

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

**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  a DFE (specify) C

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

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

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

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

special extension (enter description)

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

**Part II Basic Plan Information—enter all requested information**

<p><b>1a</b> Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2050</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>235</u></p>
<p><b>2a</b> Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAND BENEFITS &amp; TRUST COMPANY</u></p> <p><u>820 GESSNER ROAD</u> <u>SUITE 1250</u> <u>HOUSTON, TX 77024</u></p>	<p><b>1c</b> Effective date of plan <u>02/01/2022</u></p> <p><b>2b</b> Employer Identification Number (EIN) <u>74-2008758</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>713-460-1000</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

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

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

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

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

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

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

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

---

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

---

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

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

---

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

---

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

Receipt Confirmation Code 0

---

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

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

<b>A</b> Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2050</u>	<b>B</b> Three-digit plan number (PN)	<u>▶</u> <u>235</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS &amp; TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>74-2008758</u>	

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

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

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

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

**c** EIN-PN

**d** Entity code

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

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CANYON DEL ORO BIBLE CHURCH 401K PLAN	
<b>b</b>	Name of plan sponsor	CANYON DEL ORO BIBLE CHURCH	<b>c</b> EIN-PN 86-0367606-001
<b>a</b>	Plan name	CHILD FAMILY SOLUTIONS CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	CHILD FAMILY SOLUTIONS CENTER	<b>c</b> EIN-PN 80-0981648-001
<b>a</b>	Plan name	CHINA INTEROCEAN TRANSPORT INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHINA INTEROCEAN TRANSPORT INC	<b>c</b> EIN-PN 13-3051933-001
<b>a</b>	Plan name	COMPANION LIFE INSURANCE CO OMNIBUS	
<b>b</b>	Name of plan sponsor	COMPANION LIFE INSURANCE CO	<b>c</b> EIN-PN 13-1595128-001
<b>a</b>	Plan name	CORONA SURGICAL LLC 401K PROFIT S	
<b>b</b>	Name of plan sponsor	CORONA SURGICAL LLC S	<b>c</b> EIN-PN 90-0722404-001
<b>a</b>	Plan name	DB DESIGN CENTER 401K	
<b>b</b>	Name of plan sponsor	DB DESIGN CENTER	<b>c</b> EIN-PN 81-5205178-001
<b>a</b>	Plan name	ELHAM JAFARIMOJARRAD MD3 INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ELHAM JAFARIMOJARRAD MD3 INC	<b>c</b> EIN-PN 81-4873977-002
<b>a</b>	Plan name	ENCINO MEDICAL PHARMACY INC 401K	
<b>b</b>	Name of plan sponsor	ENCINO MEDICAL PHARMACY INC	<b>c</b> EIN-PN 82-2967284-001
<b>a</b>	Plan name	GENERAL WELDING COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	GENERAL WELDING COMPANY	<b>c</b> EIN-PN 52-1905733-001
<b>a</b>	Plan name	JOHN R LUDWIG DDS PC 401K PROFIT	
<b>b</b>	Name of plan sponsor	JOHN R LUDWIG DDS PC	<b>c</b> EIN-PN 38-2555122-001
<b>a</b>	Plan name	JUST US CONSTRUCTION AND RESTORATION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	JUST US CONSTRUCTION RESTORATION INC	<b>c</b> EIN-PN 26-4550105-001
<b>a</b>	Plan name	LABOR AND INDUSTRY FOR EDUCATION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LABOR INDUSTRY FOR EDUCATION INC	<b>c</b> EIN-PN 11-4088055-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	VARICOSITY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	VARICOSITY LLC	<b>c</b> EIN-PN 01-0746953-001
<b>a</b>	Plan name	NIECE EQUIPMENT LP 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	NIECE EQUIPMENT LP	<b>c</b> EIN-PN 02-0613117-001
<b>a</b>	Plan name	CREEK ENTERPRISE 401K PLAN	
<b>b</b>	Name of plan sponsor	CREEK ENTERPRISE INC	<b>c</b> EIN-PN 02-0685190-001
<b>a</b>	Plan name	SD&S TRUCKING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SD&S TRUCKING LLC	<b>c</b> EIN-PN 02-0784596-001
<b>a</b>	Plan name	SERVICES BY DESIGN DBA CARING SOLUTIONS 401K	
<b>b</b>	Name of plan sponsor	SERVICES BY DESIGN DBA CARING SOLUTIONS	<b>c</b> EIN-PN 03-0374478-001
<b>a</b>	Plan name	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 457B	
<b>b</b>	Name of plan sponsor	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT	<b>c</b> EIN-PN 03-0418895-001
<b>a</b>	Plan name	RAPIDIT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RAPIDIT INC	<b>c</b> EIN-PN 03-0529614-001
<b>a</b>	Plan name	INNOVATIVE COATINGS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	INNOVATIVE COATINGS INC	<b>c</b> EIN-PN 04-2788282-001
<b>a</b>	Plan name	CASA NUEVA VIDA INC 401K PSP	
<b>b</b>	Name of plan sponsor	CASA NUEVA VIDA INC	<b>c</b> EIN-PN 04-3012063-002
<b>a</b>	Plan name	SURE-CRAN SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	SURE-CRAN SERVICES INC	<b>c</b> EIN-PN 04-3413399-001
<b>a</b>	Plan name	NEW ENGLAND DISCOUNT RETAILERS INC 401K PSP	
<b>b</b>	Name of plan sponsor	NEW ENGLAND DISCOUNT RETAILERS INC	<b>c</b> EIN-PN 04-3490470-001
<b>a</b>	Plan name	VALBRUNA SLATER STAINLESS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VALBRUNA SLATER STAINLESS INC	<b>c</b> EIN-PN 04-3784903-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	INWOOD VILLAGE PEDIATRICS 401K PS PLAN	
<b>b</b>	Name of plan sponsor	KH&D INWOOD VILLAGE PEDIATRICS PLLC	<b>c</b> EIN-PN 05-0622563-001
<b>a</b>	Plan name	VALBRUNA STAINLESS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	VALBRUNA STAINLESS INC	<b>c</b> EIN-PN 06-1379799-001
<b>a</b>	Plan name	FOXBORO ORTHODONTICS 401K PLAN	
<b>b</b>	Name of plan sponsor	ANITA S KARASKO DMD PC	<b>c</b> EIN-PN 06-1750645-001
<b>a</b>	Plan name	OXFORD NURSING HOME 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	OXFORD NURSING HOME INC	<b>c</b> EIN-PN 11-3157922-001
<b>a</b>	Plan name	ADMIRAL INSURANCE BROKERAGE CORP 401K PSP	
<b>b</b>	Name of plan sponsor	ADMIRAL INSURANCE BROKERAGE CORP	<b>c</b> EIN-PN 11-3347136-001
<b>a</b>	Plan name	RIED INTERNATIONAL CORP 401K PS PLAN	
<b>b</b>	Name of plan sponsor	RIED INTERNATIONAL CORP	<b>c</b> EIN-PN 11-3388374-001
<b>a</b>	Plan name	THE HOMELESS ALLIANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HOMELESS ALLIANCE INC	<b>c</b> EIN-PN 11-3718005-001
<b>a</b>	Plan name	DUTCHMAN TREE FARM 401K PLAN	
<b>b</b>	Name of plan sponsor	DUTCHMAN TREE FARMS LLC	<b>c</b> EIN-PN 11-3772653-001
<b>a</b>	Plan name	CONTINENTAL LIGHTING CORP 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CONTINENTAL LIGHTING CORP	<b>c</b> EIN-PN 13-3522727-001
<b>a</b>	Plan name	NEW YORK PROFESSIONAL NURSES UNION RET PLAN	
<b>b</b>	Name of plan sponsor	NEW YORK PROFESSIONAL NURSES UNION	<b>c</b> EIN-PN 13-3642959-001
<b>a</b>	Plan name	MEP AMERICA INC EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MEP AMERICA INC	<b>c</b> EIN-PN 13-3994242-001
<b>a</b>	Plan name	SHIRO TECHNOLOGIES 401K PLAN	
<b>b</b>	Name of plan sponsor	SHIRO TECHNOLOGIES LLC	<b>c</b> EIN-PN 13-4207846-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b> Plan name	GAM LAW 401K PLAN	
<b>b</b> Name of plan sponsor	MAG LAW OFFICES PC	<b>c</b> EIN-PN 13-4306677-001
<b>a</b> Plan name	GROUND WATER SYSTEMS 401K PSP AND TRUST	
<b>b</b> Name of plan sponsor	GROUND WATER SYSTEMS INC	<b>c</b> EIN-PN 16-1045313-001
<b>a</b> Plan name	CONVERGENCECOACHING LLC 401K PLAN	
<b>b</b> Name of plan sponsor	CONVERGENCECOACHING LLC	<b>c</b> EIN-PN 16-1590309-001
<b>a</b> Plan name	GREEN GLEN EQUINE HOSPITAL 401K PLAN	
<b>b</b> Name of plan sponsor	GREEN GLEN EQUINE HOSPITAL	<b>c</b> EIN-PN 16-1621635-001
<b>a</b> Plan name	TRI-REP SALES 401K PLAN	
<b>b</b> Name of plan sponsor	TRI-REP SALES INC	<b>c</b> EIN-PN 20-0280914-001
<b>a</b> Plan name	HOME TITLE CONNECT LLC 401K PROFIT SHARING	
<b>b</b> Name of plan sponsor	HOME TITLE CONNECT LLC	<b>c</b> EIN-PN 20-0346889-001
<b>a</b> Plan name	REGINA-ANDREW DESIGN 401K PLAN	
<b>b</b> Name of plan sponsor	REGINA-ANDREW DESIGN INC	<b>c</b> EIN-PN 20-0740554-001
<b>a</b> Plan name	CENTER FOR TRUE HARMONY WELLNESS 401K PLAN	
<b>b</b> Name of plan sponsor	THE CENTER FOR TRUE HARMONY WELLNESS AND MED	<b>c</b> EIN-PN 20-0775994-001
<b>a</b> Plan name	HADLEY'S TOWING LLC	
<b>b</b> Name of plan sponsor	HADLEYS TOWING LLC	<b>c</b> EIN-PN 20-1050422-001
<b>a</b> Plan name	BAYSIDE MECHANICAL INC 401K PLAN	
<b>b</b> Name of plan sponsor	BAYSIDE MECHANICAL INC	<b>c</b> EIN-PN 20-1083341-001
<b>a</b> Plan name	TOTAL SECURITY SOLUTIONS RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	TOTAL SECURITY SOLUTIONS INC	<b>c</b> EIN-PN 20-1159014-001
<b>a</b> Plan name	5D MINING 401K PLAN	
<b>b</b> Name of plan sponsor	5D MINING & CONSTRUCTION INC	<b>c</b> EIN-PN 20-1211201-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GROUND ZERO SHELTERS CO INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GROUND ZERO SHELTERS CO INC	<b>c</b> EIN-PN 20-1437041-001
<b>a</b>	Plan name	KNH INSURANCE 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KNH INSURANCE SERVICES INC	<b>c</b> EIN-PN 20-1647273-001
<b>a</b>	Plan name	OSBORNE INSURANCE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	OSBORNE INSURANCE SERVICES INC	<b>c</b> EIN-PN 20-1853961-001
<b>a</b>	Plan name	BHB ENTERPRISES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BHB ENTERPRISES INC	<b>c</b> EIN-PN 20-2058922-001
<b>a</b>	Plan name	FOODLINKS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	FOODLINKS INC	<b>c</b> EIN-PN 20-2096414-001
<b>a</b>	Plan name	TOTAL SITE SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TOTAL SITE SERVICES INC	<b>c</b> EIN-PN 20-2756205-001
<b>a</b>	Plan name	LAKOTA CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	LAKOTA CORP	<b>c</b> EIN-PN 20-2970922-001
<b>a</b>	Plan name	FARR CONSTRUCTION CORP DBA RDC 401K PLAN	
<b>b</b>	Name of plan sponsor	FARR CONSTRUCTION DBA RESOURCE DEVELOPMENT	<b>c</b> EIN-PN 20-3783793-001
<b>a</b>	Plan name	SOUTH CENTRAL SEALING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTH CENTRAL SEALING LLC	<b>c</b> EIN-PN 20-3982191-001
<b>a</b>	Plan name	MANAGEDWAY COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	MANAGEDWAY COMPANY	<b>c</b> EIN-PN 20-4408287-001
<b>a</b>	Plan name	CALIFORNIA WINDOW & SOLAR 401K	
<b>b</b>	Name of plan sponsor	CALIFORNIA GLASS & WINDOW CORP	<b>c</b> EIN-PN 20-4537258-001
<b>a</b>	Plan name	ROCKY VISTA UNIVERSITY LLC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	ROCKY VISTA UNIVERSITY LLC	<b>c</b> EIN-PN 20-4761077-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name FRANCISCO HERNANDEZ TAX SERVICES LLC 401K	
<b>b</b>	Name of plan sponsor FRANCISCO HERNANDEZ TAX SERVICES LLC	<b>c</b> EIN-PN 20-4883056-001
<b>a</b>	Plan name KILLIAN AUTOMOTIVE 401K PLAN	
<b>b</b>	Name of plan sponsor KILLIAN AUTOMOTIVE	<b>c</b> EIN-PN 20-5227343-001
<b>a</b>	Plan name ARAPAHOE OILFIELD SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor ARAPAHOE OILFIELD SERVICES LLC	<b>c</b> EIN-PN 20-5439087-001
<b>a</b>	Plan name CROFT 401K PLAN	
<b>b</b>	Name of plan sponsor CROFT PRODUCTION SYSTEMS INC	<b>c</b> EIN-PN 20-5650231-001
<b>a</b>	Plan name THE MCDONALD GROUP INC 401K PLAN	
<b>b</b>	Name of plan sponsor THE MCDONALD GROUP INC	<b>c</b> EIN-PN 20-8068130-001
<b>a</b>	Plan name FRAZIER PEST CONTROL INC 401K PROFIT SHAR	
<b>b</b>	Name of plan sponsor FRAZIER PEST CONTROL INC	<b>c</b> EIN-PN 20-8099736-001
<b>a</b>	Plan name TENNESSEE EQUINE HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor TENNESSEE EQUINE HOSPITAL	<b>c</b> EIN-PN 20-8123097-001
