan name	SPACE COAST MASSAGE THERAPY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SPACE COAST MASSAGE THERAPY INC	<b>c</b> EIN-PN 59-3246661-001
<b>a</b>	Plan name	CHEMICAL SYSTEMS OF ORLANDO 401K PS PL & TR	
<b>b</b>	Name of plan sponsor	CHEMICAL SYSTEMS OF ORLANDO	<b>c</b> EIN-PN 59-3532805-001
<b>a</b>	Plan name	RF WORKS CORPORATION 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	RF WORKS CORPORATION	<b>c</b> EIN-PN 59-3542123-001
<b>a</b>	Plan name	COOPER REAL ESTATE HOLDINGS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	COOPER REAL ESTATE HOLDINGS LLC	<b>c</b> EIN-PN 61-1727151-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MASTERMOVER INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MASTERMOVER INC	<b>c</b> EIN-PN 61-1851356-001
<b>a</b>	Plan name	PORTER ROOFING CONTRACTORS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PORTER ROOFING CONTRACTORS INC	<b>c</b> EIN-PN 62-1037198-001
<b>a</b>	Plan name	RIO HOT INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RIO HOT INC	<b>c</b> EIN-PN 62-1463157-001
<b>a</b>	Plan name	SCD INFORMATION TECHNOLOGY LLC 401K PSP	
<b>b</b>	Name of plan sponsor	SCD INFORMATION TECHNOLOGY LLC	<b>c</b> EIN-PN 62-2007898-001
<b>a</b>	Plan name	MOBILE PIPE & WELDING 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MOBILE PIPE & WELDING INC	<b>c</b> EIN-PN 63-0863324-001
<b>a</b>	Plan name	TRANSPREMIER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TRANSPREMIER LLC	<b>c</b> EIN-PN 65-1024796-001
<b>a</b>	Plan name	OX CREATIVE 401K PLAN	
<b>b</b>	Name of plan sponsor	J OXFORD STUDIO INC DBA OX CREATIVE	<b>c</b> EIN-PN 65-1267270-001
<b>a</b>	Plan name	ILLUMITEX INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	ILLUMITEX INC	<b>c</b> EIN-PN 65-1299327-001
<b>a</b>	Plan name	ANAYA CONSTRUCTION PREVAILING WAGE 401K PLAN	
<b>b</b>	Name of plan sponsor	JESUS ANAYA SOLE PROP DBA ANAYA CONSTRUCTI	<b>c</b> EIN-PN 68-0411731-001
<b>a</b>	Plan name	ELECTRO MOTOR 401K PLAN	
<b>b</b>	Name of plan sponsor	ELECTRO MOTOR INC	<b>c</b> EIN-PN 68-0501075-001
<b>a</b>	Plan name	THE HONEST KITCHEN 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HONEST KITCHENINC	<b>c</b> EIN-PN 68-0513034-001
<b>a</b>	Plan name	STONE CONCEPTS INC EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STONE CONCEPTS INC	<b>c</b> EIN-PN 68-0540299-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DELTA MANUFACTURING 401K PLAN	
<b>b</b>	Name of plan sponsor	DELTA MANUFACTURING INC	<b>c</b> EIN-PN 71-0446656-001
<b>a</b>	Plan name	ACCESS CONTROL DEVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACCESS CONTROL DEVICES INC	<b>c</b> EIN-PN 71-0756645-001
<b>a</b>	Plan name	PETROTECHNOLOGIES INC 401K & PSP	
<b>b</b>	Name of plan sponsor	PETROTECHNOLOGIES INC	<b>c</b> EIN-PN 72-1337844-002
<b>a</b>	Plan name	THE FIRST BANK OF THOMAS 401K PLAN	
<b>b</b>	Name of plan sponsor	THE FIRST BANK OF THOMAS	<b>c</b> EIN-PN 73-0479743-001
<b>a</b>	Plan name	TRIAD ENERGY INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRIAD ENERGY INC	<b>c</b> EIN-PN 73-1115516-001
<b>a</b>	Plan name	BJ OILFIELD CONSTRUCTION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BJ OILFIELD CONSTRUCTION INC	<b>c</b> EIN-PN 73-1213144-002
<b>a</b>	Plan name	RESONANCE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RESONANCE INC	<b>c</b> EIN-PN 73-1396354-001
<b>a</b>	Plan name	EASTSIDE TAG AGENCY 401K PLAN	
<b>b</b>	Name of plan sponsor	EASTSIDE TAG AGENCY	<b>c</b> EIN-PN 73-1492379-001
<b>a</b>	Plan name	DRAELOS METABOLIC 401K PLAN	
<b>b</b>	Name of plan sponsor	MATHEW T DRAELOS MD PC	<b>c</b> EIN-PN 73-1512735-002
<b>a</b>	Plan name	THE BANK OF SAN JACINTO COUNTY 401K PLAN	
