

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold;">2024</p> <hr/> <p style="font-weight: bold;">This Form is Open to Public Inspection</p>
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Part I Annual Report Identification Information
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here. ▶

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2045</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>234</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAND BENEFITS & TRUST COMPANY</u></p> <p><u>820 GESSNER ROAD</u> <u>SUITE 1250</u> <u>HOUSTON, TX 77024</u></p>	<p>1c Effective date of plan <u>02/01/2022</u></p> <p>2b Employer Identification Number (EIN) <u>74-2008758</u></p> <p>2c Plan Sponsor's telephone number <u>713-460-1000</u></p> <p>2d Business code (see instructions)</p>

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

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

A Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2045</u>	B Three-digit plan number (PN) ▶	<u>234</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>74-2008758</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BRITTANY VANBUSKIRK DDS PLLS 401K PLAN	
b	Name of plan sponsor	BRITTANY VANBUSKIRK DDS PLLS	c EIN-PN 85-0919458-001
a	Plan name	CANYON DEL ORO BIBLE CHURCH 401K PLAN	
b	Name of plan sponsor	CANYON DEL ORO BIBLE CHURCH	c EIN-PN 86-0367606-001
a	Plan name	CHILD FAMILY SOLUTIONS CENTER 401K PLAN	
b	Name of plan sponsor	CHILD FAMILY SOLUTIONS CENTER	c EIN-PN 80-0981648-001
a	Plan name	CHINA INTEROCEAN TRANSPORT INC RETIREMENT PLAN	
b	Name of plan sponsor	CHINA INTEROCEAN TRANSPORT INC	c EIN-PN 13-3051933-001
a	Plan name	COMPANION LIFE INSURANCE CO OMNIBUS	
b	Name of plan sponsor	COMPANION LIFE INSURANCE CO	c EIN-PN 13-1595128-001
a	Plan name	CORONA SURGICAL LLC 401K PROFIT S	
b	Name of plan sponsor	CORONA SURGICAL LLC S	c EIN-PN 90-0722404-001
a	Plan name	COUNSELING CHOICES SOLO 401K	
b	Name of plan sponsor	COUNSELING CHOICES SOLO	c EIN-PN 82-2915198-001
a	Plan name	DB DESIGN CENTER 401K	
b	Name of plan sponsor	DB DESIGN CENTER	c EIN-PN 81-5205178-001
a	Plan name	ELHAM JAFARIMOJARRAD MD3 INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ELHAM JAFARIMOJARRAD MD3 INC	c EIN-PN 81-4873977-002
a	Plan name	ENCINO MEDICAL PHARMACY INC 401K	
b	Name of plan sponsor	ENCINO MEDICAL PHARMACY INC	c EIN-PN 82-2967284-001
a	Plan name	GENERAL WELDING COMPANY 401K PLAN	
b	Name of plan sponsor	GENERAL WELDING COMPANY	c EIN-PN 52-1905733-001
a	Plan name	GREENSQUARE CONSULTING INC INDIVIDUAL K PLAN	
b	Name of plan sponsor	GREENSQUARE CONSULTING INC INDIVIDUAL	c EIN-PN 46-4417170-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	NIECE EQUIPMENT LP 401K PS PLAN & TRUST	
b	Name of plan sponsor	NIECE EQUIPMENT LP	c EIN-PN 02-0613117-001
a	Plan name	CREEK ENTERPRISE 401K PLAN	
b	Name of plan sponsor	CREEK ENTERPRISE INC	c EIN-PN 02-0685190-001
a	Plan name	SAMM TAGUE 401K PLAN	
b	Name of plan sponsor	SAMM TAGUE	c EIN-PN 02-0757012-001
a	Plan name	OVAAA & AFFILIATED COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	OVAAA INC	c EIN-PN 03-0374222-001
a	Plan name	SERVICES BY DESIGN DBA CARING SOLUTIONS 401K	
b	Name of plan sponsor	SERVICES BY DESIGN DBA CARING SOLUTIONS	c EIN-PN 03-0374478-001
a	Plan name	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 457B	
b	Name of plan sponsor	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT	c EIN-PN 03-0418895-001
a	Plan name	RAPIDIT INC 401K PLAN	
b	Name of plan sponsor	RAPIDIT INC	c EIN-PN 03-0529614-001
a	Plan name	ROBERTSON'S GMC TRUCKINC 401K PLAN	
b	Name of plan sponsor	ROBERTSONS GMC TRUCK INC	c EIN-PN 04-2871748-001
a	Plan name	CASA NUEVA VIDA INC 401K PSP	
b	Name of plan sponsor	CASA NUEVA VIDA INC	c EIN-PN 04-3012063-002
a	Plan name	JC DESMARAIS & ASSOCIATES INC/IRRIGATION	
b	Name of plan sponsor	JC DESMARAIS AND ASSOCIATES INC	c EIN-PN 04-3056097-001
a	Plan name	NEW ENGLAND DISCOUNT RETAILERS INC 401K PSP	
b	Name of plan sponsor	NEW ENGLAND DISCOUNT RETAILERS INC	c EIN-PN 04-3490470-001
a	Plan name	VALBRUNA SLATER STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA SLATER STAINLESS INC	c EIN-PN 04-3784903-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COPPER CREEK DENTISTRY 401K PLAN	
b	Name of plan sponsor	STEPHANIE KENDRICK DDS PLLC	c EIN-PN 05-0573046-001
a	Plan name	GOMEZ ART SUPPLY 401K PLAN	
b	Name of plan sponsor	GOMEZ ART SUPPLY	c EIN-PN 05-0574561-001
a	Plan name	INWOOD VILLAGE PEDIATRICS 401K PS PLAN	
b	Name of plan sponsor	KH&D INWOOD VILLAGE PEDIATRICS PLLC	c EIN-PN 05-0622563-001
a	Plan name	VALBRUNA STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA STAINLESS INC	c EIN-PN 06-1379799-001
a	Plan name	OXFORD NURSING HOME 401K RETIREMENT PLAN	
b	Name of plan sponsor	OXFORD NURSING HOME INC	c EIN-PN 11-3157922-001
a	Plan name	COGEN CORPORATION 401K PLAN	
b	Name of plan sponsor	COGEN CORPORATION	c EIN-PN 11-3328826-001
a	Plan name	ADMIRAL INSURANCE BROKERAGE CORP 401K PSP	
b	Name of plan sponsor	ADMIRAL INSURANCE BROKERAGE CORP	c EIN-PN 11-3347136-001
a	Plan name	RIED INTERNATIONAL CORP 401K PS PLAN	
b	Name of plan sponsor	RIED INTERNATIONAL CORP	c EIN-PN 11-3388374-001
a	Plan name	THE HOMELESS ALLIANCE 401K PLAN	
b	Name of plan sponsor	THE HOMELESS ALLIANCE INC	c EIN-PN 11-3718005-001
a	Plan name	DUTCHMAN TREE FARM 401K PLAN	
b	Name of plan sponsor	DUTCHMAN TREE FARMS LLC	c EIN-PN 11-3772653-001
a	Plan name	CONTINENTAL LIGHTING CORP 401K PS PLAN	
b	Name of plan sponsor	CONTINENTAL LIGHTING CORP	c EIN-PN 13-3522727-001
a	Plan name	DCC 401K PLAN	
b	Name of plan sponsor	DURAN CUTTING CORP	c EIN-PN 13-3688747-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	MEP AMERICA INC EMPLOYEES SAVINGS PLAN
b	Name of plan sponsor	MEP AMERICA INC
c	EIN-PN	13-3994242-001
a	Plan name	GAM LAW 401K PLAN
b	Name of plan sponsor	MAG LAW OFFICES PC
c	EIN-PN	13-4306677-001
a	Plan name	NORTHEAST MACHINE & MOTOR SUPPLY INC 401K
b	Name of plan sponsor	NORTHEAST MACHINE & MOTOR SUPPLY INC
c	EIN-PN	16-1118105-001
a	Plan name	ANDYS PRODUCE CO INC 401K PLAN
b	Name of plan sponsor	ANDYS PRODUCE CO INC
c	EIN-PN	16-1347881-003
a	Plan name	CONVERGENCECOACHING LLC 401K PLAN
b	Name of plan sponsor	CONVERGENCECOACHING LLC
c	EIN-PN	16-1590309-001
a	Plan name	GREEN GLEN EQUINE HOSPITAL 401K PLAN
b	Name of plan sponsor	GREEN GLEN EQUINE HOSPITAL
c	EIN-PN	16-1621635-001
a	Plan name	TRI-REP SALES 401K PLAN
b	Name of plan sponsor	TRI-REP SALES INC
c	EIN-PN	20-0280914-001
a	Plan name	PREDICTIVE TECHNOLOGY INC 401K PROFIT SHARING
b	Name of plan sponsor	PREDICTIVE TECHNOLOGY INC
c	EIN-PN	20-0325167-001
a	Plan name	HOME TITLE CONNECT LLC 401K PROFIT SHARING
b	Name of plan sponsor	HOME TITLE CONNECT LLC
c	EIN-PN	20-0346889-001
a	Plan name	REGINA-ANDREW DESIGN 401K PLAN
b	Name of plan sponsor	REGINA-ANDREW DESIGN INC
c	EIN-PN	20-0740554-001
a	Plan name	CENTER FOR TRUE HARMONY WELLNESS 401K PLAN
b	Name of plan sponsor	THE CENTER FOR TRUE HARMONY WELLNESS AND MED
c	EIN-PN	20-0775994-001
a	Plan name	HADLEY'S TOWING LLC
b	Name of plan sponsor	HADLEYS TOWING LLC
c	EIN-PN	20-1050422-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BAYSIDE MECHANICAL INC 401K PLAN	
b	Name of plan sponsor BAYSIDE MECHANICAL INC	c EIN-PN 20-1083341-001
a	Plan name TOTAL SECURITY SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor TOTAL SECURITY SOLUTIONS INC	c EIN-PN 20-1159014-001
a	Plan name 5D MINING 401K PLAN	
b	Name of plan sponsor 5D MINING & CONSTRUCTION INC	c EIN-PN 20-1211201-001
a	Plan name GROUND ZERO SHELTERS CO INC 401K PLAN	
b	Name of plan sponsor GROUND ZERO SHELTERS CO INC	c EIN-PN 20-1437041-001
a	Plan name GREG KRENEK MD PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GREG KRENEK MD PA	c EIN-PN 20-1646894-001
a	Plan name KNH INSURANCE 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor KNH INSURANCE SERVICES INC	c EIN-PN 20-1647273-001
a	Plan name CES USA 401K PLAN	
b	Name of plan sponsor CES USA	c EIN-PN 20-1706442-001
a	Plan name DIGIT-ALL 401K PLAN	
b	Name of plan sponsor DIGIT-ALL TECHNOLOGIES INC	c EIN-PN 20-1746777-001
a	Plan name MEDALLION FINANCIAL STRATEGIES INC 401K PLAN	
b	Name of plan sponsor MEDALLION FINANCIAL STRATEGIES INC	c EIN-PN 20-1909760-001
a	Plan name PREMIER PARTNERS 401K PLAN	
b	Name of plan sponsor PREMIER PARTNERS REALTY INC	c EIN-PN 20-2048430-002
a	Plan name FOODLINKS INC 401K PLAN	
b	Name of plan sponsor FOODLINKS INC	c EIN-PN 20-2096414-001
a	Plan name ENVIRONMENTAL TEST SYSTEMS INC 401K PLAN	
b	Name of plan sponsor ENVIRONMENTAL TEST SYSTEMS INC	c EIN-PN 20-2152949-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HENDERSON EYE CENTER 401K PLAN	
b	Name of plan sponsor	HENDERSON & POSEGATE EYE CENTER PC	c EIN-PN 20-2247391-001
a	Plan name	TOTAL SITE SERVICES INC 401K PLAN	
b	Name of plan sponsor	TOTAL SITE SERVICES INC	c EIN-PN 20-2756205-001
a	Plan name	ABC SEAMLESS 401K PLAN	
b	Name of plan sponsor	ABC METRO INC	c EIN-PN 20-2807880-001
a	Plan name	SOCAL PHYSICAL THERAPY INC 401K PLAN	
b	Name of plan sponsor	SOCAL PHYSICAL THERAPY INC	c EIN-PN 20-2812783-001
a	Plan name	LAKOTA CORP 401K PLAN	
b	Name of plan sponsor	LAKOTA CORP	c EIN-PN 20-2970922-001
a	Plan name	ELITE FIRE SERVICES INC 401K PLAN	
b	Name of plan sponsor	ELITE FIRE SERVICES INC	c EIN-PN 20-3314177-001
a	Plan name	SOUTH CENTRAL SEALING LLC 401K PLAN	
b	Name of plan sponsor	SOUTH CENTRAL SEALING LLC	c EIN-PN 20-3982191-001
a	Plan name	JPLUS ARCHITECTS 401K PLAN	
b	Name of plan sponsor	JPLUS ARCHITECTS INC	c EIN-PN 20-4056566-001