<b>a</b>	Plan name RETAIL SHIPPING PARTNERS 401K PLAN	
<b>b</b>	Name of plan sponsor RETAIL SHIPPING PARTNERS INC	<b>c</b> EIN-PN 20-8451041-001
<b>a</b>	Plan name HEALTHSOURCE INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HEALTHSOURCE INTEGRATED SOLUTIONS INC	<b>c</b> EIN-PN 20-8498601-003
<b>a</b>	Plan name GREAT LAKES BAY SURG & ENDOSCOPY 401K PLAN	
<b>b</b>	Name of plan sponsor NPS ASSOCIATES LLC DBA GREAT LAKES SURGERY	<b>c</b> EIN-PN 20-8500953-001
<b>a</b>	Plan name BRIER CREEK PEDIATRIC DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor CHRISTI M DAVIS DDS PA	<b>c</b> EIN-PN 20-8742190-001
<b>a</b>	Plan name KATIE B ENTERPRISES INC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor KATIE B ENTERPRISES INC	<b>c</b> EIN-PN 20-8805876-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TRI CITY HEATING AND AIR CONDITIONING 401K PL	
<b>b</b>	Name of plan sponsor	TRI-CITY HEATING AND AIR CONDITIONING INC	<b>c</b> EIN-PN 20-8903507-001
<b>a</b>	Plan name	SAINT DOMINIC ACADEMY 401K PLAN	
<b>b</b>	Name of plan sponsor	SAINT DOMINIC ACADEMY	<b>c</b> EIN-PN 22-1597129-001
<b>a</b>	Plan name	ELLIOTT-MCELWEE INC 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	ELLIOTT-MCELWEE INC	<b>c</b> EIN-PN 22-2357668-001
<b>a</b>	Plan name	RK CHEVROLET INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RK CHEVROLET INC	<b>c</b> EIN-PN 22-2398337-001
<b>a</b>	Plan name	LK AUTO D/B/A TOYOTA OF VINELAND 401K PLAN	
<b>b</b>	Name of plan sponsor	LK AUTO SALES INC DBA TOYOTA OF VINELAND	<b>c</b> EIN-PN 22-3083829-001
<b>a</b>	Plan name	FIFTH AVENUE ICE CREAM OF NEVADA INC 401K PLA	
<b>b</b>	Name of plan sponsor	FIFTH AVENUE ICE CREAM OF NEVADA INC	<b>c</b> EIN-PN 22-3228763-001
<b>a</b>	Plan name	HERITAGE TILE 401K PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE TILE & MARBLE CO	<b>c</b> EIN-PN 22-3726239-001
<b>a</b>	Plan name	SERVICEONE 401K PLAN	
<b>b</b>	Name of plan sponsor	JC ACQUISITIONS INC&SUBSIDIARIES	<b>c</b> EIN-PN 22-3888799-001
<b>a</b>	Plan name	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	
<b>b</b>	Name of plan sponsor	MANUFACTURING TECHNOLOGY MUTUAL INSURANCE CO	<b>c</b> EIN-PN 22-3948303-001
<b>a</b>	Plan name	KAHRS INTERNATIONAL INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	KAHRS INTERNATIONAL INC	<b>c</b> EIN-PN 23-2417661-001
<b>a</b>	Plan name	RAY PRICE MOTORS 401K PLAN	
<b>b</b>	Name of plan sponsor	RAY PRICE MOTORS	<b>c</b> EIN-PN 23-2635237-001
<b>a</b>	Plan name	OSMOND GENERAL HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor	OSMOND GENERAL HOSPITAL	<b>c</b> EIN-PN 23-7161473-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MILLER TRANSFER & RIGGING CO 401K PS PLAN	
<b>b</b>	Name of plan sponsor MILLER TRANSFER & RIGGING COMPANY	<b>c</b> EIN-PN 25-1189978-001
<b>a</b>	Plan name ARMSTRONG INDIANA BDHP PENSION PLAN	
<b>b</b>	Name of plan sponsor ARMSTRONG-INDIANA BEHAVIORAL AND DEVELOPMENT	<b>c</b> EIN-PN 25-1199680-001
<b>a</b>	Plan name ALPHA HOUSE INC 401K PLAN	
<b>b</b>	Name of plan sponsor ALPHA HOUSE INC	<b>c</b> EIN-PN 25-1231807-001
<b>a</b>	Plan name GW PEOPLES CONTRACTING COMPANY INC 401K	
<b>b</b>	Name of plan sponsor GW PEOPLES CONTRACTING COMPANY INC	<b>c</b> EIN-PN 25-1365856-001
<b>a</b>	Plan name ERIE FOOD CO-OP 401K PLAN	
<b>b</b>	Name of plan sponsor WHOLE FOODS COOPERATIVE	<b>c</b> EIN-PN 25-1401503-001
<b>a</b>	Plan name THE ELECTRIC COMPANY INC 401K PLAN	
<b>b</b>	Name of plan sponsor THE ELECTRIC COMPANY INC	<b>c</b> EIN-PN 25-1714107-001
<b>a</b>	Plan name CONNOLLY STEELE & COMPANY P C 401K PLAN	
<b>b</b>	Name of plan sponsor CONNOLLY STEELE & COMPANY PC	<b>c</b> EIN-PN 25-1767399-001
<b>a</b>	Plan name INFO-MATRIX CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor INFO-MATRIX CORPORATION	<b>c</b> EIN-PN 25-1788570-001
<b>a</b>	Plan name BENTZ LAW FIRM PC 401K PSP	
<b>b</b>	Name of plan sponsor BENTZ LAW FIRM PC	<b>c</b> EIN-PN 25-1878892-001
<b>a</b>	Plan name ANDERSON PHYSICAL THERAPY INC 401K PS	
<b>b</b>	Name of plan sponsor ANDERSON PHYSICAL THERAPY INC	<b>c</b> EIN-PN 26-0222060-001
<b>a</b>	Plan name MITEC SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor MITEC SOLUTIONS INC	<b>c</b> EIN-PN 26-0590889-001
<b>a</b>	Plan name SEITEC 401K WEALTH PLAN	
<b>b</b>	Name of plan sponsor AGRIHORIZON INC	<b>c</b> EIN-PN 26-0659633-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TREATMENT CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTHERN PLAINS TREATMENT SERVICES	<b>c</b> EIN-PN 26-1219848-001
<b>a</b>	Plan name	COMFORT MD INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	COMFORT MD INC	<b>c</b> EIN-PN 26-1644115-001
<b>a</b>	Plan name	MANDUKA LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MANDUKA LLC	<b>c</b> EIN-PN 26-1648490-001
<b>a</b>	Plan name	QUIK TEK MACHINING 401K PLAN	
<b>b</b>	Name of plan sponsor	QUIK TEK MACHINING LLC	<b>c</b> EIN-PN 26-1912212-001
<b>a</b>	Plan name	COMMUNITY PHARMACY SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY PHARMACY SERVICES INC	<b>c</b> EIN-PN 26-2122849-001
<b>a</b>	Plan name	EDGE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	EDGE SERVICES INC	<b>c</b> EIN-PN 26-2464207-001
<b>a</b>	Plan name	TEXAS TITLE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	TEXAS TITLE COMPANY	<b>c</b> EIN-PN 26-2717873-001
<b>a</b>	Plan name	THE BALE LAW FIRM PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	THE BALE LAW FIRM PLLC	<b>c</b> EIN-PN 26-2863287-002
<b>a</b>	Plan name	BLUE WATER CREDIT LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BLUE WATER CREDIT LLC	<b>c</b> EIN-PN 26-2934487-001
<b>a</b>	Plan name	FAST TRACK URGENT CARE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CRESCENT URGENT HEALTHCARE SERVICES LLC	<b>c</b> EIN-PN 26-3661532-001
<b>a</b>	Plan name	F STREET DEV GROUP 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	F STREET DEVELOPMENT GROUP LLC	<b>c</b> EIN-PN 26-3977115-001
<b>a</b>	Plan name	MIDWEST MECHANICAL INDUSTRIAL SERVICES 401K	
<b>b</b>	Name of plan sponsor	MIDWEST MECHANICAL INDUSTRIAL SERVICES LLC	<b>c</b> EIN-PN 26-4031281-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	BRADLEY R GILMER DDS 401K PLAN	
<b>b</b> Name of plan sponsor	BRADLEY R GILMER DDS LLC	<b>c</b> EIN-PN 26-4037356-001
<b>a</b> Plan name	BIOMEDGPS 401K SAVINGS PLAN	
<b>b</b> Name of plan sponsor	BIOMEDGPSLLC	<b>c</b> EIN-PN 26-4134877-001
<b>a</b> Plan name	JENNIFER KWOK OD INC IND 401K PLAN	
<b>b</b> Name of plan sponsor	JENNIFER KWOK OD INC	<b>c</b> EIN-PN 26-4517705-001
<b>a</b> Plan name	PRO AIR INC 401K PLAN	
<b>b</b> Name of plan sponsor	PRO AIR INC	<b>c</b> EIN-PN 26-4682398-001
<b>a</b> Plan name	ESTATE & BUSINESS LAW GROUP PC 401K PLAN	
<b>b</b> Name of plan sponsor	ESTATE & BUSINESS LAW GROUP PC	<b>c</b> EIN-PN 27-0110962-001
<b>a</b> Plan name	STILLWATER PROVISIONS 401K PLAN	
<b>b</b> Name of plan sponsor	STILLWATER PROVISIONS	<b>c</b> EIN-PN 27-0235099-001
<b>a</b> Plan name	MANASSA BOJCZUK PC 401K P/S PLAN	
<b>b</b> Name of plan sponsor	MANASSA BOJCZUK PC	<b>c</b> EIN-PN 27-0377867-001
<b>a</b> Plan name	WINJET AUTOMOTIVE INC 401K PLAN	
<b>b</b> Name of plan sponsor	WINJET AUTOMOTIVE INC	<b>c</b> EIN-PN 27-0437448-001
<b>a</b> Plan name	HOT PURPLE ENERGY 401K	
<b>b</b> Name of plan sponsor	HOT PURPLE INC	<b>c</b> EIN-PN 27-0475938-001
<b>a</b> Plan name	BYRUM COMPANIES 401K PLAN	
<b>b</b> Name of plan sponsor	BYRUM BUILDERS	<b>c</b> EIN-PN 27-0508150-001
<b>a</b> Plan name	AGILE TRANSFORMATION INC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	AGILE TRANSFORMATION INC	<b>c</b> EIN-PN 27-0528434-001
<b>a</b> Plan name	RS DALE CO INC SAFE HARBOR 401K PLAN	
<b>b</b> Name of plan sponsor	RS DALE CO INC	<b>c</b> EIN-PN 27-0755164-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	SPORTCHASSIS 401K PLAN
<b>b</b>	Name of plan sponsor	SPORTCHASSIS HOLDINGS INC
<b>c</b>	EIN-PN	27-0931398-001
<b>a</b>	Plan name	ACHIEVEMENT REHABILITATION THR 401K PSP TRUST
<b>b</b>	Name of plan sponsor	ACHIEVEMENT REHABILITATION THROUGH THERAPEUT
<b>c</b>	EIN-PN	27-0991521-001
<b>a</b>	Plan name	VISTA METALS GEORGIA 401K & PS PLAN
<b>b</b>	Name of plan sponsor	VISTA METALS-GEORGIA
<b>c</b>	EIN-PN	27-1043263-001
<b>a</b>	Plan name	VISTA METALS GA PRODUCTION EES 401K PLAN
<b>b</b>	Name of plan sponsor	VISTA METALS GEORGIA
<b>c</b>	EIN-PN	27-1043263-003
<b>a</b>	Plan name	WHITELEATHER GRAIN LLC 401K PLAN
<b>b</b>	Name of plan sponsor	WHITELEATHER GRAIN LLC
<b>c</b>	EIN-PN	27-1176976-001
<b>a</b>	Plan name	NEW GENERATION MEDICAL PRACTICE 401K PLAN
<b>b</b>	Name of plan sponsor	NEW GENERATION MEDICAL PRACTICE PLLC
<b>c</b>	EIN-PN	27-1295512-001
<b>a</b>	Plan name	SITUATED CONSULTING UNI K PLAN
<b>b</b>	Name of plan sponsor	SITUATED CONSULTING LLC
<b>c</b>	EIN-PN	27-1374114-001
<b>a</b>	Plan name	NEW HOPE TRANSITIONAL HOUSING 401K PLAN
<b>b</b>	Name of plan sponsor	NEW HOPE TRANSITIONAL HOUSING INC
<b>c</b>	EIN-PN	27-1440474-001
<b>a</b>	Plan name	BRYLLAN 401K PLAN
<b>b</b>	Name of plan sponsor	BRYLLAN LLC
<b>c</b>	EIN-PN	27-1568186-001
<b>a</b>	Plan name	FOREFRONT TECHNOLOGY'S 401K PS PLAN
<b>b</b>	Name of plan sponsor	FOREFRONT TECHNOLOGY SOLUTIONS CORP
<b>c</b>	EIN-PN	27-1814097-001
<b>a</b>	Plan name	PRO-LOW JOINT VENTURE 401K PLAN
<b>b</b>	Name of plan sponsor	PRO-LOW JOINT VENTURE
<b>c</b>	EIN-PN	27-1816494-001
<b>a</b>	Plan name	JUST GOOD MEATS 401K PLAN
<b>b</b>	Name of plan sponsor	JUST GOOD MEATS
<b>c</b>	EIN-PN	27-1947028-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	POSITIVE GROUP LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	POSITIVE GROUP LLC	<b>c</b> EIN-PN 27-2716470-001
<b>a</b>	Plan name	HONEST 1 AUTO CARE 401K PLAN	
<b>b</b>	Name of plan sponsor	AZALEA PARTNERSHIP TRUSTING DBA HONEST 1 A	<b>c</b> EIN-PN 27-2970097-001
<b>a</b>	Plan name	STEVEN KAKLEAS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	LYKOS CONSTRUCTION LLC	<b>c</b> EIN-PN 27-3408550-001
<b>a</b>	Plan name	VAERUS AVIATION 401K PLAN	
<b>b</b>	Name of plan sponsor	VAERUS AVIATION INC	<b>c</b> EIN-PN 27-3587432-001
<b>a</b>	Plan name	INDUSTRIAL COATINGS GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	INDUSTRIAL COATINGS GROUP INC	<b>c</b> EIN-PN 27-3610603-001
<b>a</b>	Plan name	KC COATINGS 401K PLAN	
<b>b</b>	Name of plan sponsor	KC COATINGS LLC	<b>c</b> EIN-PN 27-3644829-001
<b>a</b>	Plan name	CANNON UTILITY SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CANNON UTILITY SERVICES LLC	<b>c</b> EIN-PN 27-3701067-001
<b>a</b>	Plan name	BLUEROCK BUILDERS 401K PLAN	
<b>b</b>	Name of plan sponsor	BLUEROCK BUILDERS LLC	<b>c</b> EIN-PN 27-3960833-001
<b>a</b>	Plan name	ADEPT EQUIPMENT SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	ADEPT EQUIPMENT SERVICES LLC	<b>c</b> EIN-PN 27-4764811-001
<b>a</b>	Plan name	SCHNELLER PLUMBING HEATING & AIR INC 401K	
<b>b</b>	Name of plan sponsor	SCHNELLER PLUMBING HEATING & AIR INC	<b>c</b> EIN-PN 27-5429250-001
<b>a</b>	Plan name	TK DESIGN & ASSOCIATES INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	TK DESIGN & ASSOCIATES INC	<b>c</b> EIN-PN 30-0334148-001
<b>a</b>	Plan name	MIDWEST ENGINEERING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MIDWEST ENGINEERING INC	<b>c</b> EIN-PN 30-0379511-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	BRIDGES HOLDINGS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BRIDGES HOLDINGS INC	<b>c</b> EIN-PN 30-0505804-001
<b>a</b>	Plan name	SARVICUS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	SARVICUS LLC	<b>c</b> EIN-PN 30-0625973-001
<b>a</b>	Plan name	LAW OFFICES OF DAVID F ISSAPOUR RETIREMENT	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF DAVID F ISSAPOUR APLC	<b>c</b> EIN-PN 30-0759730-001
<b>a</b>	Plan name	FLORIDA COASTAL COLORS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	FLORIDA COASTAL COLORS LLC	<b>c</b> EIN-PN 30-0829901-001
<b>a</b>	Plan name	BELT INSURANCE AGENCY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BELT INSURANCE AGENCY LLC	<b>c</b> EIN-PN 31-1260214-001
<b>a</b>	Plan name	SPRINGFIELD TOWNSHIP 457B PLAN	
<b>b</b>	Name of plan sponsor	SPRINGFIELD TOWNSHIP	<b>c</b> EIN-PN 31-6000601-001
<b>a</b>	Plan name	OUTER BANKS BLUE REALTY SERVICES 401K PS PLAN	
<b>b</b>	Name of plan sponsor	OUTER BANKS BLUE LLC D/B/A OUTER BANKS REAL	<b>c</b> EIN-PN 32-0150985-001
<b>a</b>	Plan name	HAPPY TRAILER SALES 401K PLAN	