<b>b</b>	Name of plan sponsor	THE BANK OF SAN JACINTO COUNTY	<b>c</b> EIN-PN 74-1472817-001
<b>a</b>	Plan name	SCI 401K PLAN	
<b>b</b>	Name of plan sponsor	SABLE CONSTRUCTION INC	<b>c</b> EIN-PN 74-2477572-001
<b>a</b>	Plan name	ITI SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ITI SOLUTIONS INC	<b>c</b> EIN-PN 74-3013771-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JEROME O CARTER MD PLLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEROME O CARTER MD PLLC	<b>c</b> EIN-PN 74-3166511-001
<b>a</b>	Plan name	BROTHERS MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	BROTHERS MANAGEMENT INC	<b>c</b> EIN-PN 75-1843785-001
<b>a</b>	Plan name	PAJ 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAJ INC	<b>c</b> EIN-PN 75-2257448-001
<b>a</b>	Plan name	SFS SECURITY FIRE SYSTEMS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SFS SECURITY FIRE SYSTEMS INC	<b>c</b> EIN-PN 75-2523646-001
<b>a</b>	Plan name	SHELTON-KELLER 401K PLAN	
<b>b</b>	Name of plan sponsor	SHELTON-KELLER GROUP INC	<b>c</b> EIN-PN 75-2617657-001
<b>a</b>	Plan name	CHARLIE UNIFORM TANGO 401K PLAN	
<b>b</b>	Name of plan sponsor	CHARLIEUNIFORMTANGO LP	<b>c</b> EIN-PN 75-2621546-001
<b>a</b>	Plan name	5 TATE INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	5 TATE INC	<b>c</b> EIN-PN 75-2702367-001
<b>a</b>	Plan name	LANDMARK ALLIANCE CORPORATION 401K PLAN	
<b>b</b>	Name of plan sponsor	LANDMARK ALLIANCE CORPORATION	<b>c</b> EIN-PN 75-2720707-001
<b>a</b>	Plan name	ACUITY HOLDING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACUITY HOLDING INC	<b>c</b> EIN-PN 75-2952148-001
<b>a</b>	Plan name	BARRETT CARTAGE SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor	BARRETT CARTAGE SYSTEMS INC	<b>c</b> EIN-PN 76-0345673-001
<b>a</b>	Plan name	WM SHIRLEY 401K PLAN	
<b>b</b>	Name of plan sponsor	KAINON CONSULTING INC	<b>c</b> EIN-PN 76-0564806-001
<b>a</b>	Plan name	ISTHMUS 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ISTHMUS ENGINEERING INC	<b>c</b> EIN-PN 76-0717206-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name REMAX RESULTS 401K PLAN	
<b>b</b>	Name of plan sponsor RITTER ENTERPRISES INC DBA REMAX RESULTS	<b>c</b> EIN-PN 76-0728949-001
<b>a</b>	Plan name DELRAY TIRE & RETREADING INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor DELRAY TIRE & RETREADING INC	<b>c</b> EIN-PN 77-0334475-001
<b>a</b>	Plan name STRAUSS & STRAUSS 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor STRAUSS & STRAUSS A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 77-0432516-002
<b>a</b>	Plan name B & B FOREIGN CAR CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor B & B FOREIGN CAR CENTER	<b>c</b> EIN-PN 77-0448605-001
<b>a</b>	Plan name PALACE ENTERTAINMENT 401K PLAN	
<b>b</b>	Name of plan sponsor FESTIVAL FUN PARKS LLC	<b>c</b> EIN-PN 77-0486724-001
<b>a</b>	Plan name CUSTOM AG FORMULATORS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CUSTOM AGRICULTURAL FORMULATORS INC	<b>c</b> EIN-PN 77-0536417-001
<b>a</b>	Plan name CAMILLE G CASH MD PA 401K PLAN	
<b>b</b>	Name of plan sponsor CAMILLE G CASH MD PA	<b>c</b> EIN-PN 77-0591252-001
<b>a</b>	Plan name SOUTHWINDS INSPECTION CORP 401K PLAN	
<b>b</b>	Name of plan sponsor SOUTHWINDS INSPECTION CORP	<b>c</b> EIN-PN 80-0011552-001
<b>a</b>	Plan name XTREME SOLUTIONS INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor XTREME SOLUTIONS INC	<b>c</b> EIN-PN 80-0037246-002
<b>a</b>	Plan name SURELIFT CRANE AND RIGGING CORP 401K PLAN	
<b>b</b>	Name of plan sponsor SURELIFT CRANE AND RIGGING CORP	<b>c</b> EIN-PN 80-0244476-001
<b>a</b>	Plan name TEACHSTONE 401K PLAN	
<b>b</b>	Name of plan sponsor TEACHSTONE TRAINING LLC	<b>c</b> EIN-PN 80-0560774-001