a	Plan name	VFI RETIREMENT PLAN	
b	Name of plan sponsor	VIRTUAL FABRICATION INTERNATIONAL DBA VFI MA	c EIN-PN 20-4345786-001
a	Plan name	MANAGEDWAY COMPANY 401K PLAN	
b	Name of plan sponsor	MANAGEDWAY COMPANY	c EIN-PN 20-4408287-001
a	Plan name	NATIONAL HOLDINGS INC 401K PSP & TRUST	
b	Name of plan sponsor	NATIONAL HOLDINGS INC	c EIN-PN 20-4440347-001
a	Plan name	CALIFORNIA WINDOW & SOLAR 401K	
b	Name of plan sponsor	CALIFORNIA GLASS & WINDOW CORP	c EIN-PN 20-4537258-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	DIVERSE ACQUISITION COMPANY 401K PLAN	
b	Name of plan sponsor	DIVERSE ACQUISITION COMPANY INC	c EIN-PN 20-4707578-001
a	Plan name	SOUTHERNWOOD RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHERNWOOD FRAMING LLC	c EIN-PN 20-5159686-001
a	Plan name	KILLIAN AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor	KILLIAN AUTOMOTIVE	c EIN-PN 20-5227343-001
a	Plan name	PRATTS PROFESSIONAL CHIMNEY SERVICE 401K PLAN	
b	Name of plan sponsor	PRATTS PROFESSIONAL CHIMNEY SERVICE	c EIN-PN 20-5258840-001
a	Plan name	ARAPAHOE OILFIELD SERVICES 401K PLAN	
b	Name of plan sponsor	ARAPAHOE OILFIELD SERVICES LLC	c EIN-PN 20-5439087-001
a	Plan name	360 PROJECT MANAGEMENT 401K PS PLAN	
b	Name of plan sponsor	360 PROJECT MANAGEMENT	c EIN-PN 20-5589904-001
a	Plan name	CROFT 401K PLAN	
b	Name of plan sponsor	CROFT PRODUCTION SYSTEMS INC	c EIN-PN 20-5650231-001
a	Plan name	SEMINGSON ARCHITECTS INC 401K PLAN	
b	Name of plan sponsor	SEMINGSTON ARCHITECTS INC	c EIN-PN 20-5981770-001
a	Plan name	FRAZIER PEST CONTROL INC 401K PROFIT SHAR	
b	Name of plan sponsor	FRAZIER PEST CONTROL INC	c EIN-PN 20-8099736-001
a	Plan name	TENNESSEE EQUINE HOSPITAL 401K PLAN	
b	Name of plan sponsor	TENNESSEE EQUINE HOSPITAL	c EIN-PN 20-8123097-001
a	Plan name	CVD CARE LLC 401K PS PLAN	
b	Name of plan sponsor	CANYON VISTA DENTAL CARE	c EIN-PN 20-8167378-001
a	Plan name	GOLD LAW PA RETIREMENT PLAN	
b	Name of plan sponsor	GOLD LAW PA	c EIN-PN 20-8280309-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name <u>RETAIL SHIPPING PARTNERS 401K PLAN</u>	
b	Name of plan sponsor <u>RETAIL SHIPPING PARTNERS INC</u>	c EIN-PN <u>20-8451041-001</u>
a	Plan name <u>HEALTHSOURCE INC 401K RETIREMENT PLAN</u>	
b	Name of plan sponsor <u>HEALTHSOURCE INTEGRATED SOLUTIONS INC</u>	c EIN-PN <u>20-8498601-003</u>
a	Plan name <u>BRIER CREEK PEDIATRIC DENTISTRY 401K PLAN</u>	
b	Name of plan sponsor <u>CHRISTI M DAVIS DDS PA</u>	c EIN-PN <u>20-8742190-001</u>
a	Plan name <u>TRI CITY HEATING AND AIR CONDITIONING 401K PL</u>	
b	Name of plan sponsor <u>TRI-CITY HEATING AND AIR CONDITIONING INC</u>	c EIN-PN <u>20-8903507-001</u>
a	Plan name <u>SAINT DOMINIC ACADEMY 401K PLAN</u>	
b	Name of plan sponsor <u>SAINT DOMINIC ACADEMY</u>	c EIN-PN <u>22-1597129-001</u>
a	Plan name <u>ELLIOTT-MCELWEE INC 401K PROFIT SHARING</u>	
b	Name of plan sponsor <u>ELLIOTT-MCELWEE INC</u>	c EIN-PN <u>22-2357668-001</u>
a	Plan name <u>RK CHEVROLET INC 401K PLAN</u>	
b	Name of plan sponsor <u>RK CHEVROLET INC</u>	c EIN-PN <u>22-2398337-001</u>
a	Plan name <u>LK AUTO D/B/A TOYOTA OF VINELAND 401K PLAN</u>	
b	Name of plan sponsor <u>LK AUTO SALES INC DBA TOYOTA OF VINELAND</u>	c EIN-PN <u>22-3083829-001</u>
a	Plan name <u>FIFTH AVENUE ICE CREAM OF NEVADA INC 401K PLA</u>	
b	Name of plan sponsor <u>FIFTH AVENUE ICE CREAM OF NEVADA INC</u>	c EIN-PN <u>22-3228763-001</u>
a	Plan name <u>SERVICEONE 401K PLAN</u>	
b	Name of plan sponsor <u>JC ACQUISITIONS INC&SUBSIDIARIES</u>	c EIN-PN <u>22-3888799-001</u>
a	Plan name <u>KAHRS INTERNATIONAL INC 401K PS PLAN</u>	
b	Name of plan sponsor <u>KAHRS INTERNATIONAL INC</u>	c EIN-PN <u>23-2417661-001</u>
a	Plan name <u>RAY PRICE MOTORS 401K PLAN</u>	
b	Name of plan sponsor <u>RAY PRICE MOTORS</u>	c EIN-PN <u>23-2635237-001</u>

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	KTI LTD 401K PLAN	
b Name of plan sponsor	KTI LTD	c EIN-PN 23-2820510-001
a Plan name	OSMOND GENERAL HOSPITAL 401K PLAN	
b Name of plan sponsor	OSMOND GENERAL HOSPITAL	c EIN-PN 23-7161473-001
a Plan name	MILLER TRANSFER & RIGGING CO 401K PS PLAN	
b Name of plan sponsor	MILLER TRANSFER & RIGGING COMPANY	c EIN-PN 25-1189978-001
a Plan name	ARMSTRONG INDIANA BDHP PENSION PLAN	
b Name of plan sponsor	ARMSTRONG-INDIANA BEHAVIORAL AND DEVELOPMENT	c EIN-PN 25-1199680-001
a Plan name	ALPHA HOUSE INC 401K PLAN	
b Name of plan sponsor	ALPHA HOUSE INC	c EIN-PN 25-1231807-001
a Plan name	ERIE FOOD CO-OP 401K PLAN	
b Name of plan sponsor	WHOLE FOODS COOPERATIVE	c EIN-PN 25-1401503-001
a Plan name	THE ELECTRIC COMPANY INC 401K PLAN	
b Name of plan sponsor	THE ELECTRIC COMPANY INC	c EIN-PN 25-1714107-001
a Plan name	CONNOLLY STEELE & COMPANY P C 401K PLAN	
b Name of plan sponsor	CONNOLLY STEELE & COMPANY PC	c EIN-PN 25-1767399-001
a Plan name	INFO-MATRIX CORPORATION RETIREMENT PLAN	
b Name of plan sponsor	INFO-MATRIX CORPORATION	c EIN-PN 25-1788570-001
a Plan name	BENTZ LAW FIRM PC 401K PSP	
b Name of plan sponsor	BENTZ LAW FIRM PC	c EIN-PN 25-1878892-001
a Plan name	MOHLER DESIGN 401K PLAN	
b Name of plan sponsor	MOHLER DESIGN LLC	c EIN-PN 26-0498953-001
a Plan name	MDB SERVICES 401K	
b Name of plan sponsor	TV GUY ORLANDO LLC - DBA MDB SERVICES	c EIN-PN 26-0513045-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MITEC SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	MITEC SOLUTIONS INC	c EIN-PN 26-0590889-001
a	Plan name	SEITEC 401K WEALTH PLAN	
b	Name of plan sponsor	AGRIHORIZON INC	c EIN-PN 26-0659633-001
a	Plan name	TREATMENT CENTER 401K PLAN	
b	Name of plan sponsor	SOUTHERN PLAINS TREATMENT SERVICES	c EIN-PN 26-1219848-001
a	Plan name	VEZTEK USA INDIVIDUAL K PLAN	
b	Name of plan sponsor	SANI AND ASSOCIATES DBA VEZTEK USA	c EIN-PN 26-1542211-001
a	Plan name	MANDUKA LLC RETIREMENT PLAN	
b	Name of plan sponsor	MANDUKA LLC	c EIN-PN 26-1648490-001
a	Plan name	QUIK TEK MACHINING 401K PLAN	
b	Name of plan sponsor	QUIK TEK MACHINING LLC	c EIN-PN 26-1912212-001
a	Plan name	COMMUNITY PHARMACY SERVICES INC 401K PLAN	
b	Name of plan sponsor	COMMUNITY PHARMACY SERVICES INC	c EIN-PN 26-2122849-001
a	Plan name	EDGE SERVICES 401K PLAN	
b	Name of plan sponsor	EDGE SERVICES INC	c EIN-PN 26-2464207-001
a	Plan name	TEXAS TITLE COMPANY 401K PLAN	
b	Name of plan sponsor	TEXAS TITLE COMPANY	c EIN-PN 26-2717873-001
a	Plan name	THE BALE LAW FIRM PLLC 401K PLAN	
b	Name of plan sponsor	THE BALE LAW FIRM PLLC	c EIN-PN 26-2863287-002
a	Plan name	BLUE WATER CREDIT LLC 401K PLAN	
b	Name of plan sponsor	BLUE WATER CREDIT LLC	c EIN-PN 26-2934487-001
a	Plan name	PRECISION DRYWALL 401K PLAN	
b	Name of plan sponsor	PRECISION DRYWALL INC	c EIN-PN 26-3171157-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	FAST TRACK URGENT CARE RETIREMENT PLAN	
b	Name of plan sponsor	CRESCENT URGENT HEALTHCARE SERVICES LLC	c EIN-PN 26-3661532-001
a	Plan name	AIM HIGH PROCEEDS 401K PLAN	
b	Name of plan sponsor	AIM HIGH PROCEEDS INC	c EIN-PN 26-3699741-001
a	Plan name	F STREET DEV GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor	F STREET DEVELOPMENT GROUP LLC	c EIN-PN 26-3977115-001
a	Plan name	MIDWEST MECHANICAL INDUSTRIAL SERVICES 401K	
b	Name of plan sponsor	MIDWEST MECHANICAL INDUSTRIAL SERVICES LLC	c EIN-PN 26-4031281-001
a	Plan name	BRADLEY R GILMER DDS 401K PLAN	
b	Name of plan sponsor	BRADLEY R GILMER DDS LLC	c EIN-PN 26-4037356-001
a	Plan name	PACHIS & ASSOCIATES 401K PLAN	
b	Name of plan sponsor	PACHIS & ASSOCIATES INC	c EIN-PN 26-4213389-001
a	Plan name	ZEEL INC INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	ZEEL INC	c EIN-PN 26-4464388-001
a	Plan name	510 ARCHITECTS 401K PLAN	
b	Name of plan sponsor	510 ARCHITECTS LLC	c EIN-PN 26-4719898-001
a	Plan name	ESTATE & BUSINESS LAW GROUP PC 401K PLAN	
b	Name of plan sponsor	ESTATE & BUSINESS LAW GROUP PC	c EIN-PN 27-0110962-001
a	Plan name	STILLWATER PROVISIONS 401K PLAN	
b	Name of plan sponsor	STILLWATER PROVISIONS	c EIN-PN 27-0235099-001
a	Plan name	PARKERS 401K PLAN	
b	Name of plan sponsor	BALLARD BUILDING RESTAURANT CO	c EIN-PN 27-0265416-001
a	Plan name	WINJET AUTOMOTIVE INC 401K PLAN	
b	Name of plan sponsor	WINJET AUTOMOTIVE INC	c EIN-PN 27-0437448-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	HOT PURPLE ENERGY 401K
b	Name of plan sponsor	HOT PURPLE INC
c	EIN-PN	27-0475938-001
a	Plan name	BYRUM COMPANIES 401K PLAN
b	Name of plan sponsor	BYRUM BUILDERS
c	EIN-PN	27-0508150-001
a	Plan name	AGILE TRANSFORMATION INC RETIREMENT PLAN
b	Name of plan sponsor	AGILE TRANSFORMATION INC
c	EIN-PN	27-0528434-001
a	Plan name	PEARLWIND 401K PLAN
b	Name of plan sponsor	PEARLWIND LLC
c	EIN-PN	27-0627611-001
a	Plan name	ACHIEVEMENT REHABILITATION THR 401K PSP TRUST
b	Name of plan sponsor	ACHIEVEMENT REHABILITATION THROUGH THERAPEUT
c	EIN-PN	27-0991521-001
a	Plan name	VISTA METALS GA PRODUCTION EES 401K PLAN
b	Name of plan sponsor	VISTA METALS GEORGIA
c	EIN-PN	27-1043263-003
a	Plan name	VISTA METALS GEORGIA 401K & PS PLAN
b	Name of plan sponsor	VISTA METALS-GEORGIA
c	EIN-PN	27-1043263-001
a	Plan name	WHITELEATHER GRAIN LLC 401K PLAN
b	Name of plan sponsor	WHITELEATHER GRAIN LLC
c	EIN-PN	27-1176976-001
a	Plan name	SUNIL KUMAR DMD PC 401K PLAN
b	Name of plan sponsor	SUNIL KUMAR DMD PC
c	EIN-PN	27-1229490-001
a	Plan name	NEW GENERATION MEDICAL PRACTICE 401K PLAN
b	Name of plan sponsor	NEW GENERATION MEDICAL PRACTICE PLLC
c	EIN-PN	27-1295512-001
a	Plan name	NEW HOPE TRANSITIONAL HOUSING 401K PLAN
b	Name of plan sponsor	NEW HOPE TRANSITIONAL HOUSING INC
c	EIN-PN	27-1440474-001
a	Plan name	BLACK WILLOW INC 401K PLAN
b	Name of plan sponsor	BLACK WILLOW INC