<b>b</b>	Name of plan sponsor	HAPPY TRAILER SALES LLC	<b>c</b> EIN-PN 32-0454017-001
<b>a</b>	Plan name	ELI WIRELINE SERVICES 401K PLAN	
<b>b</b>	Name of plan sponsor	ELI WIRELINE SERVICES LLC	<b>c</b> EIN-PN 32-0487776-001
<b>a</b>	Plan name	KPB GROUP INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	KPB GROUP	<b>c</b> EIN-PN 32-0683180-001
<b>a</b>	Plan name	AHERN AGRIBUSINESS INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	AHERN AGRIBUSINESS INC	<b>c</b> EIN-PN 33-0145028-001
<b>a</b>	Plan name	ROLAND ELECTRIC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROLAND ELECTRIC	<b>c</b> EIN-PN 33-0517459-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HANNA CONSTRUCTION INC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HANNA CONSTRUCTION INC DBA HANNA CONSTRUCT	<b>c</b> EIN-PN 33-0719144-001
<b>a</b>	Plan name	CARICH ENTERPRISES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CARICH ENTERPRISES INC	<b>c</b> EIN-PN 33-0806817-001
<b>a</b>	Plan name	SOUTHWEST STRATEGIES LLC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST STRATEGIES LLC	<b>c</b> EIN-PN 33-0900047-003
<b>a</b>	Plan name	LEGEND FENCE CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	LEGEND FENCE CORP	<b>c</b> EIN-PN 33-0933059-001
<b>a</b>	Plan name	PRECISION WEALTH FINANCIAL & INSURANCE 401K	
<b>b</b>	Name of plan sponsor	PRECISION WEALTH FINANCIAL & INSURANCE SRVS	<b>c</b> EIN-PN 33-0986862-001
<b>a</b>	Plan name	NATIONAL TOOLING & MACHINING ASSOCIATION 401K	
<b>b</b>	Name of plan sponsor	NATIONAL TOOLING & MACHINING ASSOC	<b>c</b> EIN-PN 34-0646162-002
<b>a</b>	Plan name	OBARS MACHINE & TOOL COMPANY PS 401K PLAN	
<b>b</b>	Name of plan sponsor	OBARS MACHINE & TOOL COMPANY INC	<b>c</b> EIN-PN 34-0965850-001
<b>a</b>	Plan name	HUDSON INCENTIVES INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HUDSON INCENTIVES INC	<b>c</b> EIN-PN 34-1345672-003
<b>a</b>	Plan name	LARIA CHEVROLET-BUICK 401K PS PLAN	
<b>b</b>	Name of plan sponsor	LARIA CHEVROLET-BUICK INC	<b>c</b> EIN-PN 34-1346123-002
<b>a</b>	Plan name	CHN HOUSING PARTNERS 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CHN HOUSING PARTNERS	<b>c</b> EIN-PN 34-1346763-001
<b>a</b>	Plan name	MIDLAKE PRODUCTS & MANUFACTURING CO INC	
<b>b</b>	Name of plan sponsor	MIDLAKE PRODUCTS & MANUFACTURING CO INC	<b>c</b> EIN-PN 34-1571105-001
<b>a</b>	Plan name	THE EPILEPSY CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor	THE EPILEPSY CENTER	<b>c</b> EIN-PN 34-1768270-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TK'S PAINTING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TKS PAINTING LLC	<b>c</b> EIN-PN 34-2024414-001
<b>a</b>	Plan name	CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN	
<b>b</b>	Name of plan sponsor	CUYAHOGA COUNTY OF OHIO	<b>c</b> EIN-PN 34-6000817-001
<b>a</b>	Plan name	MEDINA COUNTY PE DEF COMP 457B PLAN	
<b>b</b>	Name of plan sponsor	MEDINA COUNTY	<b>c</b> EIN-PN 34-6001851-001
<b>a</b>	Plan name	OH457IO DEFERRED COMPENSATION	
<b>b</b>	Name of plan sponsor	CITY OF WARREN OHIO	<b>c</b> EIN-PN 34-6002974-001
<b>a</b>	Plan name	DAHM BROTHERS INC 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	DAHM BROTHERS INC	<b>c</b> EIN-PN 35-0259100-001
<b>a</b>	Plan name	BANKS HARDWOODS INC 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	BANKS HARDWOODS INC	<b>c</b> EIN-PN 35-1641369-001
<b>a</b>	Plan name	ALDRIDGE INSURANCE 401K PLAN	
<b>b</b>	Name of plan sponsor	ALDRIDGE INSURANCE INC	<b>c</b> EIN-PN 35-1937710-001
<b>a</b>	Plan name	AMJ INSURANCE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	AMJ INSURANCE INC	<b>c</b> EIN-PN 35-2066916-001
<b>a</b>	Plan name	WAYNE METALS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WAYNE METALS LLC	<b>c</b> EIN-PN 35-2129195-001
<b>a</b>	Plan name	POSSIBILITIES NORTHEAST LLC 401K SALARY	
<b>b</b>	Name of plan sponsor	POSSIBILITIES NORTHEAST LLC	<b>c</b> EIN-PN 35-2151934-001
<b>a</b>	Plan name	MORGAN BRONZE PRODUCTS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MORGAN BRONZE PRODUCTS INC	<b>c</b> EIN-PN 36-2100305-001
<b>a</b>	Plan name	WRIGHTWOOD PRECISION PRODUCTS CO 401K PLAN	
<b>b</b>	Name of plan sponsor	WRIGHTWOOD PRECISION PRODUCTS COMPANY	<b>c</b> EIN-PN 36-2597002-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MECCON INDUSTRIES 401K PLAN	
<b>b</b>	Name of plan sponsor	MECCON INDUSTRIES INC	<b>c</b> EIN-PN 36-3008454-002
<b>a</b>	Plan name	KANSAS SOYBEAN ASSOCIATION 401K PLAN	
<b>b</b>	Name of plan sponsor	KANSAS SOYBEAN ASSOCIATION	<b>c</b> EIN-PN 36-3141909-001
<b>a</b>	Plan name	CUSTOM ELECTRONIC DESIGN & INSTALL ASSOC 401K	
<b>b</b>	Name of plan sponsor	CUSTOM ELECTRIC DESIGN & INSTALLATION ASSOC	<b>c</b> EIN-PN 36-3724289-001
<b>a</b>	Plan name	D'ANDREA & ASSOCIATES LTD 401K PLAN	
<b>b</b>	Name of plan sponsor	DANDREA & ASSOCIATES LTD	<b>c</b> EIN-PN 36-4028688-001
<b>a</b>	Plan name	FOND OF MATH 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST GENERAL CONTRACTORS	<b>c</b> EIN-PN 36-4147364-001
<b>a</b>	Plan name	V&S TRUCKING 401K PLAN	
<b>b</b>	Name of plan sponsor	V & S TRUCKING LLC	<b>c</b> EIN-PN 36-4200799-001
<b>a</b>	Plan name	PEDIATRIC PROFESSIONALS PC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC PROFESSIONALS PC	<b>c</b> EIN-PN 36-4501581-001
<b>a</b>	Plan name	MEHUL C PATEL DDS PC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	MEHUL C PATEL DDS PC	<b>c</b> EIN-PN 36-4544110-002
<b>a</b>	Plan name	THIELEN FOLEY & MIRDO LLC 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor	THIELEN FOLEY & MIRDO LLC	<b>c</b> EIN-PN 36-4556774-001
<b>a</b>	Plan name	BURDITT CONSULTANTS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BURDITT CONSULTANTS LLC	<b>c</b> EIN-PN 36-4604937-001
<b>a</b>	Plan name	MICHAEL COLE INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL COLE ATTORNEY AT LAW	<b>c</b> EIN-PN 36-4901208-001
<b>a</b>	Plan name	PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP	
<b>b</b>	Name of plan sponsor	PARTNERSHIP FINANCIAL CREDIT UNION	<b>c</b> EIN-PN 36-6070077-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <b>GRIFFITTS CONSTRUCTION 401K</b>	
<b>b</b>	Name of plan sponsor <b>GRIFFITTS CONSTRUCTION INC</b>	<b>c</b> EIN-PN <b>37-0863472-001</b>
<b>a</b>	Plan name <b>EVAN LLOYD ASSOCIATES INC SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EVAN LLOYD ASSOCIATES INC</b>	<b>c</b> EIN-PN <b>37-1211141-001</b>
<b>a</b>	Plan name <b>BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC</b>	
<b>b</b>	Name of plan sponsor <b>BUEHLER MOTOR INC</b>	<b>c</b> EIN-PN <b>37-1492335-002</b>
<b>a</b>	Plan name <b>NEXT STEP COMMUNICATIONS 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>NEXT STEP COMMUNICATIONS LLC</b>	<b>c</b> EIN-PN <b>37-1644996-001</b>
<b>a</b>	Plan name <b>4TH &amp; GOAL DRILLING AND BLASTING 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>4TH &amp; GOAL DRILLING AND BLASTING</b>	<b>c</b> EIN-PN <b>37-1712520-001</b>
<b>a</b>	Plan name <b>CSSC INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>CSSC INC</b>	<b>c</b> EIN-PN <b>37-1919117-001</b>
<b>a</b>	Plan name <b>ECON DEV ALLIANCE OF ST CLAIR COUNTY PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ECONOMIC DEVELOPMENT ALLIANCE</b>	<b>c</b> EIN-PN <b>38-1410034-001</b>
<b>a</b>	Plan name <b>EW KITCHENS INC EMPLOYEES' 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>EW KITCHENS INC</b>	<b>c</b> EIN-PN <b>38-1626582-001</b>
<b>a</b>	Plan name <b>BEST MATERIALS PROFIT-SHARING PLAN</b>	
<b>b</b>	Name of plan sponsor <b>BEST BLOCK COMPANY</b>	<b>c</b> EIN-PN <b>38-1819457-001</b>
<b>a</b>	Plan name <b>ARROW ROOFING &amp; SUPPLY INC PS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ARROW ROOFING &amp; SUPPLY INC</b>	<b>c</b> EIN-PN <b>38-1893198-001</b>
<b>a</b>	Plan name <b>ZILKA HEATING &amp; COOLING INC 401K PLAN</b>	
<b>b</b>	Name of plan sponsor <b>ZILKA HEATING &amp; COOLING INC</b>	<b>c</b> EIN-PN <b>38-1947015-001</b>
<b>a</b>	Plan name <b>MELLEN SMITH AND PIVOZ 401K SAVINGS PLAN</b>	
<b>b</b>	Name of plan sponsor <b>MELLEN SMITH &amp; PIVOZ PLC</b>	<b>c</b> EIN-PN <b>38-2050733-001</b>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	E & L MEAT COMPANY 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	E & L MEAT COMPANY	<b>c</b> EIN-PN 38-2141947-001
<b>a</b>	Plan name	MC VAN KAMPEN TRUCKING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MC VAN KAMPEN TRUCKING INC	<b>c</b> EIN-PN 38-2393098-001
<b>a</b>	Plan name	LUCKMARR PLASTICS INC 401K SALARY REDUCTION P	
<b>b</b>	Name of plan sponsor	LUCKMARR PLASTICS INC	<b>c</b> EIN-PN 38-2475612-001
<b>a</b>	Plan name	J THEISEN INC 401K PLAN	
<b>b</b>	Name of plan sponsor	J THEISEN INC	<b>c</b> EIN-PN 38-2607616-001
<b>a</b>	Plan name	CONTEMPORARY OBSTETRICS PC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CONTEMPORARY OBSTETRICS PC	<b>c</b> EIN-PN 38-2688194-001
<b>a</b>	Plan name	ANCA INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ANCA INC	<b>c</b> EIN-PN 38-2850970-001
<b>a</b>	Plan name	ADVANCE PLUMBING 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE PLUMBING SUPPLY OF WALLED LAKE INC	<b>c</b> EIN-PN 38-2936735-001
<b>a</b>	Plan name	BOWMAN EXCAVATING 401K PLAN	
<b>b</b>	Name of plan sponsor	BOWMAN EXCAVATING INC	<b>c</b> EIN-PN 38-3003824-001
<b>a</b>	Plan name	OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	OAKLAND MANAGEMENT CORP	<b>c</b> EIN-PN 38-3196699-001
<b>a</b>	Plan name	CRYSTAL FILTRATION COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	CRYSTAL FILTRATION COMPANY OF MICHIGAN	<b>c</b> EIN-PN 38-3213014-001
<b>a</b>	Plan name	MMG TRUCK & TRAILER REPAIR 401K PLAN	
<b>b</b>	Name of plan sponsor	MMG TRUCK & TRAILER REPAIR	<b>c</b> EIN-PN 38-3354816-001
<b>a</b>	Plan name	TWIN PINES LANDSCAPING 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TWIN PINES LANDSCAPING	<b>c</b> EIN-PN 38-3426291-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	LTM QUICK LUBE OF MI INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LTM QUICK LUBE OF MI INC	<b>c</b> EIN-PN 38-3468964-001
<b>a</b>	Plan name	HERITAGE CHURCH 401K PLAN	
<b>b</b>	Name of plan sponsor	HERITAGE CHURCH OF MACOMB	<b>c</b> EIN-PN 38-3509400-001
<b>a</b>	Plan name	ROYAL STONE SAFE HARBOR 401K PLAN	
<b>b</b>	Name of plan sponsor	ROYAL STONE LLC	<b>c</b> EIN-PN 38-3528028-001
<b>a</b>	Plan name	AXTELLA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	AXTELLA LLC	<b>c</b> EIN-PN 38-3627552-001
<b>a</b>	Plan name	MCELHINNY INSURANCE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	MCELHINNY INSURANCE LLC	<b>c</b> EIN-PN 38-3667025-001
<b>a</b>	Plan name	MAYER & NEWTON 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAW OFFICES OF MAYER & NEWTON	<b>c</b> EIN-PN 38-3736904-001
<b>a</b>	Plan name	O'BRIEN AND ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	OBRIEN SERVICES INC	<b>c</b> EIN-PN 39-1818583-001
<b>a</b>	Plan name	WORLDBRIDGE PARTNERS OF OMAHA 401K SAVINGS	
<b>b</b>	Name of plan sponsor	WORLDBRIDGE PARTNERS OF OMAHA	<b>c</b> EIN-PN 39-2044660-001
<b>a</b>	Plan name	ATLAS CRYPT AND MANUFACTURING 401K RET PLAN	
<b>b</b>	Name of plan sponsor	ATLAS CRYPT AND MANUFACTURING CO INC	<b>c</b> EIN-PN 41-0951243-001
<b>a</b>	Plan name	TPI CUSTOM SOLUTIONS 401K AND PSP	
<b>b</b>	Name of plan sponsor	TPI CUSTOM SOLUTIONS	<b>c</b> EIN-PN 41-1417264-001
<b>a</b>	Plan name	MINSER CHIROPRACTIC CLINIC 401K PLAN	
<b>b</b>	Name of plan sponsor	MINSER CHIROPRACTIC CLINIC PA INC	<b>c</b> EIN-PN 41-1768916-001
<b>a</b>	Plan name	NATURAL ENVIRONMENTS CORPORATION 401K PSP	
<b>b</b>	Name of plan sponsor	NATURAL ENVIRONMENTS CORPORATION	<b>c</b> EIN-PN 41-1843976-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AXIS 401K UNION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AXIS MINNESOTA INC	<b>c</b> EIN-PN 41-1852557-002
<b>a</b>	Plan name	AXIS 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	AXIS MINNESOTA INC	<b>c</b> EIN-PN 41-1852557-001
<b>a</b>	Plan name	CLASSIC EVENTS 401K PLAN	
<b>b</b>	Name of plan sponsor	DES MOINES A TO Z PARTY RENTAL INC	<b>c</b> EIN-PN 41-1951244-001
<b>a</b>	Plan name	401K PLAN FOR EMPLOYEES OF MSEA	
<b>b</b>	Name of plan sponsor	MINNESOTA SCHOOL EMPLOYEES ASSOCIATION	<b>c</b> EIN-PN 41-1994256-002
<b>a</b>	Plan name	COOLING SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	COOLING SOLUTIONS LLC	<b>c</b> EIN-PN 41-2215404-001
<b>a</b>	Plan name	GETHMANN CONSTRUCTION CO INC 401K PSP	