<b>a</b>	Plan name I & E SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor I & E SOLUTIONS LLC	<b>c</b> EIN-PN 80-0646172-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">G &amp; M WELL DRILLING INC 40K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">G &amp; M WELL DRILLING INC</a>	<b>c</b> EIN-PN <a href="#">81-0928327-001</a>
<b>a</b>	Plan name <a href="#">WILLIAMS FAMILY CONSULTING INDIVIDUAL 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">WILLIAMS FAMILY CONSULTING LLC</a>	<b>c</b> EIN-PN <a href="#">81-0966628-001</a>
<b>a</b>	Plan name <a href="#">TADEOS MEXICAN RESTAURANT INC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TADEOS MEXICA RESTAURANT INC</a>	<b>c</b> EIN-PN <a href="#">81-1235799-001</a>
<b>a</b>	Plan name <a href="#">ELLIE SEWING RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ELLIE SEWING INC</a>	<b>c</b> EIN-PN <a href="#">81-1243919-001</a>
<b>a</b>	Plan name <a href="#">EAGLE ENVIRONMENTAL CONSULTANTS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EAGLE ENVIRONMENTAL CONSULTANTS LLC</a>	<b>c</b> EIN-PN <a href="#">81-1814611-001</a>
<b>a</b>	Plan name <a href="#">RL THERAPY GROUP 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RL SPEECH THERAPY APC</a>	<b>c</b> EIN-PN <a href="#">81-3572975-001</a>
<b>a</b>	Plan name <a href="#">MIRTECH HARVEST CENTER INC 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">MIRTECH HARVEST CENTER INC</a>	<b>c</b> EIN-PN <a href="#">81-3901960-001</a>
<b>a</b>	Plan name <a href="#">LICAP TECHNOLOGIES INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LICAP TECHNOLOGIES INC</a>	<b>c</b> EIN-PN <a href="#">81-3947789-001</a>
<b>a</b>	Plan name <a href="#">EZ HOME EXTERIORS 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MURPHY BURNS INC DBA EZ HOME EXTERIORS INC</a>	<b>c</b> EIN-PN <a href="#">81-4576032-001</a>
<b>a</b>	Plan name <a href="#">EBRAHIMIAN LAW FIRM RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EBRAHIMIAN LAW FIRM APC</a>	<b>c</b> EIN-PN <a href="#">81-5277821-001</a>
<b>a</b>	Plan name <a href="#">FRIENDLY NEIGHBOR HEALTHCARE LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FRIENDLY NEIGHBOR HEALTHCARE LLC</a>	<b>c</b> EIN-PN <a href="#">81-5392328-001</a>
<b>a</b>	Plan name <a href="#">TAYLOR TRUCKING INC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TAYLOR TRUCKING INC</a>	<b>c</b> EIN-PN <a href="#">82-0370689-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BCA CONSULTING 401K PLAN	
<b>b</b>	Name of plan sponsor	BROWN CONSULTING ASSOCIATES INC	<b>c</b> EIN-PN 82-0527616-001
<b>a</b>	Plan name	VISITING ANGELS 401K PLAN	
<b>b</b>	Name of plan sponsor	ST JULES LLC	<b>c</b> EIN-PN 82-1019530-001
<b>a</b>	Plan name	NOCO ROOFING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	NOCO ROOFING LLC	<b>c</b> EIN-PN 82-1547727-001
<b>a</b>	Plan name	GEOKEY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GEOKEY INC	<b>c</b> EIN-PN 82-1837352-001
<b>a</b>	Plan name	LANE PIPELINE CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	LANE PIPELINE CONSTRUCTION	<b>c</b> EIN-PN 82-1843849-001
<b>a</b>	Plan name	FIREBRAND SERVICES GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	FIREBRAND SERVICES GROUP	<b>c</b> EIN-PN 82-1938190-001
<b>a</b>	Plan name	SNF RECEIVABLE SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SNF RECEIVABLE SOLUTIONS LLC	<b>c</b> EIN-PN 82-2061310-001
<b>a</b>	Plan name	ORIGIN ENGINEERING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ORIGIN ENGINEERING LLC	<b>c</b> EIN-PN 82-2330299-001
<b>a</b>	Plan name	PARDO FLEET SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	PARDO FLEET SOLUTIONS LLC	<b>c</b> EIN-PN 82-2366819-001