c	EIN-PN	27-1456595-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	BRYLLAN 401K PLAN	
b Name of plan sponsor	BRYLLAN LLC	c EIN-PN 27-1568186-001
a Plan name	FOREFRONT TECHNOLOGY'S 401K PS PLAN	
b Name of plan sponsor	FOREFRONT TECHNOLOGY SOLUTIONS CORP	c EIN-PN 27-1814097-001
a Plan name	PRO-LOW JOINT VENTURE 401K PLAN	
b Name of plan sponsor	PRO-LOW JOINT VENTURE	c EIN-PN 27-1816494-001
a Plan name	ELEANOR CREATIVE 401K PLAN	
b Name of plan sponsor	ELEANOR CREATIVE LLC	c EIN-PN 27-1894450-001
a Plan name	PINNACLE INSURANCE AGENCY OF MN LLC 401K PL	
b Name of plan sponsor	PINNACLE INSURANCE AGENCY OF MINNESOTA LLC	c EIN-PN 27-2430063-001
a Plan name	POSITIVE GROUP LLC 401K PLAN	
b Name of plan sponsor	POSITIVE GROUP LLC	c EIN-PN 27-2716470-001
a Plan name	HONEST 1 AUTO CARE 401K PLAN	
b Name of plan sponsor	AZALEA PARTNERSHIP TRUSTINC DBA HONEST 1 A	c EIN-PN 27-2970097-001
a Plan name	VAERUS AVIATION 401K PLAN	
b Name of plan sponsor	VAERUS AVIATION INC	c EIN-PN 27-3587432-001
a Plan name	KC COATINGS 401K PLAN	
b Name of plan sponsor	KC COATINGS LLC	c EIN-PN 27-3644829-001
a Plan name	CANNON UTILITY SERVICES LLC 401K PLAN	
b Name of plan sponsor	CANNON UTILITY SERVICES LLC	c EIN-PN 27-3701067-001
a Plan name	WHEELHOUSE INNOVATIONS LLC 401K PLAN	
b Name of plan sponsor	WHEELHOUSE INNOVATIONS LLC	c EIN-PN 27-4934290-001
a Plan name	SCHNELLER PLUMBING HEATING & AIR INC 401K	
b Name of plan sponsor	SCHNELLER PLUMBING HEATING & AIR INC	c EIN-PN 27-5429250-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TK DESIGN & ASSOCIATES INC 401K PSP AND TRUST	
b	Name of plan sponsor	TK DESIGN & ASSOCIATES INC	c EIN-PN 30-0334148-001
a	Plan name	MIDWEST ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	MIDWEST ENGINEERING INC	c EIN-PN 30-0379511-002
a	Plan name	SCREED TECH 401K PLAN	
b	Name of plan sponsor	SCREED TECH LLC	c EIN-PN 30-0386454-001
a	Plan name	BRIDGES HOLDINGS INC 401K PLAN	
b	Name of plan sponsor	BRIDGES HOLDINGS INC	c EIN-PN 30-0505804-001
a	Plan name	SARVICUS LLC 401K PLAN	
b	Name of plan sponsor	SARVICUS LLC	c EIN-PN 30-0625973-001
a	Plan name	LAW OFFICES OF DAVID F ISSAPOUR RETIREMENT	
b	Name of plan sponsor	LAW OFFICES OF DAVID F ISSAPOUR APLC	c EIN-PN 30-0759730-001
a	Plan name	VERITAS HEALTH GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor	VERITAS HEALTH GROUP	c EIN-PN 30-1144994-001
a	Plan name	WESTERN HILLS COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	WESTERN HILLS COUNTRY CLUB	c EIN-PN 31-0486880-001
a	Plan name	SOUTHERN OHIO EYE ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	SOUTHERN OHIO EYE ASSOCIATES LLC	c EIN-PN 31-1744464-001
a	Plan name	SPRINGFIELD TOWNSHIP 457B PLAN	
b	Name of plan sponsor	SPRINGFIELD TOWNSHIP	c EIN-PN 31-6000601-001
a	Plan name	OUTER BANKS BLUE REALTY SERVICES 401K PS PLAN	
b	Name of plan sponsor	OUTER BANKS BLUE LLC D/B/A OUTER BANKS REAL	c EIN-PN 32-0150985-001
a	Plan name	STRATEGIC FINANCIAL GROUP 401K PLAN	
b	Name of plan sponsor	STRATEGIC FINANCIAL GROUP	c EIN-PN 32-0351655-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name HAPPY TRAILER SALES 401K PLAN	
b	Name of plan sponsor HAPPY TRAILER SALES LLC	c EIN-PN 32-0454017-001
a	Plan name AHERN AGRIBUSINESS INC 401K PS PLAN	
b	Name of plan sponsor AHERN AGRIBUSINESS INC	c EIN-PN 33-0145028-001
a	Plan name ENVIRONMENTAL SPRAY SYSTEMS INC 401K PLAN	
b	Name of plan sponsor ENVIRONMENTAL SPRAY SYSTEMS INC	c EIN-PN 33-0340030-001
a	Plan name HANNA CONSTRUCTION INC PROFIT SHARING PLAN	
b	Name of plan sponsor HANNA CONSTRUCTION INC DBA HANNA CONSTRUCT	c EIN-PN 33-0719144-001
a	Plan name CARICH ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor CARICH ENTERPRISES INC	c EIN-PN 33-0806817-001
a	Plan name SOUTHWEST STRATEGIES LLC 401K PS PLAN	
b	Name of plan sponsor SOUTHWEST STRATEGIES LLC	c EIN-PN 33-0900047-003
a	Plan name LEGEND FENCE CORP 401K PLAN	
b	Name of plan sponsor LEGEND FENCE CORP	c EIN-PN 33-0933059-001
a	Plan name NATIONAL TOOLING & MACHINING ASSOCIATION 401K	
b	Name of plan sponsor NATIONAL TOOLING & MACHINING ASSOC	c EIN-PN 34-0646162-002
a	Plan name ATWOOD INDUSTRIES INC 401K RETIREMENT PLAN	
b	Name of plan sponsor ATWOOD INDUSTRIES INC	c EIN-PN 34-1101489-001
a	Plan name V&A PROCESS INC 401K PLAN	
b	Name of plan sponsor V&A PROCESS INC	c EIN-PN 34-1143181-001
a	Plan name HUDSON INCENTIVES INC 401K RETIREMENT PLAN	
b	Name of plan sponsor HUDSON INCENTIVES INC	c EIN-PN 34-1345672-003
a	Plan name LARIA CHEVROLET-BUICK 401K PS PLAN	
b	Name of plan sponsor LARIA CHEVROLET-BUICK INC	c EIN-PN 34-1346123-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CHN HOUSING PARTNERS 401K PS PLAN & TRUST	
b	Name of plan sponsor	CHN HOUSING PARTNERS	c EIN-PN 34-1346763-001
a	Plan name	THE EPILEPSY CENTER 401K PLAN	
b	Name of plan sponsor	THE EPILEPSY CENTER	c EIN-PN 34-1768270-002
a	Plan name	TOMS AUTO 401K PLAN	
b	Name of plan sponsor	TOMS AUTO REPAIR INC	c EIN-PN 34-1862262-001
a	Plan name	TK'S PAINTING LLC 401K PLAN	
b	Name of plan sponsor	TKS PAINTING LLC	c EIN-PN 34-2024414-001
a	Plan name	CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN	
b	Name of plan sponsor	CUYAHOGA COUNTY OF OHIO	c EIN-PN 34-6000817-001
a	Plan name	MEDINA COUNTY PE DEF COMP 457B PLAN	
b	Name of plan sponsor	MEDINA COUNTY	c EIN-PN 34-6001851-001
a	Plan name	OH457IO DEFERRED COMPENSATION	
b	Name of plan sponsor	CITY OF WARREN OHIO	c EIN-PN 34-6002974-001
a	Plan name	DAHM BROTHERS INC 401K SALARY REDUCTION PLAN	
b	Name of plan sponsor	DAHM BROTHERS INC	c EIN-PN 35-0259100-001
a	Plan name	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	
b	Name of plan sponsor	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	c EIN-PN 35-0889748-001
a	Plan name	HOOSIER PLASTICS INC 401K SALARY PLAN	
b	Name of plan sponsor	HOOSIER PLASTICS INC	c EIN-PN 35-1044677-001
a	Plan name	BANKS HARDWOODS INC 401K PS PLAN & TRUST	
b	Name of plan sponsor	BANKS HARDWOODS INC	c EIN-PN 35-1641369-001
a	Plan name	ALDRIDGE INSURANCE 401K PLAN	
b	Name of plan sponsor	ALDRIDGE INSURANCE INC	c EIN-PN 35-1937710-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	WAYNE METALS LLC 401K PLAN	
b	Name of plan sponsor	WAYNE METALS LLC	c EIN-PN 35-2129195-001
a	Plan name	KIBBECHEM INC 401K AND PS PLAN	
b	Name of plan sponsor	KIBBECHEM INC	c EIN-PN 35-2132621-001
a	Plan name	POSSIBILITIES NORTHEAST LLC 401K SALARY	
b	Name of plan sponsor	POSSIBILITIES NORTHEAST LLC	c EIN-PN 35-2151934-001
a	Plan name	MORGAN BRONZE PRODUCTS INC 401K PLAN	
b	Name of plan sponsor	MORGAN BRONZE PRODUCTS INC	c EIN-PN 36-2100305-001
a	Plan name	AMSA 401K PLAN	
b	Name of plan sponsor	AMERICAN MEDICAL STUDENT ASSOCIATION	c EIN-PN 36-2222695-001
a	Plan name	WRIGHTWOOD PRECISION PRODUCTS CO 401K PLAN	
b	Name of plan sponsor	WRIGHTWOOD PRECISION PRODUCTS COMPANY	c EIN-PN 36-2597002-003
a	Plan name	MECCON INDUSTRIES 401K PLAN	
b	Name of plan sponsor	MECCON INDUSTRIES INC	c EIN-PN 36-3008454-002
a	Plan name	CUSTOM ELECTRONIC DESIGN & INSTALL ASSOC 401K	
b	Name of plan sponsor	CUSTOM ELECTRIC DESIGN & INSTALLATION ASSOC	c EIN-PN 36-3724289-001
a	Plan name	S3 INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SAFETY SERVICE SYSTEMS INC	c EIN-PN 36-4077377-001
a	Plan name	PEDIATRIC PROFESSIONALS PC RETIREMENT PLAN	
b	Name of plan sponsor	PEDIATRIC PROFESSIONALS PC	c EIN-PN 36-4501581-001
a	Plan name	MEHUL C PATEL DDS PC 401K P/S PLAN	
b	Name of plan sponsor	MEHUL C PATEL DDS PC	c EIN-PN 36-4544110-002
a	Plan name	THIELEN FOLEY & MIRDO LLC 401K PSP & TRUST	
b	Name of plan sponsor	THIELEN FOLEY & MIRDO LLC	c EIN-PN 36-4556774-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BURDITT CONSULTANTS LLC 401K PLAN	
b	Name of plan sponsor	BURDITT CONSULTANTS LLC	c EIN-PN 36-4604937-001
a	Plan name	PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP	
b	Name of plan sponsor	PARTNERSHIP FINANCIAL CREDIT UNION	c EIN-PN 36-6070077-001
a	Plan name	GRIFFITTS CONSTRUCTION 401K	
b	Name of plan sponsor	GRIFFITTS CONSTRUCTION INC	c EIN-PN 37-0863472-001
a	Plan name	BOB RIDINGS LINCOLN 401K PLAN	
b	Name of plan sponsor	BOB RIDINGS LINCOLN INC	c EIN-PN 37-1298771-001
a	Plan name	BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC	
b	Name of plan sponsor	BUEHLER MOTOR INC	c EIN-PN 37-1492335-002
a	Plan name	CONTRACTORS INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	CONTRACTORS INSURANCE AGENCY INC	c EIN-PN 37-1789030-001
a	Plan name	CSSC INC 401K PLAN	
b	Name of plan sponsor	CSSC INC	c EIN-PN 37-1919117-001
a	Plan name	EW KITCHENS INC EMPLOYEES' 401K PLAN	
b	Name of plan sponsor	EW KITCHENS INC	c EIN-PN 38-1626582-001
a	Plan name	SILVER SEAL PRODUCTS CO INC 401K PLAN	
b	Name of plan sponsor	SILVER SEAL PRODUCTS CO INC	c EIN-PN 38-1658716-001
a	Plan name	ARC SERVICES OF MACOMB 401K PLAN	
b	Name of plan sponsor	ARC SERVICES OF MACOMB INC	c EIN-PN 38-1738601-001
a	Plan name	BEST MATERIALS PROFIT-SHARING PLAN	
b	Name of plan sponsor	BEST BLOCK COMPANY	c EIN-PN 38-1819457-001
a	Plan name	ACME TUBE BENDING CO INC 401K PLAN & TRUST	
b	Name of plan sponsor	ACME TUBE BENDING CO INC	c EIN-PN 38-1852754-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EBONEX CORPORATION 401K SAVINGS PLAN	
b	Name of plan sponsor	EBONEX CORPORATION	c EIN-PN 38-1854040-001
a	Plan name	ARROW ROOFING & SUPPLY INC PS PLAN	
b	Name of plan sponsor	ARROW ROOFING & SUPPLY INC	c EIN-PN 38-1893198-001
a	Plan name	ZILKA HEATING & COOLING INC 401K PLAN	
b	Name of plan sponsor	ZILKA HEATING & COOLING INC	c EIN-PN 38-1947015-001
a	Plan name	KOROTKIN INSURANCE GROUP INC 401K SRP	