<b>b</b>	Name of plan sponsor	GETHMANN CONSTRUCTION COMPANY INC	<b>c</b> EIN-PN 42-0271670-001
<b>a</b>	Plan name	EDWARDS AUTO GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	<b>c</b> EIN-PN 42-0646357-001
<b>a</b>	Plan name	FUTURE FOAM INC 401K PS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FUTURE FOAM INC	<b>c</b> EIN-PN 42-0836191-001
<b>a</b>	Plan name	JIM HAWK TRUCK TRAILERS INC 401K SAVINGS	
<b>b</b>	Name of plan sponsor	JIM HAWK TRUCK TRAILERS INC	<b>c</b> EIN-PN 42-1022818-002
<b>a</b>	Plan name	ATC INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ATC INC	<b>c</b> EIN-PN 42-1095528-001
<b>a</b>	Plan name	CANDEO 401K PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE COMMUNITY OPTIONS INC DBA CANDEO	<b>c</b> EIN-PN 42-1388521-004
<b>a</b>	Plan name	IOWA MOLD & ENGINEERING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	IOWA MOLD & ENGINEERING INC	<b>c</b> EIN-PN 42-1411689-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	ROD-MAR 401K PLAN	
<b>b</b> Name of plan sponsor	RODNEY J DEAN MD PC	<b>c</b> EIN-PN 42-1432698-001
<b>a</b> Plan name	PEDIATRIC SPECIALISTS 401K PLAN	
<b>b</b> Name of plan sponsor	PEDIATRIC SPECIALISTS OF BLOOMFIELD HILLS	<b>c</b> EIN-PN 42-1619657-001
<b>a</b> Plan name	GARY'S FOODS 401K PLAN	
<b>b</b> Name of plan sponsor	D & G INC	<b>c</b> EIN-PN 42-6167526-001
<b>a</b> Plan name	UNICO BANK 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	UNICO BANK	<b>c</b> EIN-PN 43-0338550-002
<b>a</b> Plan name	VOGEL SHEET METAL AND HEATING 401K PLAN	
<b>b</b> Name of plan sponsor	VOGEL SHEET METAL AND HEATING INC	<b>c</b> EIN-PN 43-0964662-001
<b>a</b> Plan name	DBA 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	DAN BUCKEY ASSOCIATES INC	<b>c</b> EIN-PN 43-1198569-003
<b>a</b> Plan name	ARMSTRONG CITYWIDE 401K PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ARMSTRONG CITYWIDE INC	<b>c</b> EIN-PN 43-1441456-001
<b>a</b> Plan name	CII & GPAL RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CEREAL INGREDIENTS INC	<b>c</b> EIN-PN 43-1527502-001
<b>a</b> Plan name	MAXUS PROPERTIES LLC 401K RETIREMENT SAVING	
<b>b</b> Name of plan sponsor	MAXUS PROPERTIES LLC	<b>c</b> EIN-PN 43-1638032-001
<b>a</b> Plan name	LUEBBERING INSURANCE AGENCY 401K PLAN	
<b>b</b> Name of plan sponsor	LUEBBERING INSURANCE AGENCY LLC	<b>c</b> EIN-PN 43-1849676-001
<b>a</b> Plan name	DIEB ENTERPRISES INC 401K PLAN	
<b>b</b> Name of plan sponsor	DIEB ENTERPRISES INC	<b>c</b> EIN-PN 43-1851281-001
<b>a</b> Plan name	ALLIED RETAIL CONCEPTS LLC 401K PS PLAN	
<b>b</b> Name of plan sponsor	ALLIED RETAIL CONCEPTS LLC	<b>c</b> EIN-PN 43-1878517-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	THE FEDERAL SAVINGS BANK RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	THE FEDERAL SAVINGS BANK
<b>c</b>	EIN-PN	43-1883419-001
<b>a</b>	Plan name	MAVERICK CONVERTING 401K PLAN
<b>b</b>	Name of plan sponsor	SUPER TECH LEASING INC
<b>c</b>	EIN-PN	43-1885157-001
<b>a</b>	Plan name	LAGOON PUMPING & DREDGING INC 401K PLAN
<b>b</b>	Name of plan sponsor	LAGOON PUMPING & DREDGING INC
<b>c</b>	EIN-PN	43-2010523-001
<b>a</b>	Plan name	STRASBURG STATE BANK PSP
<b>b</b>	Name of plan sponsor	STRASBURG STATE BANK
<b>c</b>	EIN-PN	45-0259552-001
<b>a</b>	Plan name	SCOTT'S ELECTRIC INC 401K PLAN
<b>b</b>	Name of plan sponsor	SCOTTS ELECTRIC INC
<b>c</b>	EIN-PN	45-0405047-001
<b>a</b>	Plan name	FIREBIRD AST RETIREMENT TRUST
<b>b</b>	Name of plan sponsor	FIREBIRD ANALYTICAL SOLUTIONS & TECHNOLOGIES
<b>c</b>	EIN-PN	45-1475401-001
<b>a</b>	Plan name	SPIRIT AND SONS 401K PLAN
<b>b</b>	Name of plan sponsor	SPIRIT AND SONS INC
<b>c</b>	EIN-PN	45-1485937-001
<b>a</b>	Plan name	XTREME FIRE PROTECTION 401K PLAN
<b>b</b>	Name of plan sponsor	XTREME FIRE PROTECTION
<b>c</b>	EIN-PN	45-1555692-001
<b>a</b>	Plan name	BAILEY'S MEDICAL EQUIPMENT & SUPPLIES 401K
<b>b</b>	Name of plan sponsor	MEDICAL HOTSPOTS INC CORP
<b>c</b>	EIN-PN	45-1810240-001
<b>a</b>	Plan name	JW LOGISTICS LLC 401K PLAN
<b>b</b>	Name of plan sponsor	JW LOGISTICS LLC
<b>c</b>	EIN-PN	45-2214807-001
<b>a</b>	Plan name	INTELLIGRATED COMMUNICATIONS 401K PSP
<b>b</b>	Name of plan sponsor	INTELLIGRATED COMMUNICATIONS INC
<b>c</b>	EIN-PN	45-2422188-001
<b>a</b>	Plan name	CONSUMER 51 LLC 401K PLAN
<b>b</b>	Name of plan sponsor	CONSUMER 51 LLC
<b>c</b>	EIN-PN	45-2501771-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DOMOTO BRANDS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	DOMOTO BRANDS LLC	<b>c</b> EIN-PN 45-2622780-001
<b>a</b>	Plan name	STATCARE URGENT & WALK IN MEDICAL 401K PLAN	
<b>b</b>	Name of plan sponsor	STATCARE URGENT & WALK IN MEDICAL CARE PLLC	<b>c</b> EIN-PN 45-2756491-001
<b>a</b>	Plan name	BOISSEAU F&B LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BOISSEAU F&B LLC	<b>c</b> EIN-PN 45-2818455-001
<b>a</b>	Plan name	OMEGACOMP INC 401K PLAN	
<b>b</b>	Name of plan sponsor	OMEGACOMP INC	<b>c</b> EIN-PN 45-2854307-001
<b>a</b>	Plan name	CROW RIVER DENTAL 401K & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CROW RIVER DENTAL	<b>c</b> EIN-PN 45-3019657-001
<b>a</b>	Plan name	BRASIL PLURAL SECURITIES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	BRASIL PLURAL SECURITIES LLC	<b>c</b> EIN-PN 45-3234260-001
<b>a</b>	Plan name	COUTURE TEE COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	COUTURE TEE COMPANY	<b>c</b> EIN-PN 45-3815936-001
<b>a</b>	Plan name	STEELBRIDGE VENTURES CONSULTING 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	STEELBRIDGE VENTURES CONSULTING LLC	<b>c</b> EIN-PN 45-4125594-001
<b>a</b>	Plan name	JOHNATHAN GROTH 401K PLAN	
<b>b</b>	Name of plan sponsor	LUMINAR TECHNOLOGY INC	<b>c</b> EIN-PN 45-4250352-001
<b>a</b>	Plan name	PRAIRIE LANDWORKS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	PRAIRIE LANDWORKS INC	<b>c</b> EIN-PN 45-4357575-001
<b>a</b>	Plan name	RS WAGNER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	RS WAGNER LLC	<b>c</b> EIN-PN 45-4414308-001
<b>a</b>	Plan name	RIDDER CORP 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RIDDER CORP	<b>c</b> EIN-PN 45-4649700-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	EURO TEK LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	EURO-TEK LLC	<b>c</b> EIN-PN 45-5092926-001
<b>a</b>	Plan name	SEQUOIA APPLIED SOLUTIONS INC 401K PSP	
<b>b</b>	Name of plan sponsor	SEQUOIA APPLIED SOLUTIONS INC	<b>c</b> EIN-PN 45-5146532-002
<b>a</b>	Plan name	AVANT TECNO USA INC 401K PLAN	
<b>b</b>	Name of plan sponsor	AVANT TECNO USA INC	<b>c</b> EIN-PN 45-5334621-001
<b>a</b>	Plan name	SIOUXLAND K & K CONSTRUCTION INC 401K PSP	
<b>b</b>	Name of plan sponsor	SIOUXLAND K & K CONSTRUCTION INC	<b>c</b> EIN-PN 46-0446745-001
<b>a</b>	Plan name	GUTSHALL & KOHLE EYECARE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	GUTSHALL & KOHLE EYECARE LLC	<b>c</b> EIN-PN 46-0516831-001
<b>a</b>	Plan name	JKWON INC 401K PLAN	
<b>b</b>	Name of plan sponsor	JKWON INC	<b>c</b> EIN-PN 46-0679964-001
<b>a</b>	Plan name	TITAN MODULAR SPARTAN CARGO 401K PLAN	
<b>b</b>	Name of plan sponsor	TITAN MODULAR SYSTEMS INC	<b>c</b> EIN-PN 46-0843552-001
<b>a</b>	Plan name	MY FUTURE PAYCHECK 401K PLAN	
<b>b</b>	Name of plan sponsor	R & C WELDING FAB TRUCKING & SERVICES INC	<b>c</b> EIN-PN 46-0936806-001
<b>a</b>	Plan name	NEK LAW 401K PLAN	
<b>b</b>	Name of plan sponsor	NORTHEAST KINGDOM LAW PLLC	<b>c</b> EIN-PN 46-1337690-001
<b>a</b>	Plan name	MACKIE CONSTRUCTION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MACKIE CONSTRUCTION INC	<b>c</b> EIN-PN 46-2025320-001
<b>a</b>	Plan name	VERSEIO 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	VERSEIO	<b>c</b> EIN-PN 46-2220746-001
<b>a</b>	Plan name	TRINITY M LOVELESS MD PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TRINITY LOVELESS MD PLLC	<b>c</b> EIN-PN 46-2331621-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SUNSAL DENTAL PLLC 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SUNSAL DENTAL PLLC	<b>c</b> EIN-PN 46-2377443-001
<b>a</b>	Plan name RIOS AND MARTINEZ DENTAL INC 401K PLAN	
<b>b</b>	Name of plan sponsor RIOS AND MARTINEZ DENTAL INC	<b>c</b> EIN-PN 46-2515300-001
<b>a</b>	Plan name OHIO VEIN & VASCULAR INC 401K PLAN	
<b>b</b>	Name of plan sponsor OHIO VEIN & VASCULAR INC	<b>c</b> EIN-PN 46-2564421-001
<b>a</b>	Plan name MYERS ORTHODONTICS PLLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MYERS ORTHODONTICS PLLC	<b>c</b> EIN-PN 46-2612984-001
<b>a</b>	Plan name EMPOWER CENTERS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HAUGLAND LAMARCHE AND RAMAGE LLC	<b>c</b> EIN-PN 46-2625616-001
<b>a</b>	Plan name ECC 401K PLAN	
<b>b</b>	Name of plan sponsor EPIC CONCRETE CONSTRUCTION INC	<b>c</b> EIN-PN 46-2822813-001
<b>a</b>	Plan name KAY DEE COMPANY OF OMAHA 401K PLAN	
<b>b</b>	Name of plan sponsor KAY DEE COMPANY LLC	<b>c</b> EIN-PN 46-3029426-001
<b>a</b>	Plan name SPROUT CREATIVE 401K PLAN	
<b>b</b>	Name of plan sponsor SPROUT CREATIVE	<b>c</b> EIN-PN 46-3063818-001
<b>a</b>	Plan name RENAL REDUX PLLC 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor RENAL REDUX PLLC	<b>c</b> EIN-PN 46-3319049-001
<b>a</b>	Plan name ENTHEOS AUDIOLOGY COOPERATIVE INC 401K PSP	
<b>b</b>	Name of plan sponsor ENTHEOS AUDIOLOGY COOPERATIVE INC	<b>c</b> EIN-PN 46-4270647-002
<b>a</b>	Plan name LOCALLOOP INC 401K PLAN	
<b>b</b>	Name of plan sponsor LOCALLOOP INC	<b>c</b> EIN-PN 46-4453814-001
<b>a</b>	Plan name R & S HOSPITALITY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor R & S HOSPITALITY LLC	<b>c</b> EIN-PN 46-4519737-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	KRUEGER JUELICH & SCHMISEK PLLC 401K PLAN	
<b>b</b>	Name of plan sponsor	KRUEGER JUELICH & SCHMISEK PLLC	<b>c</b> EIN-PN 46-4548210-001
<b>a</b>	Plan name	JDH 401K PLAN	
<b>b</b>	Name of plan sponsor	JDH INC	<b>c</b> EIN-PN 46-4619170-001
<b>a</b>	Plan name	ISIS COMMERCIAL INTERIORS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ISIS COMMERCIAL INTERIORS INC	<b>c</b> EIN-PN 46-4621261-001
<b>a</b>	Plan name	CAMPBELL PROPERTIES 401K PLAN	
<b>b</b>	Name of plan sponsor	CAMPBELL PROPERTIES PAYROLL LLC	<b>c</b> EIN-PN 46-4677430-001
<b>a</b>	Plan name	SHIPMAN CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	SHIPMAN CONSTRUCTION LLC	<b>c</b> EIN-PN 46-4697549-001
<b>a</b>	Plan name	SILVERCARE MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	SILVERCARE MANAGEMENT LLC	<b>c</b> EIN-PN 46-4909373-002
<b>a</b>	Plan name	MEYER COMPANIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MEYER COMPANIES INC	<b>c</b> EIN-PN 46-4954727-001
<b>a</b>	Plan name	TEST X LLC 401K PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	TEST X LLC	<b>c</b> EIN-PN 46-5227141-001
<b>a</b>	Plan name	CHARITY COMPLIANCE SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CHARITY COMPLIANCE SOLUTIONS INC	<b>c</b> EIN-PN 46-5426371-001
<b>a</b>	Plan name	STRATEGIC COMPLIANCE PARTNERS 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	STRATEGIC COMPLIANCE PARTNERS	<b>c</b> EIN-PN 46-5591861-001
<b>a</b>	Plan name	CORRECTIVESOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN JUSTICE SOLUTIONS INC	<b>c</b> EIN-PN 46-5647159-001
<b>a</b>	Plan name	RITA RANCH AUTOMOTIVE & TIRE 401K PLAN	
<b>b</b>	Name of plan sponsor	RITA RANCH AUTOMOTIVE & TIRE	<b>c</b> EIN-PN 46-5662256-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CARHART LUMBER COMPANY 401K PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CARHART LUMBER COMPANY	<b>c</b> EIN-PN 47-0119720-001
<b>a</b>	Plan name	FLATWATER BANK 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	FLATWATER BANK	<b>c</b> EIN-PN 47-0175510-001
<b>a</b>	Plan name	THERMO KING CHRISTENSEN 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	THERMO KING CHRISTENSEN INC	<b>c</b> EIN-PN 47-0411741-001
<b>a</b>	Plan name	DUFFY BROTHERS CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	DUFFY BROTHERS CONSTRUCTION INC	<b>c</b> EIN-PN 47-0469948-002
<b>a</b>	Plan name	QUINN INSURANCE INC 401K PSP AND TRUST	
<b>b</b>	Name of plan sponsor	QUINN INSURANCE INC	<b>c</b> EIN-PN 47-0484197-001
<b>a</b>	Plan name	WN MOREHOUSE TRUCK LINE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WN MOREHOUSE TRUCK LINE INC	<b>c</b> EIN-PN 47-0519808-002
<b>a</b>	Plan name	STANTON HEALTH CENTER 457B PLAN	
<b>b</b>	Name of plan sponsor	CITY OF STANTON NURSING HOME	<b>c</b> EIN-PN 47-0522636-001
<b>a</b>	Plan name	VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	VALLEY CORPORATION	<b>c</b> EIN-PN 47-0543890-001