<b>a</b>	Plan name	PROFESSIONAL REGISTERED SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	PROFESSIONAL REGISTERED SERVICES LLC	<b>c</b> EIN-PN 82-2395814-001
<b>a</b>	Plan name	CARRIAGE HOUSE 401K PLAN	
<b>b</b>	Name of plan sponsor	RESURRECTION HOT RODS INC DBA CARRIAGE HOUS	<b>c</b> EIN-PN 82-2438950-001
<b>a</b>	Plan name	NEW LEGEND INC 401K PLAN	
<b>b</b>	Name of plan sponsor	NEW LEGEND INC DBA LEGEND TRANSPORTATION	<b>c</b> EIN-PN 82-2521606-001

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

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

<b>a</b> Plan name	BLANCHARD AE GROUP LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BLANCHARD AE GROUP LLC	<b>c</b> EIN-PN 82-3326989-001
<b>a</b> Plan name	AMHEART SOLUTIONS 401K PLAN	
<b>b</b> Name of plan sponsor	AMHEART SOLUTIONS	<b>c</b> EIN-PN 82-3383312-001
<b>a</b> Plan name	NEDIA FINANCIAL FUTURE PLAN	
<b>b</b> Name of plan sponsor	NEDIA GROUP LLC DBA FANTASIA SALON AND HAIR	<b>c</b> EIN-PN 82-3386047-001
<b>a</b> Plan name	PHOENIX STAINLESS 401K PLAN	
<b>b</b> Name of plan sponsor	PHOENIX STAINLESS LLC	<b>c</b> EIN-PN 82-3895308-001
<b>a</b> Plan name	JOHN T KORTUS	
<b>b</b> Name of plan sponsor	JOHN T KORTUS	<b>c</b> EIN-PN 82-4702634-001
<b>a</b> Plan name	HEARTLAND VETERINARY CENTER 401K PLAN	
<b>b</b> Name of plan sponsor	HEARTLAND VETERINARY CENTER LLC	<b>c</b> EIN-PN 82-4960734-001
<b>a</b> Plan name	FULLBAY INC 401K PLAN	
<b>b</b> Name of plan sponsor	FULLBAY INC	<b>c</b> EIN-PN 82-5370543-001
<b>a</b> Plan name	CREATIVE CHILD CARE 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CREATIVE CHILD CARE LEARNING CENTER LLC	<b>c</b> EIN-PN 83-0721382-001
<b>a</b> Plan name	WILDFIREMANAGEMENT 401K PLAN	
<b>b</b> Name of plan sponsor	WILDFIRE MANAGEMENT	<b>c</b> EIN-PN 83-1544817-001
<b>a</b> Plan name	VETERAN CLAIMS PAID 401K PLAN	
<b>b</b> Name of plan sponsor	VETERAN CLAIMS PAID LLC	<b>c</b> EIN-PN 83-1662039-001
<b>a</b> Plan name	CONVERGE MEDICAL TECHNOLOGY 401K PLAN	
<b>b</b> Name of plan sponsor	CONVERGE MEDICAL TECHNOLOGY LLC	<b>c</b> EIN-PN 83-1809918-001
<b>a</b> Plan name	CORN FED CONCRETE SOLUTIONS LLC 401K PLAN	
<b>b</b> Name of plan sponsor	CORN FED CONCRETE SOLUTIONS LLC	<b>c</b> EIN-PN 83-2966465-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">W INTERNATIONAL 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">W INTERNATIONAL SC LLC</a>	<b>c</b> EIN-PN <a href="#">83-2995647-001</a>
<b>a</b>	Plan name <a href="#">COMPLEX HEALTHCARE SOLUTIONS RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">COMPLEX HEALTHCARE SOLUTIONS LLC</a>	<b>c</b> EIN-PN <a href="#">83-3356744-001</a>
<b>a</b>	Plan name <a href="#">INTEGRATED HVAC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">INTEGRATED HVAC LLC</a>	<b>c</b> EIN-PN <a href="#">83-3855573-001</a>
<b>a</b>	Plan name <a href="#">ARCSTAR ELECTRIC LLC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARCSTAR ELECTRIC LLC</a>	<b>c</b> EIN-PN <a href="#">83-4467357-001</a>
<b>a</b>	Plan name <a href="#">R V WORLD 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">RV WORLD RECREATION VEHICLE CENTRE LLC</a>	<b>c</b> EIN-PN <a href="#">83-4486585-001</a>
<b>a</b>	Plan name <a href="#">DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP 401K</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP</a>	<b>c</b> EIN-PN <a href="#">84-0783694-001</a>
<b>a</b>	Plan name <a href="#">NATIONWIDE EQUIPMENT CONTROL INC PS PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">NATIONWIDE EQUIPMENT CONTROL INC</a>	<b>c</b> EIN-PN <a href="#">84-0993887-001</a>
<b>a</b>	Plan name <a href="#">ROY JACKSON ELECTRIC INC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ROY JACKSON ELECTRIC INC</a>	<b>c</b> EIN-PN <a href="#">84-1103569-001</a>