b	Name of plan sponsor	KOROTKIN INSURANCE GROUP INC DBA KIG	c EIN-PN 38-2022737-001
a	Plan name	MELLEN SMITH AND PIVOZ 401K SAVINGS PLAN	
b	Name of plan sponsor	MELLEN SMITH & PIVOZ PLC	c EIN-PN 38-2050733-001
a	Plan name	E & L MEAT COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	E & L MEAT COMPANY	c EIN-PN 38-2141947-001
a	Plan name	MC VAN KAMPEN TRUCKING INC 401K PLAN	
b	Name of plan sponsor	MC VAN KAMPEN TRUCKING INC	c EIN-PN 38-2393098-001
a	Plan name	AUTOMATION & MODULAR COMPONENTS INC 401K	
b	Name of plan sponsor	AUTOMATION & MODULAR COMPONENTS INC	c EIN-PN 38-2831279-002
a	Plan name	ANCA INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	ANCA INC	c EIN-PN 38-2850970-001
a	Plan name	BOWMAN EXCAVATING 401K PLAN	
b	Name of plan sponsor	BOWMAN EXCAVATING INC	c EIN-PN 38-3003824-001
a	Plan name	OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	OAKLAND MANAGEMENT CORP	c EIN-PN 38-3196699-001
a	Plan name	AMERICAN INSTITUTIONAL MGMT SERVICES INC 401K	
b	Name of plan sponsor	AMERICAN INSTITUTIONAL MGMT SERVICES INC	c EIN-PN 38-3350526-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	MMG TRUCK & TRAILER REPAIR 401K PLAN	
b Name of plan sponsor	MMG TRUCK & TRAILER REPAIR	c EIN-PN 38-3354816-001
a Plan name	TWIN PINES LANDSCAPING 401K RETIREMENT PLAN	
b Name of plan sponsor	TWIN PINES LANDSCAPING	c EIN-PN 38-3426291-001
a Plan name	LTM QUICK LUBE OF MI INC 401K PLAN	
b Name of plan sponsor	LTM QUICK LUBE OF MI INC	c EIN-PN 38-3468964-001
a Plan name	HERITAGE CHURCH 401K PLAN	
b Name of plan sponsor	HERITAGE CHURCH OF MACOMB	c EIN-PN 38-3509400-001
a Plan name	ROYAL STONE SAFE HARBOR 401K PLAN	
b Name of plan sponsor	ROYAL STONE LLC	c EIN-PN 38-3528028-001
a Plan name	R A M PRODUCE DISTRIBUTORS LLC 401K PROF	
b Name of plan sponsor	RAM PRODUCE DISTRIBUTIONS LLC	c EIN-PN 38-3624126-001
a Plan name	AXTELLA LLC 401K PLAN	
b Name of plan sponsor	AXTELLA LLC	c EIN-PN 38-3627552-001
a Plan name	MCELHINNY INSURANCE LLC 401K PLAN	
b Name of plan sponsor	MCELHINNY INSURANCE LLC	c EIN-PN 38-3667025-001
a Plan name	MAYER & NEWTON 401K PROFIT SHARING PLAN	
b Name of plan sponsor	LAW OFFICES OF MAYER & NEWTON	c EIN-PN 38-3736904-001
a Plan name	EXCALIBUR LAUNDRIES INC 401K PSP & TRUST	
b Name of plan sponsor	EXCALIBUR LAUNDRIES INC	c EIN-PN 39-1391734-001
a Plan name	O'BRIEN AND ASSOCIATES 401K PLAN	
b Name of plan sponsor	OBRIEN SERVICES INC	c EIN-PN 39-1818583-001
a Plan name	MDS 401K PLAN	
b Name of plan sponsor	MODERN DISPOSAL SYSTEMS LLC	c EIN-PN 39-1966606-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ATLAS CRYPT AND MANUFACTURING 401K RET PLAN	
b	Name of plan sponsor	ATLAS CRYPT AND MANUFACTURING CO INC	c EIN-PN 41-0951243-001
a	Plan name	TPI CUSTOM SOLUTIONS 401K AND PSP	
b	Name of plan sponsor	TPI CUSTOM SOLUTIONS	c EIN-PN 41-1417264-001
a	Plan name	MINSER CHIROPRACTIC CLINIC 401K PLAN	
b	Name of plan sponsor	MINSER CHIROPRACTIC CLINIC PA INC	c EIN-PN 41-1768916-001
a	Plan name	AXIS 401K RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-001
a	Plan name	AXIS 401K UNION RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-002
a	Plan name	401K PLAN FOR EMPLOYEES OF MSEA	
b	Name of plan sponsor	MINNESOTA SCHOOL EMPLOYEES ASSOCIATION	c EIN-PN 41-1994256-002
a	Plan name	COOLING SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	COOLING SOLUTIONS LLC	c EIN-PN 41-2215404-001
a	Plan name	GETHMANN CONSTRUCTION CO INC 401K PSP	
b	Name of plan sponsor	GETHMANN CONSTRUCTION COMPANY INC	c EIN-PN 42-0271670-001
a	Plan name	EDWARDS AUTO GROUP 401K PLAN	
b	Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	c EIN-PN 42-0646357-001
a	Plan name	FUTURE FOAM INC 401K PS RETIREMENT PLAN	
b	Name of plan sponsor	FUTURE FOAM INC	c EIN-PN 42-0836191-001
a	Plan name	JIM HAWK TRUCK TRAILERS INC 401K SAVINGS	
b	Name of plan sponsor	JIM HAWK TRUCK TRAILERS INC	c EIN-PN 42-1022818-002
a	Plan name	ATC INC 401K PLAN	
b	Name of plan sponsor	ATC INC	c EIN-PN 42-1095528-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CUSTOM CONVEYOR 401K PLAN	
b	Name of plan sponsor	CUSTOM CONVEYOR & EQUIPMENT CORPORATION	c EIN-PN 42-1235841-001
a	Plan name	CANDEO 401K PLAN	
b	Name of plan sponsor	CREATIVE COMMUNITY OPTIONS INC DBA CANDEO	c EIN-PN 42-1388521-004
a	Plan name	IOWA MOLD & ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	IOWA MOLD & ENGINEERING INC	c EIN-PN 42-1411689-001
a	Plan name	ROD-MAR 401K PLAN	
b	Name of plan sponsor	RODNEY J DEAN MD PC	c EIN-PN 42-1432698-001
a	Plan name	PEDIATRIC SPECIALISTS 401K PLAN	
b	Name of plan sponsor	PEDIATRIC SPECIALISTS OF BLOOMFIELD HILLS	c EIN-PN 42-1619657-001
a	Plan name	GARY'S FOODS 401K PLAN	
b	Name of plan sponsor	D & G INC	c EIN-PN 42-6167526-001
a	Plan name	UNICO BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICO BANK	c EIN-PN 43-0338550-002
a	Plan name	VOGEL SHEET METAL AND HEATING 401K PLAN	
b	Name of plan sponsor	VOGEL SHEET METAL AND HEATING INC	c EIN-PN 43-0964662-001
a	Plan name	MP INDUSTRIES INC 401K PLAN & TRUST	
b	Name of plan sponsor	MP INDUSTRIES INC	c EIN-PN 43-1006923-002
a	Plan name	DBA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DAN BUCKEY ASSOCIATES INC	c EIN-PN 43-1198569-003
a	Plan name	ARMSTRONG CITYWIDE 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ARMSTRONG CITYWIDE INC	c EIN-PN 43-1441456-001
a	Plan name	CII & GPAL RETIREMENT PLAN	
b	Name of plan sponsor	CEREAL INGREDIENTS INC	c EIN-PN 43-1527502-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MAXUS PROPERTIES LLC 401K RETIREMENT SAVING	
b	Name of plan sponsor	MAXUS PROPERTIES LLC	c EIN-PN 43-1638032-001
a	Plan name	DIEB ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	DIEB ENTERPRISES INC	c EIN-PN 43-1851281-001
a	Plan name	ALLIED RETAIL CONCEPTS LLC 401K PS PLAN	
b	Name of plan sponsor	ALLIED RETAIL CONCEPTS LLC	c EIN-PN 43-1878517-001
a	Plan name	THE FEDERAL SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor	THE FEDERAL SAVINGS BANK	c EIN-PN 43-1883419-001
a	Plan name	MAVERICK CONVERTING 401K PLAN	
b	Name of plan sponsor	SUPER TECH LEASING INC	c EIN-PN 43-1885157-001
a	Plan name	MISSOURI BOARD OF LAW EXAMINERS RETIREMENT PL	
b	Name of plan sponsor	MISSOURI BOARD OF LAW EXAMINERS	c EIN-PN 43-1893265-002
a	Plan name	LAGOON PUMPING & DREDGING INC 401K PLAN	
b	Name of plan sponsor	LAGOON PUMPING & DREDGING INC	c EIN-PN 43-2010523-001
a	Plan name	TARZAN HOLDINGS 401K PLAN	
b	Name of plan sponsor	TARZAN HOLDINGS LLC	c EIN-PN 44-5114439-001
a	Plan name	FIREBIRD AST RETIREMENT TRUST	
b	Name of plan sponsor	FIREBIRD ANALYTICAL SOLUTIONS & TECHNOLOGIES	c EIN-PN 45-1475401-001
a	Plan name	GREAT PLAINS SURVEY INC 401K PS PLAN	
b	Name of plan sponsor	GREAT PLAINS SURVEY INC	c EIN-PN 45-1480286-001
a	Plan name	SPIRIT AND SONS 401K PLAN	
b	Name of plan sponsor	SPIRIT AND SONS INC	c EIN-PN 45-1485937-001
a	Plan name	XTREME FIRE PROTECTION 401K PLAN	
b	Name of plan sponsor	XTREME FIRE PROTECTION	c EIN-PN 45-1555692-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name BAILEY'S MEDICAL EQUIPMENT & SUPPLIES 401K	
b	Name of plan sponsor MEDICAL HOTSPOTS INC CORP	c EIN-PN 45-1810240-001
a	Plan name NORTH COAST HOME CARE RETIREMENT PLAN	
b	Name of plan sponsor NORTH COAST HOME CARE INC	c EIN-PN 45-1831258-001
a	Plan name JW LOGISTICS LLC 401K PLAN	
b	Name of plan sponsor JW LOGISTICS LLC	c EIN-PN 45-2214807-001
a	Plan name INTELLIGRATED COMMUNICATIONS 401K PSP	
b	Name of plan sponsor INTELLIGRATED COMMUNICATIONS INC	c EIN-PN 45-2422188-001
a	Plan name CONSUMER 51 LLC 401K PLAN	
b	Name of plan sponsor CONSUMER 51 LLC	c EIN-PN 45-2501771-001
a	Plan name SYNECT LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SYNECT LLC	c EIN-PN 45-2518367-001
a	Plan name STATCARE URGENT & WALK IN MEDICAL 401K PLAN	
b	Name of plan sponsor STATCARE URGENT & WALK IN MEDICAL CARE PLLC	c EIN-PN 45-2756491-001
a	Plan name BOISSEAU F&B LLC 401K PLAN	
b	Name of plan sponsor BOISSEAU F&B LLC	c EIN-PN 45-2818455-001
a	Plan name OMEGACOMP INC 401K PLAN	
b	Name of plan sponsor OMEGACOMP INC	c EIN-PN 45-2854307-001
a	Plan name COUTURE TEE COMPANY 401K PLAN	
b	Name of plan sponsor COUTURE TEE COMPANY	c EIN-PN 45-3815936-001
a	Plan name STEELBRIDGE VENTURES CONSULTING 401K P/S PLAN	
b	Name of plan sponsor STEELBRIDGE VENTURES CONSULTING LLC	c EIN-PN 45-4125594-001
a	Plan name CLAM LAKE FILMS INC 401K PLAN	
b	Name of plan sponsor CLAM LAKE FILMS INC	c EIN-PN 45-4207085-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INVICTUS LAW PC 401K PLAN	
b	Name of plan sponsor	INVICTUS LAW PC	c EIN-PN 45-4292258-001
a	Plan name	PRAIRIE LANDWORKS INC 401K PLAN	
b	Name of plan sponsor	PRAIRIE LANDWORKS INC	c EIN-PN 45-4357575-001
a	Plan name	RS WAGNER LLC 401K PLAN	
b	Name of plan sponsor	RS WAGNER LLC	c EIN-PN 45-4414308-001
a	Plan name	MOREL LANDSCAPING 401K PLAN	
b	Name of plan sponsor	MOREL LANDSCAPING LLC	c EIN-PN 45-4472425-001
a	Plan name	RIDDER CORP 401K SAVINGS PLAN	
b	Name of plan sponsor	RIDDER CORP	c EIN-PN 45-4649700-001
a	Plan name	NPE CONSULTING 401K PLAN	
b	Name of plan sponsor	NPE CONSULTING LLC	c EIN-PN 45-4867519-001
a	Plan name	EURO TEK LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EURO-TEK LLC	c EIN-PN 45-5092926-001
a	Plan name	SAMAN EDALAT DDS INC 401K PLAN	
b	Name of plan sponsor	SAM EDALAT DDS INC	c EIN-PN 45-5140378-001
a	Plan name	AVANT TECNO USA INC 401K PLAN	
b	Name of plan sponsor	AVANT TECNO USAINC	c EIN-PN 45-5334621-001
a	Plan name	MOUNTAINEER INFRASTRUCTURE 401K PLAN	
b	Name of plan sponsor	MOUNTAINEER INFRASTRUCTURE LLC	c EIN-PN 45-5372829-001
a	Plan name	SHANNON CAPITAL INC 401K PLAN	