<b>a</b>	Plan name	BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	BORSHEIM JEWELRY COMPANY INC	<b>c</b> EIN-PN 47-0546003-001
<b>a</b>	Plan name	MCINTOSH JEWELRY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	MCINTOSH JEWELRY INC	<b>c</b> EIN-PN 47-0555541-001
<b>a</b>	Plan name	ANDERSON INDUST ENGINE CO 401K	
<b>b</b>	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO INC	<b>c</b> EIN-PN 47-0557609-001
<b>a</b>	Plan name	DPA 401K PLAN	
<b>b</b>	Name of plan sponsor	DEL PETERSON AND ASSOCIATES	<b>c</b> EIN-PN 47-0558743-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	WOODHOUSE AUTO FAMILY 401K PLAN
<b>b</b>	Name of plan sponsor	WOODHOUSE FORD INC
<b>c</b>	EIN-PN	47-0565206-001
<b>a</b>	Plan name	ERICKSON & SEDERSTROM PC 401K PS PLN & TRUST
<b>b</b>	Name of plan sponsor	ERICKSON & SEDERSTROM PC
<b>c</b>	EIN-PN	47-0574895-001
<b>a</b>	Plan name	PTS 401K PLAN
<b>b</b>	Name of plan sponsor	POOLES TRUCK SERVICE INC
<b>c</b>	EIN-PN	47-0580932-001
<b>a</b>	Plan name	TROTTER INC 401K PLAN
<b>b</b>	Name of plan sponsor	TROTTER INC
<b>c</b>	EIN-PN	47-0580954-001
<b>a</b>	Plan name	MASPORT INC RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	MASPORT INCORPORATED
<b>c</b>	EIN-PN	47-0596383-001
<b>a</b>	Plan name	LINCOLN INSPECTION SERVICE INC SAVINGS PLAN
<b>b</b>	Name of plan sponsor	LINCOLN INSPECTION SERVICE INC
<b>c</b>	EIN-PN	47-0609064-001
<b>a</b>	Plan name	CLARK CONSTRUCTION COMPANY INC 401K PLAN
<b>b</b>	Name of plan sponsor	CLARK CONSTRUCTION COMPANY
<b>c</b>	EIN-PN	47-0623108-001
<b>a</b>	Plan name	ELLIOT CONSTRUCTION 401K PROFIT SHARING PLAN
<b>b</b>	Name of plan sponsor	ELLIOT CONSTRUCTION INC
<b>c</b>	EIN-PN	47-0661421-001
<b>a</b>	Plan name	E-Z KITCHENS 401K PLAN
<b>b</b>	Name of plan sponsor	E-Z KITCHENS INC
<b>c</b>	EIN-PN	47-0677911-001
<b>a</b>	Plan name	THE AMBASSADOR HOLDING CO 401K PS PLAN
<b>b</b>	Name of plan sponsor	THE AMBASSADOR HOLDING COMPANY
<b>c</b>	EIN-PN	47-0684278-001
<b>a</b>	Plan name	AOI CORPORATION 401K PLAN
<b>b</b>	Name of plan sponsor	AOI CORPORATION
<b>c</b>	EIN-PN	47-0687965-001
<b>a</b>	Plan name	LARSON MOTORS INC 401K PLAN
<b>b</b>	Name of plan sponsor	LARSON MOTORS INC
<b>c</b>	EIN-PN	47-0690377-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TERRY MCGILL INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TERRY MCGILL INC	<b>c</b> EIN-PN 47-0699093-001
<b>a</b>	Plan name	RYAN COLLISION CTR 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RYAN COLLISION CENTER INC DBA ABRA AUTO	<b>c</b> EIN-PN 47-0708055-001
<b>a</b>	Plan name	BAKERS CANDIES 401K PLAN	
<b>b</b>	Name of plan sponsor	BAKERS CANDIES INC	<b>c</b> EIN-PN 47-0711638-001
<b>a</b>	Plan name	JOHN'S PLUMBING COMPANY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	JOHNS PLUMBING COMPANY INC	<b>c</b> EIN-PN 47-0718632-001
<b>a</b>	Plan name	KLEIN FAMILY TRUCKING 401K PLAN	
<b>b</b>	Name of plan sponsor	KLEIN FAMILY TRUCKING INC	<b>c</b> EIN-PN 47-0764701-001
<b>a</b>	Plan name	BRANDING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BRANDING INC	<b>c</b> EIN-PN 47-0791243-001
<b>a</b>	Plan name	CHATEAU DEVELOPMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	CHATEAU DEVELOPMENT LLC	<b>c</b> EIN-PN 47-0797757-001
<b>a</b>	Plan name	LOGISTICS 365 401K PLAN	
<b>b</b>	Name of plan sponsor	LOGISTICS 365	<b>c</b> EIN-PN 47-0799641-001
<b>a</b>	Plan name	JANSSEN AUTO GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	JANSSEN & SONS INC	<b>c</b> EIN-PN 47-0808815-001
<b>a</b>	Plan name	MORRISSEY ENGINEERING INC 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	MORRISSEY ENGINEERING INC	<b>c</b> EIN-PN 47-0818042-001
<b>a</b>	Plan name	THE SHERWOOD FOUNDATION 401K PSP	
<b>b</b>	Name of plan sponsor	THE SHERWOOD FOUNDATION	<b>c</b> EIN-PN 47-0824755-001
<b>a</b>	Plan name	PHI 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PARKER HOLDINGS INC	<b>c</b> EIN-PN 47-0826779-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name	SELECT SPRAYERS 401K PLAN
<b>b</b>	Name of plan sponsor	SELECT SPRAYERS & EQUIPMENT LLC
<b>c</b>	EIN-PN	47-0828257-001
<b>a</b>	Plan name	HUSKER AG LLC 401K PLAN
<b>b</b>	Name of plan sponsor	HUSKER AG LLC
<b>c</b>	EIN-PN	47-0836953-001
<b>a</b>	Plan name	JOHNSON HARDWARE COMPANY LLC PS PLAN
<b>b</b>	Name of plan sponsor	JOHNSON HARDWARE COMPANY LLC
<b>c</b>	EIN-PN	47-0845233-001
<b>a</b>	Plan name	TRISTA ONESTI DDS LLC 401K PLAN
<b>b</b>	Name of plan sponsor	TRISTA ONESTI DDS LLC
<b>c</b>	EIN-PN	47-1081791-001
<b>a</b>	Plan name	KRAUTZBERGER NORTH AMERICA 401K PLAN
<b>b</b>	Name of plan sponsor	KRAUTZBERGER NORTH AMERICA INC
<b>c</b>	EIN-PN	47-1109952-001
<b>a</b>	Plan name	INNOVATIVE SLEEP CENTERS 401K PLAN
<b>b</b>	Name of plan sponsor	INNOVATIVE SLEEP CENTRES INC
<b>c</b>	EIN-PN	47-1276359-001
<b>a</b>	Plan name	WEST OLYMPIA VETERINARY HOSPIT 401K PLAN
<b>b</b>	Name of plan sponsor	WEST OLYMPIA VETERINARY HOSPIT
<b>c</b>	EIN-PN	47-1544884-001
<b>a</b>	Plan name	EYES OF EAST SACRAMENTO 401K PLAN
<b>b</b>	Name of plan sponsor	BELMONTE & ESPIRITUPROFESSIONAL OPTOMETRIC
<b>c</b>	EIN-PN	47-1547560-001
<b>a</b>	Plan name	TULIP TREE DENTAL CARE RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	TULIP TREE DENTAL CARE LLC
<b>c</b>	EIN-PN	47-1711021-001
<b>a</b>	Plan name	DUPURE 401K PLAN
<b>b</b>	Name of plan sponsor	BALANCE ENERGY LLC
<b>c</b>	EIN-PN	47-1815789-002
<b>a</b>	Plan name	JASON MECHANICAL INC 401K PLAN
<b>b</b>	Name of plan sponsor	JASON MECHANICAL INC
<b>c</b>	EIN-PN	47-2013596-001
<b>a</b>	Plan name	WHITEHOUSE FAMILY DENTAL 401K PLAN
<b>b</b>	Name of plan sponsor	SHUMATE DENTAL GROUP
<b>c</b>	EIN-PN	47-2154086-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b>	Plan name	WHITE'S ENERGY SERVICES LLC 401K PLAN
<b>b</b>	Name of plan sponsor	WHITES ENERGY SERVICES LLC
<b>c</b>	EIN-PN	47-2326344-001
<b>a</b>	Plan name	SKYLAR V CAMPBELL LLC INDIVIDUAL 401K PLAN
<b>b</b>	Name of plan sponsor	SKYLAR V CAMPBELL LLC
<b>c</b>	EIN-PN	47-2339113-001
<b>a</b>	Plan name	AXIA RETIREMENT SAVINGS PLAN
<b>b</b>	Name of plan sponsor	AXIA CONTRACTING LLC
<b>c</b>	EIN-PN	47-2345730-001
<b>a</b>	Plan name	DUSSIAS WITTENBERG KOENIGSBERGER 401K PLAN
<b>b</b>	Name of plan sponsor	DUSSIAS WITTENBERG KOENIGSBERGER LLP
<b>c</b>	EIN-PN	47-2346637-001
<b>a</b>	Plan name	HUMBER DESIGN GROUP 401K PLAN
<b>b</b>	Name of plan sponsor	HUMBER DESIGN GROUP INC
<b>c</b>	EIN-PN	47-2438517-001
<b>a</b>	Plan name	AMERICAN MOVERS 401K PLAN
<b>b</b>	Name of plan sponsor	AMERICAN MOVERS
<b>c</b>	EIN-PN	47-2688546-001
<b>a</b>	Plan name	ALEXGIAN INC & AFFILIATED RETIREMENT PLAN
<b>b</b>	Name of plan sponsor	ALEXGIAN INC
<b>c</b>	EIN-PN	47-3754429-001
<b>a</b>	Plan name	SWEETY GANDHI AGENCY LLC
<b>b</b>	Name of plan sponsor	SWEETY GANDHI AGENCY LLC
<b>c</b>	EIN-PN	47-3948959-001
<b>a</b>	Plan name	VASTEK INC 401K PLAN
<b>b</b>	Name of plan sponsor	VASTEK INC
<b>c</b>	EIN-PN	47-4047975-001
<b>a</b>	Plan name	SHOOK BOOKS AND TAX INDIVIDUAL 401K PLAN
<b>b</b>	Name of plan sponsor	SHOOK BOOKS AND TAX LLC
<b>c</b>	EIN-PN	47-4301395-001
<b>a</b>	Plan name	LOVE BEETS USA 401K PLAN
<b>b</b>	Name of plan sponsor	LOVE BEETS USA LLC
<b>c</b>	EIN-PN	47-4606509-001
<b>a</b>	Plan name	L2 CONSTRUCTION MANAGEMENT CORP 401K PLAN
<b>b</b>	Name of plan sponsor	L2 CONSTRUCTION MANAGEMENT CORPORATION
<b>c</b>	EIN-PN	47-4910431-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name RA ELECTRIC 401K PLAN	
<b>b</b>	Name of plan sponsor RA CUSTOMS LLC	<b>c</b> EIN-PN 47-4961162-001
<b>a</b>	Plan name FIRST CHOICE MANAGEMENT UNIK PLAN	
<b>b</b>	Name of plan sponsor FIRST CHOICE MANAGEMENT INC	<b>c</b> EIN-PN 47-4997273-001
<b>a</b>	Plan name AAA AUTO GLASS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor AAA AUTO GLASS INC	<b>c</b> EIN-PN 47-5053179-001
<b>a</b>	Plan name CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CARLOS LOPEZ & ASSOCIATES LLC	<b>c</b> EIN-PN 47-5275587-001
<b>a</b>	Plan name TOPEKA COUNTRY CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor TOPEKA COUNTRY CLUB	<b>c</b> EIN-PN 48-0451300-002
<b>a</b>	Plan name GUARANTEED FOODS INC 401K PLAN	
<b>b</b>	Name of plan sponsor GUARANTEED FOODS INC	<b>c</b> EIN-PN 48-0637416-001
<b>a</b>	Plan name MEMORIAL HOME INC 401K RSP	
<b>b</b>	Name of plan sponsor MEMORIAL HOME INC	<b>c</b> EIN-PN 48-0643239-001
<b>a</b>	Plan name ANTOINE WAKIM DDS PA 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANTOINE WAKIM DDS PA	<b>c</b> EIN-PN 48-1042189-001
<b>a</b>	Plan name SEK GENETICS INC 401K PLAN	
<b>b</b>	Name of plan sponsor SEK GENETICS INC	<b>c</b> EIN-PN 48-1162192-001
<b>a</b>	Plan name WILDCAT FEEDS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor WILDCAT FEEDS LLC	<b>c</b> EIN-PN 48-1247947-001
<b>a</b>	Plan name EAST LOS ANGELES WOMENS CENTER 401K PLAN	
<b>b</b>	Name of plan sponsor EAST LOS ANGELES WOMENS CENTER	<b>c</b> EIN-PN 51-0204577-001
<b>a</b>	Plan name JONES MOBILITY 401K PLAN	
<b>b</b>	Name of plan sponsor JONES ADAPTIVE MOBILITY	<b>c</b> EIN-PN 51-0676212-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MITCH AND BILL'S INC 401K RATE GROUP PS PLAN	
<b>b</b>	Name of plan sponsor	MITCH AND BILLS INC	<b>c</b> EIN-PN 52-0577701-001
<b>a</b>	Plan name	NTT ASSOCIATES 401K PLAN	
<b>b</b>	Name of plan sponsor	NTT ASSOCIATES INC	<b>c</b> EIN-PN 52-1111045-001
<b>a</b>	Plan name	MODERN DOOR & EQUIPMENT SALES INC401K PSP	
<b>b</b>	Name of plan sponsor	MODERN DOOR & EQUIPMENT SALES INC	<b>c</b> EIN-PN 52-1382311-001
<b>a</b>	Plan name	FREDERICK GYMNASTICS CLUB INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	FREDERICK GYMNASTICS CLUB INC	<b>c</b> EIN-PN 52-1518254-001
<b>a</b>	Plan name	ZAMORAS AUTO BODY INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	ZAMORAS AUTO BODY INC	<b>c</b> EIN-PN 52-1816215-001
<b>a</b>	Plan name	APPLEMILL INC DBA MAIDBRIGADE 401K PLAN	
<b>b</b>	Name of plan sponsor	APPLEMILL INC DBA MAIDBRIGADE	<b>c</b> EIN-PN 52-1881628-001
<b>a</b>	Plan name	PHOENIX IDA 457B RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE INDUSTRIAL DEVELOPMENT AUTHORITY OF THE	<b>c</b> EIN-PN 52-2038405-001
<b>a</b>	Plan name	B&D AUTO PARTS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	B&D AUTO PARTS INC	<b>c</b> EIN-PN 52-2124827-001
<b>a</b>	Plan name	ROBERT J TIGANI DDS LLC 401K RGPS PLAN	
<b>b</b>	Name of plan sponsor	ROBERT J TIGANI DDS LLC	<b>c</b> EIN-PN 52-2183768-003
<b>a</b>	Plan name	JD ALLMAN INC 401K PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JD ALLMAN INC	<b>c</b> EIN-PN 52-2380800-001
<b>a</b>	Plan name	PRODUCTION II 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PRODUCTION II INC	<b>c</b> EIN-PN 54-0890858-001
<b>a</b>	Plan name	LAW FIRM 401K PLAN	
<b>b</b>	Name of plan sponsor	JESSEE READ HOWARDPC	<b>c</b> EIN-PN 54-1374049-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	RAFALY ELECTRIC 401K SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RAFALY ELECTRICAL CONTRACTORS INC	<b>c</b> EIN-PN 54-1527095-001
<b>a</b>	Plan name	CAPITAL LOGISTIC SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	CAPITAL LOGISTIC SERVICES INC	<b>c</b> EIN-PN 54-1685017-001
<b>a</b>	Plan name	STUDEBAKER SUBMETERING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	STUDEBAKER SUBMETERING INC	<b>c</b> EIN-PN 54-1963792-001
<b>a</b>	Plan name	SCI AUTOMATION INC 401K PS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SCI AUTOMATION INC	<b>c</b> EIN-PN 54-2150828-001
<b>a</b>	Plan name	SAFE 401K PLAN	
<b>b</b>	Name of plan sponsor	STOP ABUSIVE FAMILY ENVIRONMENTS INC	<b>c</b> EIN-PN 55-0647494-002
<b>a</b>	Plan name	WISEMAN EXCAVATING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WISEMAN EXCAVATING INC	<b>c</b> EIN-PN 55-0678046-001
<b>a</b>	Plan name	WEEKS-WILLIAMS-DEVORE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	WEEKS-WILLIAMS & DEVORE INC	<b>c</b> EIN-PN 56-0774903-001
<b>a</b>	Plan name	CAROBELL INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CAROBELL INC	<b>c</b> EIN-PN 56-0936909-001
<b>a</b>	Plan name	CUSTOM LIGHT & SOUND INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM LIGHT & SOUND INC	<b>c</b> EIN-PN 56-1176591-001
<b>a</b>	Plan name	LUPOLI REAL ESTATE & CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	LUPOLI REAL ESTATE AND CONSTRUCTION CO INC	<b>c</b> EIN-PN 56-1568808-001
<b>a</b>	Plan name	CLASSIC LANDSCAPES 401K PLAN	
<b>b</b>	Name of plan sponsor	CLASSIC LANDSCAPES	<b>c</b> EIN-PN 56-2001894-001