<b>a</b>	Plan name <a href="#">ARGUS OF COLORADO 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARGUS OF COLORADO DBA ARGUS HOME HEALTH</a>	<b>c</b> EIN-PN <a href="#">84-1163767-001</a>
<b>a</b>	Plan name <a href="#">RAPPORT INC 401K PLAN &amp; TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">RAPPORT INC</a>	<b>c</b> EIN-PN <a href="#">84-1262279-001</a>
<b>a</b>	Plan name <a href="#">THE AHBE GROUP 401K PLAN AND TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE AHBE GROUP INC</a>	<b>c</b> EIN-PN <a href="#">84-1326860-002</a>
<b>a</b>	Plan name <a href="#">ACCESSDX 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">ARANSCIA LLC</a>	<b>c</b> EIN-PN <a href="#">84-2725709-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RED OAK MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	QUERCIA ROSSA INC	<b>c</b> EIN-PN 84-2872871-001
<b>a</b>	Plan name	WINGTAT CARGO USA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WINGTAT CARGO USA INC	<b>c</b> EIN-PN 84-2902301-001
<b>a</b>	Plan name	KEITH FAMILY MEDICINE 401K PLAN	
<b>b</b>	Name of plan sponsor	NABIL KEITH MD LLC	<b>c</b> EIN-PN 84-3205895-001
<b>a</b>	Plan name	MINCHIN BUICK GMC TRUCK 401K PLAN	
<b>b</b>	Name of plan sponsor	MINCHIN OF STAMFORD LLC	<b>c</b> EIN-PN 84-3535051-001
<b>a</b>	Plan name	F5 401K PLAN	
<b>b</b>	Name of plan sponsor	F5 MORTGAGE LLC	<b>c</b> EIN-PN 84-3621967-001
<b>a</b>	Plan name	THOMPSON LAW PLLC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON LAW PLLC	<b>c</b> EIN-PN 84-3997217-001
<b>a</b>	Plan name	PARKSIDE FS 401K PLAN	
<b>b</b>	Name of plan sponsor	PARKSIDE FIRE & SECURITY INC	<b>c</b> EIN-PN 84-4018913-001
<b>a</b>	Plan name	CLIMATROL AIR DMM 401K PLAN	
<b>b</b>	Name of plan sponsor	CLIMATROL AIR LLC	<b>c</b> EIN-PN 84-4498149-001
<b>a</b>	Plan name	ACORN TO OAK INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACORN TO OAK INC	<b>c</b> EIN-PN 85-1112575-001
<b>a</b>	Plan name	FIND YOUR BALANCE CTR FOR GRWTH & CHANGE 401K	
<b>b</b>	Name of plan sponsor	FIND YOUR BALANCE THERAPY CENTER	<b>c</b> EIN-PN 85-1594780-001
<b>a</b>	Plan name	SIDEKICK OPERATORS 401K PLAN	
<b>b</b>	Name of plan sponsor	SIDEKICK OPERATORS	<b>c</b> EIN-PN 85-1766814-001
<b>a</b>	Plan name	ANIMAL HOSPITAL OF PATASKALA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ANIMAL HOSPITAL OF PATASKALA LLC	<b>c</b> EIN-PN 85-2741145-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TFD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TWIETMEYER FAMILY DENTISTRY LLC	<b>c</b> EIN-PN 85-3282857-001
<b>a</b>	Plan name	FISHER INSURANCE GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	FISHER INSURANCE GROUP LLC	<b>c</b> EIN-PN 85-3619481-001
<b>a</b>	Plan name	UAI 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED APPAREL INDUSTRIES	<b>c</b> EIN-PN 85-3926972-001
<b>a</b>	Plan name	DRIGGERS CONSTRUCTION 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	DRIGGERS CONSTRUCTION OF MIDDLE GA LLC	<b>c</b> EIN-PN 85-4071720-001
<b>a</b>	Plan name	MKFRN 401K PLAN	
<b>b</b>	Name of plan sponsor	MKFRN LLC	<b>c</b> EIN-PN 85-4149812-001
<b>a</b>	Plan name	THE COCOPAH INDIAN TRIBE 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	COCOPAH INDIAN TRIBE	<b>c</b> EIN-PN 86-0255690-002
<b>a</b>	Plan name	TMM FAMILY SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TMM FAMILY SERVICES INC	<b>c</b> EIN-PN 86-0379677-001
<b>a</b>	Plan name	CHRIS'S CUSTOM CABINETS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CHRISS CUSTOM CABINETS INC	<b>c</b> EIN-PN 86-0394651-001
<b>a</b>	Plan name	ENGINEERING & ENVIRONMENTAL CONSULTANTS 401K	