b	Name of plan sponsor	SHANNON CAPITAL INC	c EIN-PN 46-0391539-001
a	Plan name	SIOUXLAND K & K CONSTRUCTION INC 401K PSP	
b	Name of plan sponsor	SIOUXLAND K & K CONSTRUCTION INC	c EIN-PN 46-0446745-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	GUTSHALL & KOHLE EYECARE LLC 401K PLAN	
b Name of plan sponsor	GUTSHALL & KOHLE EYECARE LLC	c EIN-PN 46-0516831-001
a Plan name	JKWON INC 401K PLAN	
b Name of plan sponsor	JKWON INC	c EIN-PN 46-0679964-001
a Plan name	TITAN MODULAR SPARTAN CARGO 401K PLAN	
b Name of plan sponsor	TITAN MODULAR SYSTEMS INC	c EIN-PN 46-0843552-001
a Plan name	CUSTOM DENTAL LLC 401K PLAN	
b Name of plan sponsor	CUSTOM DENTAL LLC	c EIN-PN 46-0905644-001
a Plan name	MY FUTURE PAYCHECK 401K PLAN	
b Name of plan sponsor	R & C WELDING FAB TRUCKING & SERVICES INC	c EIN-PN 46-0936806-001
a Plan name	NEK LAW 401K PLAN	
b Name of plan sponsor	NORTHEAST KINGDOM LAW PLLC	c EIN-PN 46-1337690-001
a Plan name	VIRDEN DENTAL CARE LTD 401K PLAN	
b Name of plan sponsor	VIRDEN DENTAL CARE LTD	c EIN-PN 46-1576791-005
a Plan name	GOOD MOVES 401K	
b Name of plan sponsor	GOOD MOVES DELIVERY INC	c EIN-PN 46-1933984-001
a Plan name	MACKIE CONSTRUCTION INC 401K PLAN	
b Name of plan sponsor	MACKIE CONSTRUCTION INC	c EIN-PN 46-2025320-001
a Plan name	WENZL COLLISION CENTER 401K PLAN	
b Name of plan sponsor	WENZL COLLISION CENTER	c EIN-PN 46-2076899-001
a Plan name	VERSEIO 401K RETIREMENT PLAN	
b Name of plan sponsor	VERSEIO	c EIN-PN 46-2220746-001
a Plan name	BK BUILDERS 401K PLAN	
b Name of plan sponsor	BRET MIRICK HOMES LLC DBA BK BUILDERS	c EIN-PN 46-2224667-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	TRINITY M LOVELESS MD PLLC 401K PLAN
b	Name of plan sponsor	TRINITY LOVELESS MD PLLC
c	EIN-PN	46-2331621-001
a	Plan name	SUNSAL DENTAL PLLC 401K PLAN AND TRUST
b	Name of plan sponsor	SUNSAL DENTAL PLLC
c	EIN-PN	46-2377443-001
a	Plan name	MYERS ORTHODONTICS PLLC PROFIT SHARING PLAN
b	Name of plan sponsor	MYERS ORTHODONTICS PLLC
c	EIN-PN	46-2612984-001
a	Plan name	ECC 401K PLAN
b	Name of plan sponsor	EPIC CONCRETE CONSTRUCTION INC
c	EIN-PN	46-2822813-001
a	Plan name	KAY DEE COMPANY OF OMAHA 401K PLAN
b	Name of plan sponsor	KAY DEE COMPANY LLC
c	EIN-PN	46-3029426-001
a	Plan name	REAL INVEST INC 401K PLAN
b	Name of plan sponsor	REAL INVEST INC
c	EIN-PN	46-3201756-001
a	Plan name	MEAN STREET VAPORS 401K PLAN
b	Name of plan sponsor	MEAN STREET VAPOR
c	EIN-PN	46-3283668-001
a	Plan name	D8 ALUMINUM 401K PLAN
b	Name of plan sponsor	D8 ALUMINUM LLC
c	EIN-PN	46-3318066-001
a	Plan name	ID CONSTRUCTION GROUP INC 401K PS
b	Name of plan sponsor	ID CONSTRUCTION GROUP INC
c	EIN-PN	46-4379533-001
a	Plan name	LOCALLOOP INC 401K PLAN
b	Name of plan sponsor	LOCALLOOP INC
c	EIN-PN	46-4453814-001
a	Plan name	JDH 401K PLAN
b	Name of plan sponsor	JDH INC
c	EIN-PN	46-4619170-001
a	Plan name	ISIS COMMERCIAL INTERIORS INC RETIREMENT PLAN
b	Name of plan sponsor	ISIS COMMERCIAL INTERIORS INC
c	EIN-PN	46-4621261-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	CAMPBELL PROPERTIES 401K PLAN
b	Name of plan sponsor	CAMPBELL PROPERTIES PAYROLL LLC
c	EIN-PN	46-4677430-001
a	Plan name	SHIPMAN CONSTRUCTION 401K PLAN
b	Name of plan sponsor	SHIPMAN CONSTRUCTION LLC
c	EIN-PN	46-4697549-001
a	Plan name	SILVERCARE MANAGEMENT 401K PLAN
b	Name of plan sponsor	SILVERCARE MANAGEMENT LLC
c	EIN-PN	46-4909373-002
a	Plan name	LAB 57 INC RETIREMENT PLAN
b	Name of plan sponsor	LAB 57 INC
c	EIN-PN	46-4920260-001
a	Plan name	MEYER COMPANIES INC 401K PLAN
b	Name of plan sponsor	MEYER COMPANIES INC
c	EIN-PN	46-4954727-001
a	Plan name	TEST X LLC 401K PS PLAN AND TRUST
b	Name of plan sponsor	TEST X LLC
c	EIN-PN	46-5227141-001
a	Plan name	STRATEGIC COMPLIANCE PARTNERS 401K RETIREMENT
b	Name of plan sponsor	STRATEGIC COMPLIANCE PARTNERS
c	EIN-PN	46-5591861-001
a	Plan name	CORRECTIVESOLUTIONS 401K PLAN
b	Name of plan sponsor	AMERICAN JUSTICE SOLUTIONS INC
c	EIN-PN	46-5647159-001
a	Plan name	RITA RANCH AUTOMOTIVE & TIRE 401K PLAN
b	Name of plan sponsor	RITA RANCH AUTOMOTIVE & TIRE
c	EIN-PN	46-5662256-001
a	Plan name	CARHART LUMBER COMPANY 401K PLAN AND TRUST
b	Name of plan sponsor	CARHART LUMBER COMPANY
c	EIN-PN	47-0119720-001
a	Plan name	FLATWATER BANK 401K RETIREMENT PLAN
b	Name of plan sponsor	FLATWATER BANK
c	EIN-PN	47-0175510-001
a	Plan name	THERMO KING CHRISTENSEN 401K RETIREMENT
b	Name of plan sponsor	THERMO KING CHRISTENSEN INC
c	EIN-PN	47-0411741-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	QUINN INSURANCE INC 401K PSP AND TRUST
b	Name of plan sponsor	QUINN INSURANCE INC
c	EIN-PN	47-0484197-001
a	Plan name	WN MOREHOUSE TRUCK LINE INC 401K PLAN
b	Name of plan sponsor	WN MOREHOUSE TRUCK LINE INC
c	EIN-PN	47-0519808-002
a	Plan name	STANTON HEALTH CENTER 457B PLAN
b	Name of plan sponsor	CITY OF STANTON NURSING HOME
c	EIN-PN	47-0522636-001
a	Plan name	KEIM FARM EQUIPMENT COMPANY EMPLOYEES PSP
b	Name of plan sponsor	KEIM FARM EQUIPMENT INC
c	EIN-PN	47-0543015-001
a	Plan name	VALLEY CORPORATION RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	VALLEY CORPORATION
c	EIN-PN	47-0543890-001
a	Plan name	BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN
b	Name of plan sponsor	BORSHEIM JEWELRY COMPANY INC
c	EIN-PN	47-0546003-001
a	Plan name	ANDERSON INDUST ENGINE CO 401K
b	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO INC
c	EIN-PN	47-0557609-001
a	Plan name	DPA 401K PLAN
b	Name of plan sponsor	DEL PETERSON AND ASSOCIATES
c	EIN-PN	47-0558743-001
a	Plan name	WOODHOUSE AUTO FAMILY 401K PLAN
b	Name of plan sponsor	WOODHOUSE FORD INC
c	EIN-PN	47-0565206-001
a	Plan name	PTS 401K PLAN
b	Name of plan sponsor	POOLES TRUCK SERVICE INC
c	EIN-PN	47-0580932-001
a	Plan name	TROTTER INC 401K PLAN
b	Name of plan sponsor	TROTTER INC
c	EIN-PN	47-0580954-001
a	Plan name	MASPORT INC RETIREMENT PLAN
b	Name of plan sponsor	MASPORT INCORPORATED
c	EIN-PN	47-0596383-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name LINCOLN INSPECTION SERVICE INC SAVINGS PLAN	
b	Name of plan sponsor LINCOLN INSPECTION SERVICE INC	c EIN-PN 47-0609064-001
a	Plan name HAMILTON EQUIPMENT 401K PLAN	
b	Name of plan sponsor HAMILTON EQUIPMENT COMPANY	c EIN-PN 47-0618159-001
a	Plan name CLARK CONSTRUCTION COMPANY INC 401K PLAN	
b	Name of plan sponsor CLARK CONSTRUCTION COMPANY	c EIN-PN 47-0623108-001
a	Plan name E-Z KITCHENS 401K PLAN	
b	Name of plan sponsor E-Z KITCHENS INC	c EIN-PN 47-0677911-001
a	Plan name THE AMBASSADOR HOLDING CO 401K PS PLAN	
b	Name of plan sponsor THE AMBASSADOR HOLDING COMPANY	c EIN-PN 47-0684278-001
a	Plan name AOI CORPORATION 401K PLAN	
b	Name of plan sponsor AOI CORPORATION	c EIN-PN 47-0687965-001
a	Plan name LARSON MOTORS INC 401K PLAN	
b	Name of plan sponsor LARSON MOTORS INC	c EIN-PN 47-0690377-001
a	Plan name TERRY MCGILL INC 401K PLAN	
b	Name of plan sponsor TERRY MCGILL INC	c EIN-PN 47-0699093-001
a	Plan name BAKERS CANDIES 401K PLAN	
b	Name of plan sponsor BAKERS CANDIES INC	c EIN-PN 47-0711638-001
a	Plan name KLEIN FAMILY TRUCKING 401K PLAN	
b	Name of plan sponsor KLEIN FAMILY TRUCKING INC	c EIN-PN 47-0764701-001
a	Plan name CAMP-A-WAY 401K PLAN	
b	Name of plan sponsor QUEENLAND INC	c EIN-PN 47-0789616-001
a	Plan name CHATEAU DEVELOPMENT 401K PLAN	
b	Name of plan sponsor CHATEAU DEVELOPMENT LLC	c EIN-PN 47-0797757-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LOGISTICS 365 401K PLAN	
b	Name of plan sponsor	LOGISTICS 365	c EIN-PN 47-0799641-001
a	Plan name	JANSSEN AUTO GROUP 401K PLAN	
b	Name of plan sponsor	JANSSEN & SONS INC	c EIN-PN 47-0808815-001
a	Plan name	IDEAL IMAGES RETIREMENT PLAN	
b	Name of plan sponsor	IDEAL IMAGES INC	c EIN-PN 47-0813679-001
a	Plan name	MORRISSEY ENGINEERING INC 401K RETIREMENT	
b	Name of plan sponsor	MORRISSEY ENGINEERING INC	c EIN-PN 47-0818042-001
a	Plan name	THE SHERWOOD FOUNDATION 401K PSP	
b	Name of plan sponsor	THE SHERWOOD FOUNDATION	c EIN-PN 47-0824755-001
a	Plan name	PHI 401K SAVINGS PLAN	
b	Name of plan sponsor	PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a	Plan name	SELECT SPRAYERS 401K PLAN	
b	Name of plan sponsor	SELECT SPRAYERS & EQUIPMENT LLC	c EIN-PN 47-0828257-001
a	Plan name	HUSKER AG LLC 401K PLAN	
b	Name of plan sponsor	HUSKER AG LLC	c EIN-PN 47-0836953-001
a	Plan name	JOHNSON HARDWARE COMPANY LLC PS PLAN	
b	Name of plan sponsor	JOHNSON HARDWARE COMPANY LLC	c EIN-PN 47-0845233-001
a	Plan name	SASE 401K PLAN	
b	Name of plan sponsor	SETTJE AGRI-SERVICES & ENGINEERING INC	c EIN-PN 47-0846158-001
a	Plan name	CREST 401K PLAN	
b	Name of plan sponsor	CREST RETIREMENT ADVISORS LLC	c EIN-PN 47-0984091-001
a	Plan name	CLEBURNE COUNTY ANIMAL CLINIC 401K PLAN	
b	Name of plan sponsor	DOCCATO VET LLC	c EIN-PN 47-1042019-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name WEST OLYMPIA VETERINARY HOSPIT 401K PLAN	
b	Name of plan sponsor WEST OLYMPIA VETERINARY HOSPIT	c EIN-PN 47-1544884-001
a	Plan name JASON MECHANICAL INC 401K PLAN	
b	Name of plan sponsor JASON MECHANICAL INC	c EIN-PN 47-2013596-001
a	Plan name WHITEHOUSE FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor SHUMATE DENTAL GROUP	c EIN-PN 47-2154086-001
a	Plan name WHITE'S ENERGY SERVICES LLC 401K PLAN	
b	Name of plan sponsor WHITES ENERGY SERVICES LLC	c EIN-PN 47-2326344-001
a	Plan name DUSSIAS WITTENBERG KOENIGSBERGER 401K PLAN	
b	Name of plan sponsor DUSSIAS WITTENBERG KOENIGSBERGER LLP	c EIN-PN 47-2346637-001
a	Plan name AMERICAN MOVERS 401K PLAN	
b	Name of plan sponsor AMERICAN MOVERS	c EIN-PN 47-2688546-001
a	Plan name FAIRMOUNT FAMILY DENTIST LLC 401K PLAN	
b	Name of plan sponsor FAIRMOUNT FAMILY DENTIST LLC	c EIN-PN 47-3724838-001