<b>a</b>	Plan name	WINDSOR INVESTMENTS 401K PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WINDSOR INVESTMENTS LLC	<b>c</b> EIN-PN 56-2230286-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name THE TIMMERMAN SCHOOL EMPLOYEES PS PLAN	
<b>b</b>	Name of plan sponsor THE TIMMERMAN SCHOOL INC	<b>c</b> EIN-PN 57-0483452-001
<b>a</b>	Plan name THOMPSON HANCOCK WITTE & ASSOC 401K PSP & TRU	
<b>b</b>	Name of plan sponsor THOMPSON HANCOCK WITTE & ASSOC	<b>c</b> EIN-PN 58-1108140-001
<b>a</b>	Plan name ALL SOUTH WAREHOUSE D/C INC 401K PLAN	
<b>b</b>	Name of plan sponsor ALL SOUTH WAREHOUSE D/C INC	<b>c</b> EIN-PN 58-1380373-002
<b>a</b>	Plan name ELITE STRUCTURES INC 401K PLAN	
<b>b</b>	Name of plan sponsor ELITE STRUCTURES INC	<b>c</b> EIN-PN 58-1901587-001
<b>a</b>	Plan name DEHART AND HILL ELECTRIC INC 401K PLAN	
<b>b</b>	Name of plan sponsor DEHART AND HILL ELECTRIC INC	<b>c</b> EIN-PN 58-2672068-001
<b>a</b>	Plan name GUNDERLIN LTD RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor GUNDERLIN LTD	<b>c</b> EIN-PN 59-0691691-002
<b>a</b>	Plan name SPACE COAST MASSAGE THERAPY INC 401K PLAN	
<b>b</b>	Name of plan sponsor SPACE COAST MASSAGE THERAPY INC	<b>c</b> EIN-PN 59-3246661-001
<b>a</b>	Plan name SCHEESER BUCKLEY MAYFIELD LLC 401K PSP	
<b>b</b>	Name of plan sponsor SCHEESER BUCKLEY MAYFIELD LLC	<b>c</b> EIN-PN 59-3826993-001
<b>a</b>	Plan name MASTERMOVER INC 401K PLAN	
<b>b</b>	Name of plan sponsor MASTERMOVER INC	<b>c</b> EIN-PN 61-1851356-001
<b>a</b>	Plan name PORTER ROOFING CONTRACTORS INC 401K PLAN	
<b>b</b>	Name of plan sponsor PORTER ROOFING CONTRACTORS INC	<b>c</b> EIN-PN 62-1037198-001
<b>a</b>	Plan name RIO HOT INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RIO HOT INC	<b>c</b> EIN-PN 62-1463157-001
<b>a</b>	Plan name MOBILE PIPE & WELDING 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor MOBILE PIPE & WELDING INC	<b>c</b> EIN-PN 63-0863324-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AUTO WORKS COLLISION AND PAINT INC 401K PLAN	
<b>b</b>	Name of plan sponsor	AUTO WORKS COLLISION AND PAINT INC	<b>c</b> EIN-PN 65-0313171-001
<b>a</b>	Plan name	TRANSPREMIER LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	TRANSPREMIER LLC	<b>c</b> EIN-PN 65-1024796-001
<b>a</b>	Plan name	OX CREATIVE 401K PLAN	
<b>b</b>	Name of plan sponsor	J OXFORD STUDIO INC DBA OX CREATIVE	<b>c</b> EIN-PN 65-1267270-001
<b>a</b>	Plan name	ANAYA CONSTRUCTION PREVAILING WAGE 401K PLAN	
<b>b</b>	Name of plan sponsor	JESUS ANAYA SOLE PROP DBA ANAYA CONSTRUCTI	<b>c</b> EIN-PN 68-0411731-001
<b>a</b>	Plan name	EYE TO EYE OPTOMETRY 401K PLAN	
<b>b</b>	Name of plan sponsor	EILEEN M LINDER OPTOMETRIST INC DBA EYE	<b>c</b> EIN-PN 68-0429257-001
<b>a</b>	Plan name	EDGECOMBE CPA 401K PLAN	
<b>b</b>	Name of plan sponsor	LENORE LEE EDGECOMBE CPA PC	<b>c</b> EIN-PN 68-0496754-001
<b>a</b>	Plan name	ELECTRO MOTOR 401K PLAN	
<b>b</b>	Name of plan sponsor	ELECTRO MOTOR INC	<b>c</b> EIN-PN 68-0501075-001
<b>a</b>	Plan name	THE HONEST KITCHEN 401K PLAN	
<b>b</b>	Name of plan sponsor	THE HONEST KITCHENINC	<b>c</b> EIN-PN 68-0513034-001
<b>a</b>	Plan name	STONE CONCEPTS INC EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	STONE CONCEPTS INC	<b>c</b> EIN-PN 68-0540299-001
<b>a</b>	Plan name	FAMILY EXTENSION FOSTER CARE 401K PLAN & TR	
<b>b</b>	Name of plan sponsor	FAMILY EXTENSION FOSTER CARE INC	<b>c</b> EIN-PN 68-0630818-001
<b>a</b>	Plan name	ARASH KIARASH MD PC 401K PLAN	
<b>b</b>	Name of plan sponsor	ARASH KIARASH MD PC	<b>c</b> EIN-PN 68-0655441-001
<b>a</b>	Plan name	DELTA MANUFACTURING 401K PLAN	
<b>b</b>	Name of plan sponsor	DELTA MANUFACTURING INC	<b>c</b> EIN-PN 71-0446656-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ACCESS CONTROL DEVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACCESS CONTROL DEVICES INC	<b>c</b> EIN-PN 71-0756645-001
<b>a</b>	Plan name	PETROTECHNOLOGIES INC 401K & PSP	
<b>b</b>	Name of plan sponsor	PETROTECHNOLOGIES INC	<b>c</b> EIN-PN 72-1337844-002
<b>a</b>	Plan name	COCHRAN ABSTRACT COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor	COCHRAN ABSTRACT COMPANY	<b>c</b> EIN-PN 73-0189600-001
<b>a</b>	Plan name	THE FIRST BANK OF THOMAS 401K PLAN	
<b>b</b>	Name of plan sponsor	THE FIRST BANK OF THOMAS	<b>c</b> EIN-PN 73-0479743-001
<b>a</b>	Plan name	BJ OILFIELD CONSTRUCTION INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BJ OILFIELD CONSTRUCTION INC	<b>c</b> EIN-PN 73-1213144-002
<b>a</b>	Plan name	RESONANCE INC 401K PLAN	
<b>b</b>	Name of plan sponsor	RESONANCE INC	<b>c</b> EIN-PN 73-1396354-001
<b>a</b>	Plan name	PIONEER STEEL 401K PLAN	
<b>b</b>	Name of plan sponsor	PIONEER STEEL AND PIPE CO INC	<b>c</b> EIN-PN 74-2201703-001
<b>a</b>	Plan name	SCI 401K PLAN	
<b>b</b>	Name of plan sponsor	SABLE CONSTRUCTION INC	<b>c</b> EIN-PN 74-2477572-001
<b>a</b>	Plan name	ITI SOLUTIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ITI SOLUTIONS INC	<b>c</b> EIN-PN 74-3013771-001
<b>a</b>	Plan name	JEROME O CARTER MD PLLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEROME O CARTER MD PLLC	<b>c</b> EIN-PN 74-3166511-001
<b>a</b>	Plan name	BROTHERS MANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	BROTHERS MANAGEMENT INC	<b>c</b> EIN-PN 75-1843785-001
<b>a</b>	Plan name	PAJ 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PAJ INC	<b>c</b> EIN-PN 75-2257448-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b>	Plan name THE COLGIN COMPANIES 401K PLAN	
<b>b</b>	Name of plan sponsor RICHARD E COLGIN I LTD	<b>c</b> EIN-PN 75-2257704-001
<b>a</b>	Plan name SFS SECURITY FIRE SYSTEMS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SFS SECURITY FIRE SYSTEMS INC	<b>c</b> EIN-PN 75-2523646-001
<b>a</b>	Plan name SHELTON-KELLER 401K PLAN	
<b>b</b>	Name of plan sponsor SHELTON-KELLER GROUP INC	<b>c</b> EIN-PN 75-2617657-001
<b>a</b>	Plan name CHARLIE UNIFORM TANGO 401K PLAN	
<b>b</b>	Name of plan sponsor CHARLIEUNIFORMTANGO LP	<b>c</b> EIN-PN 75-2621546-001
<b>a</b>	Plan name 5 TATE INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor 5 TATE INC	<b>c</b> EIN-PN 75-2702367-001
<b>a</b>	Plan name ACUITY HOLDING INC 401K PLAN	
<b>b</b>	Name of plan sponsor ACUITY HOLDING INC	<b>c</b> EIN-PN 75-2952148-001
<b>a</b>	Plan name SORRELS LAW 401K PLAN	
<b>b</b>	Name of plan sponsor SORRELLS LAW	<b>c</b> EIN-PN 76-0065736-001
<b>a</b>	Plan name BARRETT CARTAGE SYSTEMS 401K PLAN	
<b>b</b>	Name of plan sponsor BARRETT CARTAGE SYSTEMS INC	<b>c</b> EIN-PN 76-0345673-001
<b>a</b>	Plan name WM SHIRLEY 401K PLAN	
<b>b</b>	Name of plan sponsor KAINON CONSULTING INC	<b>c</b> EIN-PN 76-0564806-001
<b>a</b>	Plan name ISTHMUS 401K AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ISTHMUS ENGINEERING INC	<b>c</b> EIN-PN 76-0717206-001
<b>a</b>	Plan name REMAX RESULTS 401K PLAN	
<b>b</b>	Name of plan sponsor RITTER ENTERPRISES INC DBA REMAX RESULTS	<b>c</b> EIN-PN 76-0728949-001
<b>a</b>	Plan name DELRAY TIRE & RETREADING INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor DELRAY TIRE & RETREADING INC	<b>c</b> EIN-PN 77-0334475-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	PALACE ENTERTAINMENT 401K PLAN	
<b>b</b>	Name of plan sponsor	FESTIVAL FUN PARKS LLC	<b>c</b> EIN-PN 77-0486724-001
<b>a</b>	Plan name	CUSTOM AG FORMULATORS INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CUSTOM AGRICULTURAL FORMULATORS INC	<b>c</b> EIN-PN 77-0536417-001
<b>a</b>	Plan name	SOUTHWINDS INSPECTION CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWINDS INSPECTION CORP	<b>c</b> EIN-PN 80-0011552-001
<b>a</b>	Plan name	XTREME SOLUTIONS INC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	XTREME SOLUTIONS INC	<b>c</b> EIN-PN 80-0037246-002
<b>a</b>	Plan name	SURELIFT CRANE AND RIGGING CORP 401K PLAN	
<b>b</b>	Name of plan sponsor	SURELIFT CRANE AND RIGGING CORP	<b>c</b> EIN-PN 80-0244476-001
<b>a</b>	Plan name	TEACHSTONE 401K PLAN	
<b>b</b>	Name of plan sponsor	TEACHSTONE TRAINING LLC	<b>c</b> EIN-PN 80-0560774-001
<b>a</b>	Plan name	RETIREMENT PREPARATION 401K PLAN	
<b>b</b>	Name of plan sponsor	VILLA DEL SOL APARTMENTS LLC	<b>c</b> EIN-PN 80-0771037-001
<b>a</b>	Plan name	G & M WELL DRILLING INC 40K PLAN	
<b>b</b>	Name of plan sponsor	G & M WELL DRILLING INC	<b>c</b> EIN-PN 81-0928327-001
<b>a</b>	Plan name	COMPLETE FENCE 401K PLAN	
<b>b</b>	Name of plan sponsor	COMPLETE FENCE LLC	<b>c</b> EIN-PN 81-1250258-001
<b>a</b>	Plan name	RL THERAPY GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	RL SPEECH THERAPY APC	<b>c</b> EIN-PN 81-3572975-001
<b>a</b>	Plan name	MIRTECH HARVEST CENTER INC 401K	
<b>b</b>	Name of plan sponsor	MIRTECH HARVEST CENTER INC	<b>c</b> EIN-PN 81-3901960-001
<b>a</b>	Plan name	LICAP TECHNOLOGIES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	LICAP TECHNOLOGIES INC	<b>c</b> EIN-PN 81-3947789-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ALL IN SEPTIC SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ALL IN SEPTIC SERVICES LLC	<b>c</b> EIN-PN 81-4239287-001
<b>a</b>	Plan name	EZ HOME EXTERIORS 401K PLAN	
<b>b</b>	Name of plan sponsor	MURPHY BURNS INC DBA EZ HOME EXTERIORS INC	<b>c</b> EIN-PN 81-4576032-001
<b>a</b>	Plan name	WISDOM CPA GROUP 401K PLAN	
<b>b</b>	Name of plan sponsor	WISDOM CPA GROUP	<b>c</b> EIN-PN 81-4882776-001
<b>a</b>	Plan name	TAYLOR TRUCKING INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	TAYLOR TRUCKING INC	<b>c</b> EIN-PN 82-0370689-001
<b>a</b>	Plan name	TEN FOURTEEN INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TEN FOURTEEN INC	<b>c</b> EIN-PN 82-0645685-001
<b>a</b>	Plan name	VISITING ANGELS 401K PLAN	
<b>b</b>	Name of plan sponsor	ST JULES LLC	<b>c</b> EIN-PN 82-1019530-001
<b>a</b>	Plan name	STARK MOTOR 401K PLAN	
<b>b</b>	Name of plan sponsor	STARK MOTOR LLC	<b>c</b> EIN-PN 82-1137398-001
<b>a</b>	Plan name	MAUI POOLS 401K	
<b>b</b>	Name of plan sponsor	MAUI POOLS SERVICELLC	<b>c</b> EIN-PN 82-1592442-001
<b>a</b>	Plan name	HORSEY BUCKNER HEFFLER LLP 401K PLAN	
<b>b</b>	Name of plan sponsor	HORSEY BUCKNER HEFFLER LLP	<b>c</b> EIN-PN 82-1803066-001
<b>a</b>	Plan name	GEOKEY INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GEOKEY INC	<b>c</b> EIN-PN 82-1837352-001
<b>a</b>	Plan name	LANE PIPELINE CONSTRUCTION 401K PLAN	
<b>b</b>	Name of plan sponsor	LANE PIPELINE CONSTRUCTION	<b>c</b> EIN-PN 82-1843849-001
<b>a</b>	Plan name	DR RISSY'S WRITING AND MKTG IND 401K PLAN	
<b>b</b>	Name of plan sponsor	GEN Z PUBLISHING DBA DR RISSYS WRITING AND	<b>c</b> EIN-PN 82-1891700-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SKYLINE PEDIATRIC DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor NICHOLAS C WOODWARD DDS LLC DBA SKYLINE	<b>c</b> EIN-PN 82-2314114-001
<b>a</b>	Plan name ORIGIN ENGINEERING LLC 401K PLAN	
<b>b</b>	Name of plan sponsor ORIGIN ENGINEERING LLC	<b>c</b> EIN-PN 82-2330299-001
<b>a</b>	Plan name PARDO FLEET SOLUTIONS 401K PLAN	
<b>b</b>	Name of plan sponsor PARDO FLEET SOLUTIONS LLC	<b>c</b> EIN-PN 82-2366819-001
<b>a</b>	Plan name CARRIAGE HOUSE 401K PLAN	
<b>b</b>	Name of plan sponsor RESURRECTION HOT RODS INC DBA CARRIAGE HOUS	<b>c</b> EIN-PN 82-2438950-001
<b>a</b>	Plan name NEW LEGEND INC 401K PLAN	
<b>b</b>	Name of plan sponsor NEW LEGEND INC DBA LEGEND TRANSPORTATION	<b>c</b> EIN-PN 82-2521606-001
<b>a</b>	Plan name STRONG WILL 401K	
<b>b</b>	Name of plan sponsor STRONG WILL CONSULTING LLC	<b>c</b> EIN-PN 82-2818286-001
<b>a</b>	Plan name THE GLOBALS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor GLOBAL SURROGACY SERVICES LLC	<b>c</b> EIN-PN 82-3246525-001
<b>a</b>	Plan name CH SUPPLY INC 401K PLAN	
<b>b</b>	Name of plan sponsor CH SUPPLY INC	<b>c</b> EIN-PN 82-3280608-001
<b>a</b>	Plan name BLANCHARD AE GROUP LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BLANCHARD AE GROUP LLC	<b>c</b> EIN-PN 82-3326989-001
<b>a</b>	Plan name TUSCAN CLUB 401K PLAN	
<b>b</b>	Name of plan sponsor TUSCAN CLUB CONSULTING INC	<b>c</b> EIN-PN 82-3590539-001
<b>a</b>	Plan name PHOENIX STAINLESS 401K PLAN	
<b>b</b>	Name of plan sponsor PHOENIX STAINLESS LLC	<b>c</b> EIN-PN 82-3895308-001
<b>a</b>	Plan name AB HATCHERY 401K PLAN	
<b>b</b>	Name of plan sponsor AB HATCHERY INC	<b>c</b> 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.)	
<b>a</b>	Plan name FULLBAY INC 401K PLAN	
<b>b</b>	Name of plan sponsor FULLBAY INC	<b>c</b> EIN-PN 82-5370543-001
<b>a</b>	Plan name HUBCAP DISTRIBUTORS 401K PLAN	