<b>b</b>	Name of plan sponsor	ENGINEERING & ENVIRONMENTAL CONSULTANTS	<b>c</b> EIN-PN 86-0579251-001
<b>a</b>	Plan name	LOW MOUNTAIN CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	LOW MOUNTAIN CONSTRUCTION INC	<b>c</b> EIN-PN 86-0705725-001
<b>a</b>	Plan name	DALMOLIN EXCAVATING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	DALMOLIN EXCAVATING INC	<b>c</b> EIN-PN 86-0782533-001
<b>a</b>	Plan name	1ST BANK YUMA 401K PLAN	
<b>b</b>	Name of plan sponsor	1ST BANK YUMA INC	<b>c</b> EIN-PN 86-0968262-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GEN-MARK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEMCO-REMARK SALES LLC	<b>c</b> EIN-PN 86-1168002-001
<b>a</b>	Plan name	LEWIS OUTPATIENT PT SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	LEWIS OUTPATIENT PHYSICAL THERAPY SERVICES	<b>c</b> EIN-PN 86-1430789-001
<b>a</b>	Plan name	4OWONK 401K PLAN	
<b>b</b>	Name of plan sponsor	DATAWORLD AI LLC	<b>c</b> EIN-PN 86-1991506-001
<b>a</b>	Plan name	VIRGINIA PLASTIC SURGERY PLLC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	VIRGINIA PLASTIC SURGERY PLLC	<b>c</b> EIN-PN 86-2181229-001
<b>a</b>	Plan name	ONE WORLD GEOSOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ONE WORLD GEOSOLUTIONS INC	<b>c</b> EIN-PN 86-2754317-001
<b>a</b>	Plan name	BERRYHILL & MITCHELL PC 401K PLAN	
<b>b</b>	Name of plan sponsor	BERRYHILL & MITCHELL PC	<b>c</b> EIN-PN 86-2778890-001
<b>a</b>	Plan name	RIVERSIDE COOLING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RIVERSIDE COOLING LLC	<b>c</b> EIN-PN 86-3986986-001
<b>a</b>	Plan name	MOUNTAIN UTAH FAMILY MEDICINE 401K PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN UTAH FAMILY MEDICINE	<b>c</b> EIN-PN 87-0509414-001
<b>a</b>	Plan name	ALTA ALLOYS 401K PLAN	
<b>b</b>	Name of plan sponsor	ALTA ALLOYS	<b>c</b> EIN-PN 87-1031781-001
<b>a</b>	Plan name	ALEXANDER BASTIDAS INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	ALEXANDER BASTIDAS MD PLLC	<b>c</b> EIN-PN 87-1490270-001
<b>a</b>	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
<b>b</b>	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	<b>c</b> EIN-PN 87-2964267-001
<b>a</b>	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-2	
<b>b</b>	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	<b>c</b> EIN-PN 87-2964267-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name ADVANCE INSTALLATIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor ADVANCE INSTALLATIONS INC	<b>c</b> EIN-PN 88-0150572-001
<b>a</b>	Plan name CAT HOSPITAL OF TUCSON 401K PLAN	
<b>b</b>	Name of plan sponsor JOHNSTON VETERINARY CARE LLC	<b>c</b> EIN-PN 88-0783762-001
<b>a</b>	Plan name BLU ROOFING INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor BLU ROOFING LLC	<b>c</b> EIN-PN 88-1138816-001
<b>a</b>	Plan name NORTHSTARONE INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor NORTHSTARONE LLC	<b>c</b> EIN-PN 88-2120109-001
<b>a</b>	Plan name GREENLIGHT GROUP INC 401K PLAN	
<b>b</b>	Name of plan sponsor GREENLIGHT GROUP INC	<b>c</b> EIN-PN 88-2579435-001
<b>a</b>	Plan name VOGUE NAIL SPA INC 401K PLAN	
<b>b</b>	Name of plan sponsor VOGUE NAIL SPA INC	<b>c</b> EIN-PN 88-3569381-001
<b>a</b>	Plan name WALKER PLUMBING SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor WALKER PLUMBING SERVICES INC	<b>c</b> EIN-PN 90-0041887-001
<b>a</b>	Plan name DEENY CONSTRUCTION COMPANY 401K PSP	
<b>b</b>	Name of plan sponsor DEENY CONSTRUCTION COMPANY	<b>c</b> EIN-PN 91-0790331-001
<b>a</b>	Plan name PARADIGM FINANCIAL CORP	
<b>b</b>	Name of plan sponsor PARADIGM FINANCIAL CORP	<b>c</b> EIN-PN 91-1442042-002
<b>a</b>	Plan name S & S MASONRY INC 401K PLAN	
<b>b</b>	Name of plan sponsor S & S MASONRY INC	<b>c</b> EIN-PN 91-1747784-001