a	Plan name ALEXGIAN INC & AFFILIATED RETIREMENT PLAN	
b	Name of plan sponsor ALEXGIAN INC	c EIN-PN 47-3754429-001
a	Plan name VASTEK INC 401K PLAN	
b	Name of plan sponsor VASTEK INC	c EIN-PN 47-4047975-001
a	Plan name POOYAN NASIBI DDS INC 401K PROFIT SHARING	
b	Name of plan sponsor POOYAN NASIBI DDS INC	c EIN-PN 47-4345076-001
a	Plan name CONTOUR LANDSCAPE 401K PLAN	
b	Name of plan sponsor CONTOUR LANDSCAPE	c EIN-PN 47-4649821-001
a	Plan name AAA AUTO GLASS RETIREMENT PLAN	
b	Name of plan sponsor AAA AUTO GLASS INC	c EIN-PN 47-5053179-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN	
b Name of plan sponsor	CARLOS LOPEZ & ASSOCIATES LLC	c EIN-PN 47-5275587-001
a Plan name	MIRNA FARHAT MD PLC 401K PLAN	
b Name of plan sponsor	MIRNA FARHAT MD PLC	c EIN-PN 47-5362291-001
a Plan name	GUARANTEED FOODS INC 401K PLAN	
b Name of plan sponsor	GUARANTEED FOODS INC	c EIN-PN 48-0637416-001
a Plan name	MEMORIAL HOME INC 401K RSP	
b Name of plan sponsor	MEMORIAL HOME INC	c EIN-PN 48-0643239-001
a Plan name	ANTOINE WAKIM DDS PA 401K PROFIT SHARING PLAN	
b Name of plan sponsor	ANTOINE WAKIM DDS PA	c EIN-PN 48-1042189-001
a Plan name	WILDCAT FEEDS LLC 401K PLAN	
b Name of plan sponsor	WILDCAT FEEDS LLC	c EIN-PN 48-1247947-001
a Plan name	EAST LOS ANGELES WOMENS CENTER 401K PLAN	
b Name of plan sponsor	EAST LOS ANGELES WOMENS CENTER	c EIN-PN 51-0204577-001
a Plan name	JONES MOBILITY 401K PLAN	
b Name of plan sponsor	JONES ADAPTIVE MOBILITY	c EIN-PN 51-0676212-001
a Plan name	MITCH AND BILL'S INC 401K RATE GROUP PS PLAN	
b Name of plan sponsor	MITCH AND BILLS INC	c EIN-PN 52-0577701-001
a Plan name	NTT ASSOCIATES 401K PLAN	
b Name of plan sponsor	NTT ASSOCIATES INC	c EIN-PN 52-1111045-001
a Plan name	MODERN DOOR & EQUIPMENT SALES INC401K PSP	
b Name of plan sponsor	MODERN DOOR & EQUIPMENT SALES INC	c EIN-PN 52-1382311-001
a Plan name	ZAMORAS AUTO BODY INC 401K PS PLAN	
b Name of plan sponsor	ZAMORAS AUTO BODY INC	c EIN-PN 52-1816215-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	APPLEMILL INC DBA MAIDBRIGADE 401K PLAN	
b	Name of plan sponsor	APPLEMILL INC DBA MAIDBRIGADE	c EIN-PN 52-1881628-001
a	Plan name	PHOENIX IDA 457B RETIREMENT PLAN	
b	Name of plan sponsor	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE	c EIN-PN 52-2038405-001
a	Plan name	B&D AUTO PARTS INC 401K PLAN	
b	Name of plan sponsor	B&D AUTO PARTS INC	c EIN-PN 52-2124827-001
a	Plan name	ROBERT J TIGANI DDS LLC 401K RGPS PLAN	
b	Name of plan sponsor	ROBERT J TIGANI DDS LLC	c EIN-PN 52-2183768-003
a	Plan name	JD ALLMAN INC 401K PLAN & TRUST	
b	Name of plan sponsor	JD ALLMAN INC	c EIN-PN 52-2380800-001
a	Plan name	PRODUCTION II 401K RETIREMENT PLAN	
b	Name of plan sponsor	PRODUCTION II INC	c EIN-PN 54-0890858-001
a	Plan name	WATERMAN'S 401K RETIREMENT PLAN	
b	Name of plan sponsor	WATERMANS SURFSIDE GRILLE	c EIN-PN 54-1191780-001
a	Plan name	RAFALY ELECTRIC 401K SAVINGS PLAN	
b	Name of plan sponsor	RAFALY ELECTRICAL CONTRACTORS INC	c EIN-PN 54-1527095-001
a	Plan name	STUDEBAKER SUBMETERING INC 401K PLAN	
b	Name of plan sponsor	STUDEBAKER SUBMETERING INC	c EIN-PN 54-1963792-001
a	Plan name	SCI AUTOMATION INC 401K PS PLAN AND TRUST	
b	Name of plan sponsor	SCI AUTOMATION INC	c EIN-PN 54-2150828-001
a	Plan name	CAROBELL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CAROBELL INC	c EIN-PN 56-0936909-001
a	Plan name	CUSTOM LIGHT & SOUND INC 401K PS PLAN	
b	Name of plan sponsor	CUSTOM LIGHT & SOUND INC	c EIN-PN 56-1176591-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CLASSIC LANDSCAPES 401K PLAN	
b	Name of plan sponsor	CLASSIC LANDSCAPES	c EIN-PN 56-2001894-001
a	Plan name	WINDSOR INVESTMENTS 401K PS PLAN & TRUST	
b	Name of plan sponsor	WINDSOR INVESTMENTS LLC	c EIN-PN 56-2230286-001
a	Plan name	THE TIMMERMAN SCHOOL EMPLOYEES PS PLAN	
b	Name of plan sponsor	THE TIMMERMAN SCHOOL INC	c EIN-PN 57-0483452-001
a	Plan name	THOMAS REAL ESTATE INC 401K RETIREMENT	
b	Name of plan sponsor	THOMAS REAL ESTATE INC	c EIN-PN 57-0709940-001
a	Plan name	THOMPSON HANCOCK WITTE & ASSOC 401K PSP & TRU	
b	Name of plan sponsor	THOMPSON HANCOCK WITTE & ASSOC	c EIN-PN 58-1108140-001
a	Plan name	ALL SOUTH WAREHOUSE D/C INC 401K PLAN	
b	Name of plan sponsor	ALL SOUTH WAREHOUSE D/C INC	c EIN-PN 58-1380373-002
a	Plan name	ELITE STRUCTURES INC 401K PLAN	
b	Name of plan sponsor	ELITE STRUCTURES INC	c EIN-PN 58-1901587-001
a	Plan name	DEHART AND HILL ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	DEHART AND HILL ELECTRIC INC	c EIN-PN 58-2672068-001
a	Plan name	GUNDERLIN LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GUNDERLIN LTD	c EIN-PN 59-0691691-002
a	Plan name	SPACE COAST MASSAGE THERAPY INC 401K PLAN	
b	Name of plan sponsor	SPACE COAST MASSAGE THERAPY INC	c EIN-PN 59-3246661-001
a	Plan name	CHEMICAL SYSTEMS OF ORLANDO 401K PS PL & TR	
b	Name of plan sponsor	CHEMICAL SYSTEMS OF ORLANDO	c EIN-PN 59-3532805-001
a	Plan name	RF WORKS CORPORATION 401K PS PLAN & TRUST	
b	Name of plan sponsor	RF WORKS CORPORATION	c EIN-PN 59-3542123-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	LAKEVIEW FAMILY DENTISTRY 401K P/S PLAN	
b	Name of plan sponsor	LAKEVIEW FAMILY DENTISTRY	c EIN-PN 59-3685450-001
a	Plan name	COOPER REAL ESTATE HOLDINGS LLC 401K PLAN	
b	Name of plan sponsor	COOPER REAL ESTATE HOLDINGS LLC	c EIN-PN 61-1727151-001
a	Plan name	FORESIGHT WEALTH SOLUTIONS 401K PS PLAN	
b	Name of plan sponsor	FORESIGHT WEALTH SOLUTIONS LLC	c EIN-PN 61-1749518-001
a	Plan name	PORTER ROOFING CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor	PORTER ROOFING CONTRACTORS INC	c EIN-PN 62-1037198-001
a	Plan name	RIO HOT INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RIO HOT INC	c EIN-PN 62-1463157-001
a	Plan name	MOBILE PIPE & WELDING 401K RETIREMENT PLAN	
b	Name of plan sponsor	MOBILE PIPE & WELDING INC	c EIN-PN 63-0863324-001
a	Plan name	TRANSPREMIER LLC 401K PLAN	
b	Name of plan sponsor	TRANSPREMIER LLC	c EIN-PN 65-1024796-001
a	Plan name	OX CREATIVE 401K PLAN	
b	Name of plan sponsor	J OXFORD STUDIO INC DBA OX CREATIVE	c EIN-PN 65-1267270-001
a	Plan name	ILLUMITEX INC 401K PSP AND TRUST	
b	Name of plan sponsor	ILLUMITEX INC	c EIN-PN 65-1299327-001
a	Plan name	CONDOMINIUM FINANCIAL MANAGEMENT INC PS&401K	
b	Name of plan sponsor	CONDOMINIUM FINANCIAL MANAGEMENT INC	c EIN-PN 68-0063673-001
a	Plan name	ANAYA CONSTRUCTION PREVAILING WAGE 401K PLAN	
b	Name of plan sponsor	JESUS ANAYA SOLE PROP DBA ANAYA CONSTRUCTI	c EIN-PN 68-0411731-001
a	Plan name	EYE TO EYE OPTOMETRY 401K PLAN	
b	Name of plan sponsor	EILEEN M LINDER OPTOMETRIST INC DBA EYE	c EIN-PN 68-0429257-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ELECTRO MOTOR 401K PLAN	
b	Name of plan sponsor	ELECTRO MOTOR INC	c EIN-PN 68-0501075-001
a	Plan name	THE HONEST KITCHEN 401K PLAN	
b	Name of plan sponsor	THE HONEST KITCHEN INC	c EIN-PN 68-0513034-001
a	Plan name	STONE CONCEPTS INC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	STONE CONCEPTS INC	c EIN-PN 68-0540299-001
a	Plan name	DELTA MANUFACTURING 401K PLAN	
b	Name of plan sponsor	DELTA MANUFACTURING INC	c EIN-PN 71-0446656-001
a	Plan name	ACCESS CONTROL DEVICES INC 401K PLAN	
b	Name of plan sponsor	ACCESS CONTROL DEVICES INC	c EIN-PN 71-0756645-001
a	Plan name	PETROTECHNOLOGIES INC 401K & PSP	
b	Name of plan sponsor	PETROTECHNOLOGIES INC	c EIN-PN 72-1337844-002
a	Plan name	COCHRAN ABSTRACT COMPANY 401K PLAN	
b	Name of plan sponsor	COCHRAN ABSTRACT COMPANY	c EIN-PN 73-0189600-001
a	Plan name	THE FIRST BANK OF THOMAS 401K PLAN	
b	Name of plan sponsor	THE FIRST BANK OF THOMAS	c EIN-PN 73-0479743-001
a	Plan name	JOHNSTON EYE ASSOCIATES 401K PLAN	
b	Name of plan sponsor	JAY C JOHNSTON MD PC	c EIN-PN 73-0800796-001
a	Plan name	RESONANCE INC 401K PLAN	
b	Name of plan sponsor	RESONANCE INC	c EIN-PN 73-1396354-001
a	Plan name	THE BANK OF SAN JACINTO COUNTY 401K PLAN	
b	Name of plan sponsor	THE BANK OF SAN JACINTO COUNTY	c EIN-PN 74-1472817-001
a	Plan name	PIONEER STEEL 401K PLAN	
b	Name of plan sponsor	PIONEER STEEL AND PIPE CO INC	c EIN-PN 74-2201703-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SCI 401K PLAN	
b	Name of plan sponsor SABLE CONSTRUCTION INC	c EIN-PN 74-2477572-001
a	Plan name ISPEAKCOM 401K PLAN	
b	Name of plan sponsor ISPEAKCOM INC	c EIN-PN 74-2923086-001
a	Plan name ITI SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor ITI SOLUTIONS INC	c EIN-PN 74-3013771-001
a	Plan name HEALTHCONNECT PROPERTIES INC 401K PS PLAN	
b	Name of plan sponsor HEALTHCONNECT PROPERTIES INC	c EIN-PN 74-3032830-001
a	Plan name JEROME O CARTER MD PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor JEROME O CARTER MD PLLC	c EIN-PN 74-3166511-001
a	Plan name BROTHERS MANAGEMENT 401K PLAN	
b	Name of plan sponsor BROTHERS MANAGEMENT INC	c EIN-PN 75-1843785-001
a	Plan name PAJ 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PAJ INC	c EIN-PN 75-2257448-001
a	Plan name THE COLGIN COMPANIES 401K PLAN	
b	Name of plan sponsor RICHARD E COLGIN I LTD	c EIN-PN 75-2257704-001
a	Plan name SFS SECURITY FIRE SYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor SFS SECURITY FIRE SYSTEMS INC	c EIN-PN 75-2523646-001
a	Plan name SHELTON-KELLER 401K PLAN	
b	Name of plan sponsor SHELTON-KELLER GROUP INC	c EIN-PN 75-2617657-001
a	Plan name CHARLIE UNIFORM TANGO 401K PLAN	
b	Name of plan sponsor CHARLIEUNIFORMTANGO LP	c EIN-PN 75-2621546-001
a	Plan name NEW TECH SYSTEMS INC 401K PLAN	
b	Name of plan sponsor NEW TECH SYSTEMS INC	c EIN-PN 75-2655072-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	5 TATE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	5 TATE INC	c EIN-PN 75-2702367-001