<b>b</b>	Name of plan sponsor HUBCAP DISTRIBUTORS LLC	<b>c</b> EIN-PN 82-5383607-001
<b>a</b>	Plan name JORDAN ANDERSON PC INDIVIDUAL K PLAN	
<b>b</b>	Name of plan sponsor JORDAN ANDERSON PC	<b>c</b> EIN-PN 83-0578871-001
<b>a</b>	Plan name WICHITA PRIMARY CARE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor WICHITA PRIMARY CARE LLC	<b>c</b> EIN-PN 83-0856818-001
<b>a</b>	Plan name WALLACE WONG INSURANCE AGENCY 401K PLAN	
<b>b</b>	Name of plan sponsor WALLACE WONG INSURANCE AGENCY INC	<b>c</b> EIN-PN 83-0900520-001
<b>a</b>	Plan name WILDFIREMANAGEMENT 401K PLAN	
<b>b</b>	Name of plan sponsor WILDFIRE MANAGEMENT	<b>c</b> EIN-PN 83-1544817-001
<b>a</b>	Plan name VETERAN CLAIMS PAID 401K PLAN	
<b>b</b>	Name of plan sponsor VETERAN CLAIMS PAID LLC	<b>c</b> EIN-PN 83-1662039-001
<b>a</b>	Plan name CONVERGE MEDICAL TECHNOLOGY 401K PLAN	
<b>b</b>	Name of plan sponsor CONVERGE MEDICAL TECHNOLOGY LLC	<b>c</b> EIN-PN 83-1809918-001
<b>a</b>	Plan name CORN FED CONCRETE SOLUTIONS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor CORN FED CONCRETE SOLUTIONS LLC	<b>c</b> EIN-PN 83-2966465-001
<b>a</b>	Plan name W INTERNATIONAL 401K PLAN	
<b>b</b>	Name of plan sponsor W INTERNATIONAL SC LLC	<b>c</b> EIN-PN 83-2995647-001
<b>a</b>	Plan name COMPLEX HEALTHCARE SOLUTIONS RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor COMPLEX HEALTHCARE SOLUTIONS LLC	<b>c</b> EIN-PN 83-3356744-001
<b>a</b>	Plan name INTEGRATED HVAC 401K PLAN	
<b>b</b>	Name of plan sponsor INTEGRATED HVAC LLC	<b>c</b> EIN-PN 83-3855573-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
<b>a</b> Plan name	ARCSTAR ELECTRIC LLC 401K PLAN	
<b>b</b> Name of plan sponsor	ARCSTAR ELECTRIC LLC	<b>c</b> EIN-PN 83-4467357-001
<b>a</b> Plan name	R V WORLD 401K PLAN	
<b>b</b> Name of plan sponsor	RV WORLD RECREATION VEHICLE CENTRE LLC	<b>c</b> EIN-PN 83-4486585-001
<b>a</b> Plan name	ROY JACKSON ELECTRIC INC PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ROY JACKSON ELECTRIC INC	<b>c</b> EIN-PN 84-1103569-001
<b>a</b> Plan name	ARGUS OF COLORADO 401K PLAN	
<b>b</b> Name of plan sponsor	ARGUS OF COLORADO DBA ARGUS HOME HEALTH	<b>c</b> EIN-PN 84-1163767-001
<b>a</b> Plan name	RAPPORT INC 401K PLAN & TRUST	
<b>b</b> Name of plan sponsor	RAPPORT INC	<b>c</b> EIN-PN 84-1262279-001
<b>a</b> Plan name	THE AHBE GROUP 401K PLAN AND TRUST	
<b>b</b> Name of plan sponsor	THE AHBE GROUP INC	<b>c</b> EIN-PN 84-1326860-002
<b>a</b> Plan name	SUMMIT DERMATOLOGY RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	SUMMIT DERMATOLOGY PC	<b>c</b> EIN-PN 84-1540358-001
<b>a</b> Plan name	FOGLAMP CONTENT STUDIO LLC 401K PLAN	
<b>b</b> Name of plan sponsor	FOGLAMP CONTENT STUDIO LLC	<b>c</b> EIN-PN 84-2173016-001
<b>a</b> Plan name	AVON LAKE PLUMBING 401K PLAN	
<b>b</b> Name of plan sponsor	D&S GAREAU LLC	<b>c</b> EIN-PN 84-2403887-001
<b>a</b> Plan name	ACCESSDX 401K PLAN	
<b>b</b> Name of plan sponsor	ARANSCIA LLC	<b>c</b> EIN-PN 84-2725709-001
<b>a</b> Plan name	WINGTAT CARGO USA INC 401K PLAN	
<b>b</b> Name of plan sponsor	WINGTAT CARGO USA INC	<b>c</b> EIN-PN 84-2902301-001
<b>a</b> Plan name	KEITH FAMILY MEDICINE 401K PLAN	
<b>b</b> Name of plan sponsor	NABIL KEITH MD LLC	<b>c</b> EIN-PN 84-3205895-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MICHAEL J VILAG DDS PC 401K PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL J VILAG DDS PC	<b>c</b> EIN-PN 84-3500534-001
<b>a</b>	Plan name	MINCHIN BUICK GMC TRUCK 401K PLAN	
<b>b</b>	Name of plan sponsor	MINCHIN OF STAMFORD LLC	<b>c</b> EIN-PN 84-3535051-001
<b>a</b>	Plan name	VACAYZEN 401K PLAN	
<b>b</b>	Name of plan sponsor	30A BEACH HOSPITALITY HOLDINGS LLC	<b>c</b> EIN-PN 84-3759073-001
<b>a</b>	Plan name	THOMPSON LAW PLLC 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON LAW PLLC	<b>c</b> EIN-PN 84-3997217-001
<b>a</b>	Plan name	PARKSIDE FS 401K PLAN	
<b>b</b>	Name of plan sponsor	PARKSIDE FIRE & SECURITY INC	<b>c</b> EIN-PN 84-4018913-001
<b>a</b>	Plan name	COPLEY ROEMMICH FAMILY DENTAL 401K PLAN	
<b>b</b>	Name of plan sponsor	COPLEY ROEMMICH FAMILY DENTAL	<b>c</b> EIN-PN 84-4049209-001
<b>a</b>	Plan name	ACORN TO OAK INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ACORN TO OAK INC	<b>c</b> EIN-PN 85-1112575-001
<b>a</b>	Plan name	FIND YOUR BALANCE CTR FOR GRWTH & CHANGE 401K	
<b>b</b>	Name of plan sponsor	FIND YOUR BALANCE THERAPY CENTER	<b>c</b> EIN-PN 85-1594780-001
<b>a</b>	Plan name	INTEGRITY ALLIANCE LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	INTEGRITY ALLIANCE LLC	<b>c</b> EIN-PN 85-1672493-001
<b>a</b>	Plan name	OUTSTANDING AGRI SERVICE 401K PLAN	
<b>b</b>	Name of plan sponsor	OUTSTANDING AGRI SERVICE	<b>c</b> EIN-PN 85-2519964-001
<b>a</b>	Plan name	HAMBLIN FAMILY DENTISTRY 401K PLAN	
<b>b</b>	Name of plan sponsor	HAMBLIN FAMILY DENTISTRY	<b>c</b> EIN-PN 85-2650346-001
<b>a</b>	Plan name	ANIMAL HOSPITAL OF PATASKALA LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	ANIMAL HOSPITAL OF PATASKALA LLC	<b>c</b> EIN-PN 85-2741145-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	UAI 401K PLAN	
<b>b</b>	Name of plan sponsor	UNITED APPAREL INDUSTRIES	<b>c</b> EIN-PN 85-3926972-001
<b>a</b>	Plan name	DRIGGERS CONSTRUCTION 401K P/S PLAN	
<b>b</b>	Name of plan sponsor	DRIGGERS CONSTRUCTION OF MIDDLE GA LLC	<b>c</b> EIN-PN 85-4071720-001
<b>a</b>	Plan name	MKFRN 401K PLAN	
<b>b</b>	Name of plan sponsor	MKFRN LLC	<b>c</b> EIN-PN 85-4149812-001
<b>a</b>	Plan name	THE COCOPA INDIAN TRIBE 401K RETIREMENT	
<b>b</b>	Name of plan sponsor	COCOPA INDIAN TRIBE	<b>c</b> EIN-PN 86-0255690-002
<b>a</b>	Plan name	TMM FAMILY SERVICES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	TMM FAMILY SERVICES INC	<b>c</b> EIN-PN 86-0379677-001
<b>a</b>	Plan name	ENGINEERING & ENVIRONMENTAL CONSULTANTS 401K	
<b>b</b>	Name of plan sponsor	ENGINEERING & ENVIRONMENTAL CONSULTANTS	<b>c</b> EIN-PN 86-0579251-001
<b>a</b>	Plan name	DALMOLIN EXCAVATING INC 401K PLAN	
<b>b</b>	Name of plan sponsor	DALMOLIN EXCAVATING INC	<b>c</b> EIN-PN 86-0782533-001
<b>a</b>	Plan name	1ST BANK YUMA 401K PLAN	
<b>b</b>	Name of plan sponsor	1ST BANK YUMA INC	<b>c</b> EIN-PN 86-0968262-001
<b>a</b>	Plan name	TRIGON STAFF 401K PLAN	
<b>b</b>	Name of plan sponsor	TRIGON STAFF ADMINISTRATORS INC	<b>c</b> EIN-PN 86-1014493-001
<b>a</b>	Plan name	GEN-MARK 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GEMCO-REMARK SALES LLC	<b>c</b> EIN-PN 86-1168002-001
<b>a</b>	Plan name	4OWONK 401K PLAN	
<b>b</b>	Name of plan sponsor	DATAWORLD AI LLC	<b>c</b> EIN-PN 86-1991506-001
<b>a</b>	Plan name	BSW 2021 INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	BSW 2021	<b>c</b> EIN-PN 86-3969560-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	MOUNTAIN UTAH FAMILY MEDICINE 401K PLAN	
<b>b</b>	Name of plan sponsor	MOUNTAIN UTAH FAMILY MEDICINE	<b>c</b> EIN-PN 87-0509414-001
<b>a</b>	Plan name	ALTA ALLOYS 401K PLAN	
<b>b</b>	Name of plan sponsor	ALTA ALLOYS	<b>c</b> EIN-PN 87-1031781-001
<b>a</b>	Plan name	BRIAN CARR & ASSOCIATES INC 401K PLAN	
<b>b</b>	Name of plan sponsor	BRIAN CARR & ASSOCIATES INC	<b>c</b> EIN-PN 87-1697566-001
<b>a</b>	Plan name	WILDERMAN ENTERPRISES INDIVIDUAL 401K PLAN	
<b>b</b>	Name of plan sponsor	WILDERMAN ENTERPRISES INC	<b>c</b> EIN-PN 87-2262492-001
<b>a</b>	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
<b>b</b>	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	<b>c</b> EIN-PN 87-2964267-001
<b>a</b>	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-2	
<b>b</b>	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	<b>c</b> EIN-PN 87-2964267-002
<b>a</b>	Plan name	ADVANCE INSTALLATIONS INC 401K PLAN	
<b>b</b>	Name of plan sponsor	ADVANCE INSTALLATIONS INC	<b>c</b> EIN-PN 88-0150572-001
<b>a</b>	Plan name	PIONEER ELECTRIC PENSION PLAN	
<b>b</b>	Name of plan sponsor	PIONEER ELECTRIC LTD	<b>c</b> EIN-PN 88-0166469-001
<b>a</b>	Plan name	CAT HOSPITAL OF TUCSON 401K PLAN	
<b>b</b>	Name of plan sponsor	JOHNSTON VETERINARY CARE LLC	<b>c</b> EIN-PN 88-0783762-001
<b>a</b>	Plan name	AQUAPROS RESTORATION INDIVIDUAL K PLAN	
<b>b</b>	Name of plan sponsor	AQUAPROS RESTORATION	<b>c</b> EIN-PN 88-1135469-001
<b>a</b>	Plan name	CAPTURE DCS LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	CAPTURE DCS LLC	<b>c</b> EIN-PN 88-1186217-001
<b>a</b>	Plan name	GREENLIGHT GROUP INC 401K PLAN	
<b>b</b>	Name of plan sponsor	GREENLIGHT GROUP INC	<b>c</b> EIN-PN 88-2579435-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">SHAH ATTORNEY GROUP APC INDIVIDUAL K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">SHAH ATTORNEY GROUP APC</a>	<b>c</b> EIN-PN <a href="#">88-3296016-001</a>
<b>a</b>	Plan name <a href="#">VOGUE NAIL SPA INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">VOGUE NAIL SPA INC</a>	<b>c</b> EIN-PN <a href="#">88-3569381-001</a>
<b>a</b>	Plan name <a href="#">WALKER PLUMBING SERVICES 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">WALKER PLUMBING SERVICES INC</a>	<b>c</b> EIN-PN <a href="#">90-0041887-001</a>
<b>a</b>	Plan name <a href="#">DEENY CONSTRUCTION COMPANY 401K PSP</a>	
<b>b</b>	Name of plan sponsor <a href="#">DEENY CONSTRUCTION COMPANY</a>	<b>c</b> EIN-PN <a href="#">91-0790331-001</a>
<b>a</b>	Plan name <a href="#">S &amp; S MASONRY INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">S &amp; S MASONRY INC</a>	<b>c</b> EIN-PN <a href="#">91-1747784-001</a>
<b>a</b>	Plan name <a href="#">CIG PC PROFIT SHARING 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">CONSULTANTS IN GASTROENTEROLOGY PC</a>	<b>c</b> EIN-PN <a href="#">91-1812354-001</a>
<b>a</b>	Plan name <a href="#">MECA 401K PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">METROPOLITAN ENTERTAINMENT &amp; CONVENTION</a>	<b>c</b> EIN-PN <a href="#">91-1846837-001</a>
<b>a</b>	Plan name <a href="#">TNT POWER WASH INC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">TNT POWER WASH INC</a>	<b>c</b> EIN-PN <a href="#">92-0184358-002</a>
<b>a</b>	Plan name <a href="#">LAKELI PHARMACY GROUP INC RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">LAKELI PHARMACY GROUP INC</a>	<b>c</b> EIN-PN <a href="#">92-1590409-001</a>
<b>a</b>	Plan name <a href="#">THE GERAGHTY FIRM PC LLO IK PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">THE GERAGHTY FIRM PC LLO</a>	<b>c</b> EIN-PN <a href="#">92-1999468-001</a>
<b>a</b>	Plan name <a href="#">JB STEEL 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">JB STEEL LLC</a>	<b>c</b> EIN-PN <a href="#">93-0581861-006</a>
<b>a</b>	Plan name <a href="#">MARK HEUETT GENERAL CONTRACTOR INC 401K PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">MARK HEUETT GENERAL CONTRACTOR INC</a>	<b>c</b> EIN-PN <a href="#">93-1319951-002</a>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name SANDHILLS RENEWABLE ENERGY LLC 401K PLAN	
<b>b</b>	Name of plan sponsor SANDHILLS RENEWABLE ENERGY LLC	<b>c</b> EIN-PN 93-2382958-001
<b>a</b>	Plan name SOUTHFORK ANIMAL HOSPITAL 401K PLAN	
<b>b</b>	Name of plan sponsor SOUTHFORK VETERINARY HOSPITAL PLLC	<b>c</b> EIN-PN 93-3895288-001
<b>a</b>	Plan name SAF-T-CAB INC 401K PLAN	
<b>b</b>	Name of plan sponsor SAF-T-CAB INC	<b>c</b> EIN-PN 94-1666151-002
<b>a</b>	Plan name FRESNO DENTAL PROFESSIONALS 401K RETIREMENT	
<b>b</b>	Name of plan sponsor FRESNO DENTAL PROFESSIONALS	<b>c</b> EIN-PN 94-2371801-002
<b>a</b>	Plan name HARRIS MANUFACTURING INC 401K PLAN	
<b>b</b>	Name of plan sponsor HARRIS MANUFACTURING INC	<b>c</b> EIN-PN 94-2514493-001
<b>a</b>	Plan name MY LIFE FOUNDATION INC 401K PSP	
<b>b</b>	Name of plan sponsor MY LIFE FOUNDATION INC	<b>c</b> EIN-PN 94-3347107-001
<b>a</b>	Plan name ALPERT & ALPERT IRON & METAL PROD 401K	
<b>b</b>	Name of plan sponsor ALPERT & ALPERT IRON & METAL INC	<b>c</b> EIN-PN 95-1860560-007
<b>a</b>	Plan name ALPERT & ALPERT IRON & METAL LA UNION 401K	
<b>b</b>	Name of plan sponsor ALPERT & ALPERT IRON & METAL	<b>c</b> EIN-PN 95-1860560-004
<b>a</b>	Plan name ALPERT & ALPERT IRON & METAL INC 401K PS PLAN	
<b>b</b>	Name of plan sponsor ALPERT & ALPERT IRON & METAL INC	<b>c</b> EIN-PN 95-1860560-001
<b>a</b>	Plan name HOSPITAL SYSTEMS INC 401K PLAN	
<b>b</b>	Name of plan sponsor HOSPITAL SYSTEMS INC	<b>c</b> EIN-PN 95-1976576-001
<b>a</b>	Plan name TELL STEEL INC 401K PLAN	
<b>b</b>	Name of plan sponsor TELL STEEL INC	<b>c</b> EIN-PN 95-2013977-002
<b>a</b>	Plan name TELL STEEL PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TELL STEEL INC	<b>c</b> EIN-PN 95-2013977-005