<b>a</b>	Plan name MECA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor METROPOLITAN ENTERTAINMENT & CONVENTION	<b>c</b> EIN-PN 91-1846837-001
<b>a</b>	Plan name TNT POWER WASH INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TNT POWER WASH INC	<b>c</b> EIN-PN 92-0184358-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	JOHN DUBOIS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	JOHN DUBOIS	<b>c</b> EIN-PN 92-1193373-001
<b>a</b>	Plan name	JB STEEL 401K PLAN	
<b>b</b>	Name of plan sponsor	JB STEEL LLC	<b>c</b> EIN-PN 93-0581861-006
<b>a</b>	Plan name	MARK HEUETT GENERAL CONTRACTOR INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MARK HEUETT GENERAL CONTRACTOR INC	<b>c</b> EIN-PN 93-1319951-002
<b>a</b>	Plan name	SANDHILLS RENEWABLE ENERGY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SANDHILLS RENEWABLE ENERGY LLC	<b>c</b> EIN-PN 93-2382958-001
<b>a</b>	Plan name	SOUTHFORK ANIMAL HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTHFORK VETERINARY HOSPITAL PLLC	<b>c</b> EIN-PN 93-3895288-001
<b>a</b>	Plan name	SAF-T-CAB INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SAF-T-CAB INC	<b>c</b> EIN-PN 94-1666151-002
<b>a</b>	Plan name	FRESNO DENTAL PROFESSIONALS 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	FRESNO DENTAL PROFESSIONALS	<b>c</b> EIN-PN 94-2371801-002
<b>a</b>	Plan name	MY LIFE FOUNDATION INC 401K PSP	
<b>b</b>	Name of plan sponsor	MY LIFE FOUNDATION INC	<b>c</b> EIN-PN 94-3347107-001
<b>a</b>	Plan name	COVINA IRRIGATING COMPANY RETIREMENT TRUST PL	
<b>b</b>	Name of plan sponsor	COVINA IRRIGATING COMPANY	<b>c</b> EIN-PN 95-1186705-002
<b>a</b>	Plan name	ALPERT & ALPERT IRON & METAL INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	<b>c</b> EIN-PN 95-1860560-001
<b>a</b>	Plan name	HOSPITAL SYSTEMS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	HOSPITAL SYSTEMS INC	<b>c</b> EIN-PN 95-1976576-001
<b>a</b>	Plan name	TELL STEEL INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TELL STEEL INC	<b>c</b> EIN-PN 95-2013977-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TELL STEEL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TELL STEEL INC	<b>c</b> EIN-PN 95-2013977-005
<b>a</b>	Plan name	VISTA METALS CORP 401K & PS PLAN	
<b>b</b>	Name of plan sponsor	VISTA METALS CORP	<b>c</b> EIN-PN 95-2139701-001
<b>a</b>	Plan name	VISTA METALS CORP UNION 401K PLAN	
<b>b</b>	Name of plan sponsor	VISTA METALS CORPORATION	<b>c</b> EIN-PN 95-2139701-005
<b>a</b>	Plan name	MAGNISON & MOEN INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MAGNISON & MOEN INC	<b>c</b> EIN-PN 95-2644487-001
<b>a</b>	Plan name	UNITED DIESEL SERVICE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED DIESEL SERVICE INC	<b>c</b> EIN-PN 95-2668961-001
<b>a</b>	Plan name	STANG INDUSTRIAL PRODUCTS PS 401K PLAN	
<b>b</b>	Name of plan sponsor	STANG INDUSTRIES INC	<b>c</b> EIN-PN 95-2677607-001
<b>a</b>	Plan name	TOKUYAMA AND HANSEN 401K PLAN	
<b>b</b>	Name of plan sponsor	JY TOKUYAMA DDS AND LE HANSEN DDS	<b>c</b> EIN-PN 95-2787703-001
<b>a</b>	Plan name	WISE & HEALTHY AGING 401K PLAN	
<b>b</b>	Name of plan sponsor	WISE & HEALTHY AGING	<b>c</b> EIN-PN 95-2788014-002
<b>a</b>	Plan name	SEVEN LAKES HOA 401K PLAN	
<b>b</b>	Name of plan sponsor	SEVEN LAKES HOMEOWNERS ASSN INC DBA SEVEN	<b>c</b> EIN-PN 95-2814425-001
<b>a</b>	Plan name	PACIFIC INDUSTRIAL ELECTRIC PSP	
<b>b</b>	Name of plan sponsor	PACIFIC INTL ELECTRIC CO INC DBA PIE	<b>c</b> EIN-PN 95-2870436-001
<b>a</b>	Plan name	REPUBLIC FENCE 401K PLAN	
<b>b</b>	Name of plan sponsor	REPUBLIC FENCE CO INC	<b>c</b> EIN-PN 95-3300909-001