a	Plan name	LANDMARK ALLIANCE CORPORATION 401K PLAN	
b	Name of plan sponsor	LANDMARK ALLIANCE CORPORATION	c EIN-PN 75-2720707-001
a	Plan name	SORRELS LAW 401K PLAN	
b	Name of plan sponsor	SORRELLS LAW	c EIN-PN 76-0065736-001
a	Plan name	BARRETT CARTAGE SYSTEMS 401K PLAN	
b	Name of plan sponsor	BARRETT CARTAGE SYSTEMS INC	c EIN-PN 76-0345673-001
a	Plan name	WM SHIRLEY 401K PLAN	
b	Name of plan sponsor	KAINON CONSULTING INC	c EIN-PN 76-0564806-001
a	Plan name	ISTHMUS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ISTHMUS ENGINEERING INC	c EIN-PN 76-0717206-001
a	Plan name	ADE INC RETIREMENT PLAN	
b	Name of plan sponsor	ASSOCIATED DESIGN & ENGINEERING INC	c EIN-PN 77-0051451-001
a	Plan name	DELRAY TIRE & RETREADING INC 401K PS PLAN	
b	Name of plan sponsor	DELRAY TIRE & RETREADING INC	c EIN-PN 77-0334475-001
a	Plan name	PALACE ENTERTAINMENT 401K PLAN	
b	Name of plan sponsor	FESTIVAL FUN PARKS LLC	c EIN-PN 77-0486724-001
a	Plan name	CUSTOM AG FORMULATORS INC RETIREMENT PLAN	
b	Name of plan sponsor	CUSTOM AGRICULTURAL FORMULATORS INC	c EIN-PN 77-0536417-001
a	Plan name	CAMILLE G CASH MD PA 401K PLAN	
b	Name of plan sponsor	CAMILLE G CASH MD PA	c EIN-PN 77-0591252-001
a	Plan name	SOUTHWINDS INSPECTION CORP 401K PLAN	
b	Name of plan sponsor	SOUTHWINDS INSPECTION CORP	c EIN-PN 80-0011552-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	XTREME SOLUTIONS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	XTREME SOLUTIONS INC	c EIN-PN 80-0037246-002
a	Plan name	TRANSWIDE NORTH AMERICA INC 401K PLAN	
b	Name of plan sponsor	ALPEGA TMS NORTH AMERICA INC	c EIN-PN 80-0326682-001
a	Plan name	TEACHSTONE 401K PLAN	
b	Name of plan sponsor	TEACHSTONE TRAINING LLC	c EIN-PN 80-0560774-001
a	Plan name	I & E SOLUTIONS 401K PLAN	
b	Name of plan sponsor	I & E SOLUTIONS LLC	c EIN-PN 80-0646172-001
a	Plan name	RETIREMENT PREPARATION 401K PLAN	
b	Name of plan sponsor	VILLA DEL SOL APARTMENTS LLC	c EIN-PN 80-0771037-001
a	Plan name	G & M WELL DRILLING INC 40K PLAN	
b	Name of plan sponsor	G & M WELL DRILLING INC	c EIN-PN 81-0928327-001
a	Plan name	ELLIE SEWING RETIREMENT PLAN	
b	Name of plan sponsor	ELLIE SEWING INC	c EIN-PN 81-1243919-001
a	Plan name	COMPLETE FENCE 401K PLAN	
b	Name of plan sponsor	COMPLETE FENCE LLC	c EIN-PN 81-1250258-001
a	Plan name	EAGLE ENVIRONMENTAL CONSULTANTS 401K PLAN	
b	Name of plan sponsor	EAGLE ENVIRONMENTAL CONSULTANTS LLC	c EIN-PN 81-1814611-001
a	Plan name	SWANSTON PROPERTIES INC INDIVIDUAL 401K	
b	Name of plan sponsor	SWANSTON PROPERTIES INC	c EIN-PN 81-2382277-001
a	Plan name	RL THERAPY GROUP 401K PLAN	
b	Name of plan sponsor	RL SPEECH THERAPY APC	c EIN-PN 81-3572975-001
a	Plan name	MIRTECH HARVEST CENTER INC 401K	
b	Name of plan sponsor	MIRTECH HARVEST CENTER INC	c EIN-PN 81-3901960-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LICAP TECHNOLOGIES INC 401K PLAN	
b	Name of plan sponsor	LICAP TECHNOLOGIES INC	c EIN-PN 81-3947789-001
a	Plan name	ALL IN SEPTIC SERVICES LLC 401K PLAN	
b	Name of plan sponsor	ALL IN SEPTIC SERVICES LLC	c EIN-PN 81-4239287-001
a	Plan name	EZ HOME EXTERIORS 401K PLAN	
b	Name of plan sponsor	MURPHY BURNS INC DBA EZ HOME EXTERIORS INC	c EIN-PN 81-4576032-001
a	Plan name	WISDOM CPA GROUP 401K PLAN	
b	Name of plan sponsor	WISDOM CPA GROUP	c EIN-PN 81-4882776-001
a	Plan name	FRIENDLY NEIGHBOR HEALTHCARE LLC 401K PLAN	
b	Name of plan sponsor	FRIENDLY NEIGHBOR HEALTHCARE LLC	c EIN-PN 81-5392328-001
a	Plan name	TAYLOR TRUCKING INC RETIREMENT PLAN	
b	Name of plan sponsor	TAYLOR TRUCKING INC	c EIN-PN 82-0370689-001
a	Plan name	BCA CONSULTING 401K PLAN	
b	Name of plan sponsor	BROWN CONSULTING ASSOCIATES INC	c EIN-PN 82-0527616-001
a	Plan name	TEN FOURTEEN INC 401K PLAN	
b	Name of plan sponsor	TEN FOURTEEN INC	c EIN-PN 82-0645685-001
a	Plan name	VISITING ANGELS 401K PLAN	
b	Name of plan sponsor	ST JULES LLC	c EIN-PN 82-1019530-001
a	Plan name	STARK MOTOR 401K PLAN	
b	Name of plan sponsor	STARK MOTOR LLC	c EIN-PN 82-1137398-001
a	Plan name	NOCO ROOFING LLC 401K PLAN	
b	Name of plan sponsor	NOCO ROOFING LLC	c EIN-PN 82-1547727-001
a	Plan name	MAUI POOLS 401K	
b	Name of plan sponsor	MAUI POOLS SERVICELLC	c EIN-PN 82-1592442-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HORSEY BUCKNER HEFFLER LLP 401K PLAN	
b	Name of plan sponsor	HORSEY BUCKNER HEFFLER LLP	c EIN-PN 82-1803066-001
a	Plan name	GEOKEY INC 401K PLAN	
b	Name of plan sponsor	GEOKEY INC	c EIN-PN 82-1837352-001
a	Plan name	LANE PIPELINE CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LANE PIPELINE CONSTRUCTION	c EIN-PN 82-1843849-001
a	Plan name	ORIGIN ENGINEERING LLC 401K PLAN	
b	Name of plan sponsor	ORIGIN ENGINEERING LLC	c EIN-PN 82-2330299-001
a	Plan name	PROFESSIONAL REGISTERED SERVICES 401K PLAN	
b	Name of plan sponsor	PROFESSIONAL REGISTERED SERVICES LLC	c EIN-PN 82-2395814-001
a	Plan name	CARRIAGE HOUSE 401K PLAN	
b	Name of plan sponsor	RESURRECTION HOT RODS INC DBA CARRIAGE HOUS	c EIN-PN 82-2438950-001
a	Plan name	NEW LEGEND INC 401K PLAN	
b	Name of plan sponsor	NEW LEGEND INC DBA LEGEND TRANSPORTATION	c EIN-PN 82-2521606-001
a	Plan name	SMILE DESIGNS 401K PLAN	
b	Name of plan sponsor	SMILE DESIGNS OF SOUTHERN OHIO LLC	c EIN-PN 82-3339733-001
a	Plan name	AMHEART SOLUTIONS 401K PLAN	
b	Name of plan sponsor	AMHEART SOLUTIONS	c EIN-PN 82-3383312-001
a	Plan name	TUSCAN CLUB 401K PLAN	
b	Name of plan sponsor	TUSCAN CLUB CONSULTING INC	c EIN-PN 82-3590539-001
a	Plan name	PHOENIX STAINLESS 401K PLAN	
b	Name of plan sponsor	PHOENIX STAINLESS LLC	c EIN-PN 82-3895308-001
a	Plan name	AB HATCHERY 401K PLAN	
b	Name of plan sponsor	AB HATCHERY INC	c EIN-PN 82-4413069-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CLINTON VAULS TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor	CLINTON VAULS TECHNOLOGY GROUP	c EIN-PN 82-4743757-001
a	Plan name	SKINWELL RETIREMENT PLAN	
b	Name of plan sponsor	SKINWELL DERMATOLOGY INC	c EIN-PN 82-5042991-001
a	Plan name	FULLBAY INC 401K PLAN	
b	Name of plan sponsor	FULLBAY INC	c EIN-PN 82-5370543-001
a	Plan name	HUBCAP DISTRIBUTORS 401K PLAN	
b	Name of plan sponsor	HUBCAP DISTRIBUTORS LLC	c EIN-PN 82-5383607-001
a	Plan name	WICHITA PRIMARY CARE LLC 401K PLAN	
b	Name of plan sponsor	WICHITA PRIMARY CARE LLC	c EIN-PN 83-0856818-001
a	Plan name	WILDFIREMANAGEMENT 401K PLAN	
b	Name of plan sponsor	WILDFIRE MANAGEMENT	c EIN-PN 83-1544817-001
a	Plan name	VETERAN CLAIMS PAID 401K PLAN	
b	Name of plan sponsor	VETERAN CLAIMS PAID LLC	c EIN-PN 83-1662039-001
a	Plan name	CONVERGE MEDICAL TECHNOLOGY 401K PLAN	
b	Name of plan sponsor	CONVERGE MEDICAL TECHNOLOGY LLC	c EIN-PN 83-1809918-001
a	Plan name	W INTERNATIONAL 401K PLAN	
b	Name of plan sponsor	W INTERNATIONAL SC LLC	c EIN-PN 83-2995647-001
a	Plan name	COMPLEX HEALTHCARE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	COMPLEX HEALTHCARE SOLUTIONS LLC	c EIN-PN 83-3356744-001
a	Plan name	INTEGRATED HVAC 401K PLAN	
b	Name of plan sponsor	INTEGRATED HVAC LLC	c EIN-PN 83-3855573-001
a	Plan name	ARCSTAR ELECTRIC LLC 401K PLAN	
b	Name of plan sponsor	ARCSTAR ELECTRIC LLC	c EIN-PN 83-4467357-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name R V WORLD 401K PLAN	
b	Name of plan sponsor RV WORLD RECREATION VEHICLE CENTRE LLC	c EIN-PN 83-4486585-001
a	Plan name ANDY J FRANK AND JOBEY K FRANK PLLC 401K PLAN	
b	Name of plan sponsor ANDY J FRANK AND JOBEY K FRANK PLLC	c EIN-PN 83-4522528-001
a	Plan name ROY JACKSON ELECTRIC INC PROFIT SHARING PLAN	
b	Name of plan sponsor ROY JACKSON ELECTRIC INC	c EIN-PN 84-1103569-001
a	Plan name ARGUS OF COLORADO 401K PLAN	
b	Name of plan sponsor ARGUS OF COLORADO DBA ARGUS HOME HEALTH	c EIN-PN 84-1163767-001
a	Plan name RAPPORT INC 401K PLAN & TRUST	
b	Name of plan sponsor RAPPORT INC	c EIN-PN 84-1262279-001
a	Plan name THE AHBE GROUP 401K PLAN AND TRUST	
b	Name of plan sponsor THE AHBE GROUP INC	c EIN-PN 84-1326860-002
a	Plan name SUMMIT DERMATOLOGY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SUMMIT DERMATOLOGY PC	c EIN-PN 84-1540358-001
a	Plan name FLOORING AND BEYOND LLC INDIVIDUAL 401K PLAN	
b	Name of plan sponsor FLOORING AND BEYOND LLC	c EIN-PN 84-2651900-001
a	Plan name ACCESSDX 401K PLAN	
b	Name of plan sponsor ARANSCIA LLC	c EIN-PN 84-2725709-001
a	Plan name RED OAK MANAGEMENT 401K PLAN	
b	Name of plan sponsor QUERCIA ROSSA INC	c EIN-PN 84-2872871-001
a	Plan name WINGTAT CARGO USA INC 401K PLAN	
b	Name of plan sponsor WINGTAT CARGO USA INC	c EIN-PN 84-2902301-001
a	Plan name KEITH FAMILY MEDICINE 401K PLAN	
b	Name of plan sponsor NABIL KEITH MD LLC	c EIN-PN 84-3205895-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MINCHIN BUICK GMC TRUCK 401K PLAN	
b	Name of plan sponsor	MINCHIN OF STAMFORD LLC	c EIN-PN 84-3535051-001
a	Plan name	F5 401K PLAN	
b	Name of plan sponsor	F5 MORTGAGE LLC	c EIN-PN 84-3621967-001
a	Plan name	THE HELLO HI 401K PLAN	
b	Name of plan sponsor	NEW RITUAL LLC DBA THE HELLO HI	c EIN-PN 84-3727634-001
a	Plan name	VACAYZEN 401K PLAN	
b	Name of plan sponsor	30A BEACH HOSPITALITY HOLDINGS LLC	c EIN-PN 84-3759073-001
a	Plan name	PARKSIDE FS 401K PLAN	
b	Name of plan sponsor	PARKSIDE FIRE & SECURITY INC	c EIN-PN 84-4018913-001
a	Plan name	CLIMATROL AIR DMM 401K PLAN	
b	Name of plan sponsor	CLIMATROL AIR LLC	c EIN-PN 84-4498149-001
a	Plan name	ISW CUSTOM BUILDERS 401K PLAN	
b	Name of plan sponsor	THE POD GROUP LLC	c EIN-PN 85-0996453-001
a	Plan name	BEACH CITIES AUTO GLASS 401K PLAN	
b	Name of plan sponsor	BEACH CITIES AUTO GLASS LLC	c EIN-PN 85-1480787-001