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name VISTA METALS CORP 401K & PS PLAN	
<b>b</b>	Name of plan sponsor VISTA METALS CORP	<b>c</b> EIN-PN 95-2139701-001
<b>a</b>	Plan name VISTA METALS CORP UNION 401K PLAN	
<b>b</b>	Name of plan sponsor VISTA METALS CORPORATION	<b>c</b> EIN-PN 95-2139701-005
<b>a</b>	Plan name WISE & HEALTHY AGING 401K PLAN	
<b>b</b>	Name of plan sponsor WISE & HEALTHY AGING	<b>c</b> EIN-PN 95-2788014-002
<b>a</b>	Plan name SEVEN LAKES HOA 401K PLAN	
<b>b</b>	Name of plan sponsor SEVEN LAKES HOMEOWNERS ASSN INC DBA SEVEN	<b>c</b> EIN-PN 95-2814425-001
<b>a</b>	Plan name PACIFIC INDUSTRIAL ELECTRIC PSP	
<b>b</b>	Name of plan sponsor PACIFIC INTL ELECTRIC CO INC DBA PIE	<b>c</b> EIN-PN 95-2870436-001
<b>a</b>	Plan name SCRS - IL 401K PS PLAN	
<b>b</b>	Name of plan sponsor SOUTHERN CALIFORNIA REHAB SERVICES INC	<b>c</b> EIN-PN 95-3411383-001
<b>a</b>	Plan name PALM DESERT RESORTER ASSOCIATION 401K PLAN	
<b>b</b>	Name of plan sponsor PALM DESERT RESORTER ASSOCIATION	<b>c</b> EIN-PN 95-3531263-001
<b>a</b>	Plan name NUFFER SMITH TUCKER INC 401K PLAN	
<b>b</b>	Name of plan sponsor NUFFER SMITH TUCKER INC	<b>c</b> EIN-PN 95-3639651-001
<b>a</b>	Plan name TORRANCE ORTHOPAEDIC SPORTS MEDICINE GRP 401K	
<b>b</b>	Name of plan sponsor TORRANCE ORTHOPAEDIC & SPORTS MEDICINE GROUP	<b>c</b> EIN-PN 95-3791747-001
<b>a</b>	Plan name TPPM 401K PLAN	
<b>b</b>	Name of plan sponsor TORREY PINES PROPERTY MANAGEMENT INC	<b>c</b> EIN-PN 95-3802727-001
<b>a</b>	Plan name STATEWIDE PEST CONTROL CO 401K PSP & TRUST	
<b>b</b>	Name of plan sponsor STATEWIDE PEST CONTROL CO INC	<b>c</b> EIN-PN 95-3974674-001
<b>a</b>	Plan name LOAN AMERICA INC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor LOAN AMERICA INC	<b>c</b> EIN-PN 95-4658269-001



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

For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>STATE STREET RETIREMENT RIGHT IN 2050</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>235</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>HAND BENEFITS &amp; TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>74-2008758</b>

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

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

Assets	(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>	
<b>(3)</b> Other .....	<b>1b(3)</b>	23620 85297
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	2117084 1138096
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>	
<b>(8)</b> Participant loans .....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>	
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	66944653 66007104
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) .....	<b>1c(14)</b>	
<b>(15)</b> Other .....	<b>1c(15)</b>	

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	69085357	67230497
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	11860	25020
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	11860	25020
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	69073497	67205477

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	62212	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		62212
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		0
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	15843305	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	12385880	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		3457425
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	5824249	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		9343886

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	46244	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		46244
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		46244

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		9297642
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		21391066
(2) From this plan .....	<b>2l(2)</b>		32556728

**Part III Accountant's Opinion**

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

**Part IV Compliance Questions**

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

During the plan year:

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

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

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

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

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

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