<b>a</b>	Plan name	SCRS - IL 401K PS PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN CALIFORNIA REHAB SERVICES INC	<b>c</b> EIN-PN 95-3411383-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	PALM DESERT RESORTER ASSOCIATION 401K PLAN
<b>b</b>	Name of plan sponsor	PALM DESERT RESORTER ASSOCIATION
<b>c</b>	EIN-PN	95-3531263-001
<b>a</b>	Plan name	NUFFER SMITH TUCKER INC 401K PLAN
<b>b</b>	Name of plan sponsor	NUFFER SMITH TUCKER INC
<b>c</b>	EIN-PN	95-3639651-001
<b>a</b>	Plan name	TORRANCE ORTHOPAEDIC SPORTS MEDICINE GRP 401K
<b>b</b>	Name of plan sponsor	TORRANCE ORTHOPAEDIC & SPORTS MEDICINE GROUP
<b>c</b>	EIN-PN	95-3791747-001
<b>a</b>	Plan name	TPPM 401K PLAN
<b>b</b>	Name of plan sponsor	TORREY PINES PROPERTY MANAGEMENT INC
<b>c</b>	EIN-PN	95-3802727-001
<b>a</b>	Plan name	STATEWIDE PEST CONTROL CO 401K PSP & TRUST
<b>b</b>	Name of plan sponsor	STATEWIDE PEST CONTROL CO INC
<b>c</b>	EIN-PN	95-3974674-001
<b>a</b>	Plan name	LOAN AMERICA INC 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	LOAN AMERICA INC
<b>c</b>	EIN-PN	95-4658269-001
<b>a</b>	Plan name	SOLIZE USA CORPORATION 401K PLAN
<b>b</b>	Name of plan sponsor	SOLIZE USA CORPORATION
<b>c</b>	EIN-PN	95-4880869-001
<b>a</b>	Plan name	GLOBAL COMMUNICATION GROUP INC 401K PLAN
<b>b</b>	Name of plan sponsor	GLOBAL COMMUNICATION GROUP INC
<b>c</b>	EIN-PN	95-4890079-001
<b>a</b>	Plan name	FIA RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	DJRJ CORP DBA FAMILY INSURANCE AGENCY
<b>c</b>	EIN-PN	98-0092966-001
<b>a</b>	Plan name	OHIOSE 401K PLAN
<b>b</b>	Name of plan sponsor	OHIO SE INC
<b>c</b>	EIN-PN	99-2245989-001
<b>a</b>	Plan name	UNITED OF OMAHA FOR VARIOUS RET PLANS
<b>b</b>	Name of plan sponsor	UNITED OF OMAHA
<b>c</b>	EIN-PN	43-1795138-001
<b>a</b>	Plan name	
<b>b</b>	Name of plan sponsor	
<b>c</b>	EIN-PN	

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>STATE STREET RETIREMENT RIGHT IN 2040</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>233</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HAND BENEFITS &amp; TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>74-2008758</b>

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

	(a) Beginning of Year	(b) End of Year
<b>Assets</b>		
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	42816
		123022
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2143739
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	2499049
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	102786994
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	90245848
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	104973549	92867919
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	23679	115436
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	23679	115436
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	104949870	92752483

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	87568	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		87568
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	31467586	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	25411650	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		6055936
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	6284067	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		6284067

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		12427571

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	67091	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		67091
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		67091

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		12360480
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		25901874
(2) From this plan .....	<b>2l(2)</b>		50459741

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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