a	Plan name	FIND YOUR BALANCE CTR FOR GRWTH & CHANGE 401K	
b	Name of plan sponsor	FIND YOUR BALANCE THERAPY CENTER	c EIN-PN 85-1594780-001
a	Plan name	INTEGRITY ALLIANCE LLC 401K PLAN	
b	Name of plan sponsor	INTEGRITY ALLIANCE LLC	c EIN-PN 85-1672493-001
a	Plan name	HAMBLIN FAMILY DENTISTRY 401K PLAN	
b	Name of plan sponsor	HAMBLIN FAMILY DENTISTRY	c EIN-PN 85-2650346-001
a	Plan name	ANIMAL HOSPITAL OF PATASKALA LLC 401K PLAN	
b	Name of plan sponsor	ANIMAL HOSPITAL OF PATASKALA LLC	c EIN-PN 85-2741145-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	AC & RI AFFILIATED COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor	AC & RI INC	c EIN-PN 85-2972965-001
a	Plan name	BEAUTI PROS 401K PLAN	
b	Name of plan sponsor	BEAUTI PROS	c EIN-PN 85-3270701-001
a	Plan name	SADDLERIDGE SOLUTIONS 401K PLAN	
b	Name of plan sponsor	SADDLERIDGE SOLUTIONS	c EIN-PN 85-3817919-001
a	Plan name	UAI 401K PLAN	
b	Name of plan sponsor	UNITED APPAREL INDUSTRIES	c EIN-PN 85-3926972-001
a	Plan name	DRIGGERS CONSTRUCTION 401K P/S PLAN	
b	Name of plan sponsor	DRIGGERS CONSTRUCTION OF MIDDLE GA LLC	c EIN-PN 85-4071720-001
a	Plan name	MKFRN 401K PLAN	
b	Name of plan sponsor	MKFRN LLC	c EIN-PN 85-4149812-001
a	Plan name	THE COCOPAH INDIAN TRIBE 401K RETIREMENT	
b	Name of plan sponsor	COCOPAH INDIAN TRIBE	c EIN-PN 86-0255690-002
a	Plan name	TMM FAMILY SERVICES INC 401K PLAN	
b	Name of plan sponsor	TMM FAMILY SERVICES INC	c EIN-PN 86-0379677-001
a	Plan name	ENGINEERING & ENVIRONMENTAL CONSULTANTS 401K	
b	Name of plan sponsor	ENGINEERING & ENVIRONMENTAL CONSULTANTS	c EIN-PN 86-0579251-001
a	Plan name	LOW MOUNTAIN CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LOW MOUNTAIN CONSTRUCTION INC	c EIN-PN 86-0705725-001
a	Plan name	DALMOLIN EXCAVATING INC 401K PLAN	
b	Name of plan sponsor	DALMOLIN EXCAVATING INC	c EIN-PN 86-0782533-001
a	Plan name	WISE CONSULTING AND TRAINING 401K PS PLAN	
b	Name of plan sponsor	WISE CONSULTING AND TRAINING	c EIN-PN 86-0877529-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	1ST BANK YUMA 401K PLAN	
b	Name of plan sponsor	1ST BANK YUMA INC	c EIN-PN 86-0968262-001
a	Plan name	TRIGON STAFF 401K PLAN	
b	Name of plan sponsor	TRIGON STAFF ADMINISTRATORS INC	c EIN-PN 86-1014493-001
a	Plan name	GEN-MARK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GEMCO-REMARK SALES LLC	c EIN-PN 86-1168002-001
a	Plan name	4OWONK 401K PLAN	
b	Name of plan sponsor	DATAWORLD AI LLC	c EIN-PN 86-1991506-001
a	Plan name	BERRYHILL & MITCHELL PC 401K PLAN	
b	Name of plan sponsor	BERRYHILL & MITCHELL PC	c EIN-PN 86-2778890-001
a	Plan name	RIVERSIDE COOLING LLC 401K PLAN	
b	Name of plan sponsor	RIVERSIDE COOLING LLC	c EIN-PN 86-3986986-001
a	Plan name	MOUNTAIN UTAH FAMILY MEDICINE 401K PLAN	
b	Name of plan sponsor	MOUNTAIN UTAH FAMILY MEDICINE	c EIN-PN 87-0509414-001
a	Plan name	ALTA ALLOYS 401K PLAN	
b	Name of plan sponsor	ALTA ALLOYS	c EIN-PN 87-1031781-001
a	Plan name	ALEXANDER BASTIDAS INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	ALEXANDER BASTIDAS MD PLLC	c EIN-PN 87-1490270-001
a	Plan name	BRIAN CARR & ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor	BRIAN CARR & ASSOCIATES INC	c EIN-PN 87-1697566-001
a	Plan name	OPTIMAL HEALTH IK PLAN	
b	Name of plan sponsor	OPTIMAL HEALTH AND NOTARY SERVICES LLC	c EIN-PN 87-1814199-001
a	Plan name	ACP CONSTRUCTION & SONS INC RETIREMENT PLAN	
b	Name of plan sponsor	ACP CONSTRUCTION & SONS INC	c EIN-PN 87-2780834-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CAPITOL VALLEY ELECTRIC LLC 401K PSP-2	
b	Name of plan sponsor CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-002
a	Plan name CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
b	Name of plan sponsor CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-001
a	Plan name SPEED AUTO MANAGEMENT 401K PLAN	
b	Name of plan sponsor SPEED AUTO MANAGEMENT LLC	c EIN-PN 87-3785587-001
a	Plan name ADVANCE INSTALLATIONS INC 401K PLAN	
b	Name of plan sponsor ADVANCE INSTALLATIONS INC	c EIN-PN 88-0150572-001
a	Plan name VOGUE NAIL SPA INC 401K PLAN	
b	Name of plan sponsor VOGUE NAIL SPA INC	c EIN-PN 88-3569381-001
a	Plan name VKGS LLC 401K SAVINGS PLAN	
b	Name of plan sponsor VKGS LLC	c EIN-PN 90-0177886-001
a	Plan name DEENY CONSTRUCTION COMPANY 401K PSP	
b	Name of plan sponsor DEENY CONSTRUCTION COMPANY	c EIN-PN 91-0790331-001
a	Plan name S & S MASONRY INC 401K PLAN	
b	Name of plan sponsor S & S MASONRY INC	c EIN-PN 91-1747784-001
a	Plan name CIG PC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor CONSULTANTS IN GASTROENTEROLOGY PC	c EIN-PN 91-1812354-001
a	Plan name MECA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor METROPOLITAN ENTERTAINMENT & CONVENTION	c EIN-PN 91-1846837-001
a	Plan name TNT POWER WASH INC RETIREMENT PLAN	
b	Name of plan sponsor TNT POWER WASH INC	c EIN-PN 92-0184358-002
a	Plan name LAKELI PHARMACY GROUP INC RETIREMENT PLAN	
b	Name of plan sponsor LAKELI PHARMACY GROUP INC	c EIN-PN 92-1590409-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JB STEEL 401K PLAN	
b	Name of plan sponsor	JB STEEL LLC	c EIN-PN 93-0581861-006
a	Plan name	ADVANCED CALIBRATION DESIGNS INC 401K PLAN	
b	Name of plan sponsor	ADVANCED CALIBRATION DESIGNS INC	c EIN-PN 93-0981766-001
a	Plan name	MARK HEUETT GENERAL CONTRACTOR INC 401K PLAN	
b	Name of plan sponsor	MARK HEUETT GENERAL CONTRACTOR INC	c EIN-PN 93-1319951-002
a	Plan name	SANDHILLS RENEWABLE ENERGY LLC 401K PLAN	
b	Name of plan sponsor	SANDHILLS RENEWABLE ENERGY LLC	c EIN-PN 93-2382958-001
a	Plan name	SOUTHFORK ANIMAL HOSPITAL 401K PLAN	
b	Name of plan sponsor	SOUTHFORK VETERINARY HOSPITAL PLLC	c EIN-PN 93-3895288-001
a	Plan name	SAF-T-CAB INC 401K PLAN	
b	Name of plan sponsor	SAF-T-CAB INC	c EIN-PN 94-1666151-002
a	Plan name	FRESNO DENTAL PROFESSIONALS 401K RETIREMENT	
b	Name of plan sponsor	FRESNO DENTAL PROFESSIONALS	c EIN-PN 94-2371801-002
a	Plan name	HARRIS MANUFACTURING INC 401K PLAN	
b	Name of plan sponsor	HARRIS MANUFACTURING INC	c EIN-PN 94-2514493-001
a	Plan name	MY LIFE FOUNDATION INC 401K PSP	
b	Name of plan sponsor	MY LIFE FOUNDATION INC	c EIN-PN 94-3347107-001
a	Plan name	ALPERT & ALPERT IRON & METAL PROD 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-007
a	Plan name	ALPERT & ALPERT IRON & METAL LB UNION 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-006
a	Plan name	ALPERT & ALPERT IRON & METAL LA UNION 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL	c EIN-PN 95-1860560-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ALPERT & ALPERT IRON & METAL INC 401K PS PLAN	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-001
a	Plan name	HOSPITAL SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	HOSPITAL SYSTEMS INC	c EIN-PN 95-1976576-001
a	Plan name	TELL STEEL PROFIT SHARING PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-005
a	Plan name	VISTA METALS CORP UNION 401K PLAN	
b	Name of plan sponsor	VISTA METALS CORPORATION	c EIN-PN 95-2139701-005
a	Plan name	VISTA METALS CORP 401K & PS PLAN	
b	Name of plan sponsor	VISTA METALS CORP	c EIN-PN 95-2139701-001
a	Plan name	WISE & HEALTHY AGING 401K PLAN	
b	Name of plan sponsor	WISE & HEALTHY AGING	c EIN-PN 95-2788014-002
a	Plan name	SEVEN LAKES HOA 401K PLAN	
b	Name of plan sponsor	SEVEN LAKES HOMEOWNERS ASSN INC DBA SEVEN	c EIN-PN 95-2814425-001
a	Plan name	PACIFIC INDUSTRIAL ELECTRIC PSP	
b	Name of plan sponsor	PACIFIC INTL ELECTRIC CO INC DBA PIE	c EIN-PN 95-2870436-001
a	Plan name	REPUBLIC FENCE 401K PLAN	
b	Name of plan sponsor	REPUBLIC FENCE CO INC	c EIN-PN 95-3300909-001
a	Plan name	SCRS - IL 401K PS PLAN	
b	Name of plan sponsor	SOUTHERN CALIFORNIA REHAB SERVICES INC	c EIN-PN 95-3411383-001
a	Plan name	PALM DESERT RESORTER ASSOCIATION 401K PLAN	
b	Name of plan sponsor	PALM DESERT RESORTER ASSOCIATION	c EIN-PN 95-3531263-001
a	Plan name	TUSTIN COMMUNITY BANK PS 401K PLAN	
b	Name of plan sponsor	TUSTIN COMMUNITY BANK	c EIN-PN 95-3538278-002

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STATE STREET RETIREMENT RIGHT IN 2045	B Three-digit plan number (PN) ▶ 234
C Plan sponsor's name as shown on line 2a of Form 5500 HAND BENEFITS & TRUST COMPANY	D Employer Identification Number (EIN) 74-2008758

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	46934 78235
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1530521 107654
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	89980156 84899166
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	91557611	85085055
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	9105	32253
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	9105	32253
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	91548506	85052802

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	75845	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		75845
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	22132495	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	17529960	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		4602535
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	6964302	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		11642682

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	60150	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		60150
j Total expenses. Add all expense amounts in column (b) and enter total	2j		60150

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11582532
l Transfers of assets:			
(1) To this plan	2l(1)		24446732
(2) From this plan	2l(2)		42524968

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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