

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A** This return/report is for:
 - a multiemployer plan
 - a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)
 - a single-employer plan
 - 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
 - special extension (enter description)
 - the DFVC program
- E** If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶

Part II Basic Plan Information—enter all requested information

1a Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2055</u>	1b Three-digit plan number (PN) ▶ <u>236</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAND BENEFITS & TRUST COMPANY</u> <u>820 GESSNER ROAD</u> <u>SUITE 1250</u> <u>HOUSTON, TX 77024</u>	1c Effective date of plan <u>02/01/2022</u> 2b Employer Identification Number (EIN) <u>74-2008758</u> 2c Plan Sponsor's telephone number <u>713-460-1000</u> 2d Business code (see instructions)

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

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

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

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

Form 5500 (2024)
v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

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

A Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2055</u>	B Three-digit plan number (PN)	<u>236</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>74-2008758</u>	

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

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c EIN-PN

d Entity code

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d Entity code

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

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c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VARICOSITY LLC 401K PLAN	
b	Name of plan sponsor	VARICOSITY LLC	c EIN-PN 01-0746953-001
a	Plan name	NIECE EQUIPMENT LP 401K PS PLAN & TRUST	
b	Name of plan sponsor	NIECE EQUIPMENT LP	c EIN-PN 02-0613117-001
a	Plan name	CREEK ENTERPRISE 401K PLAN	
b	Name of plan sponsor	CREEK ENTERPRISE INC	c EIN-PN 02-0685190-001
a	Plan name	SD&S TRUCKING LLC 401K PLAN	
b	Name of plan sponsor	SD&S TRUCKING LLC	c EIN-PN 02-0784596-001
a	Plan name	SERVICES BY DESIGN DBA CARING SOLUTIONS 401K	
b	Name of plan sponsor	SERVICES BY DESIGN DBA CARING SOLUTIONS	c EIN-PN 03-0374478-001
a	Plan name	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT 457B	
b	Name of plan sponsor	NORTH CENTRAL DISTRICT HEALTH DEPARTMENT	c EIN-PN 03-0418895-001
a	Plan name	RAPIDIT INC 401K PLAN	
b	Name of plan sponsor	RAPIDIT INC	c EIN-PN 03-0529614-001
a	Plan name	NEW BEDFORD YACHT CLUB 401K PLAN	
b	Name of plan sponsor	NEW BEDFORD YACHT CLUB	c EIN-PN 04-1659530-001
a	Plan name	ROBERTSON'S AUTO SALVAGE INC 401K PS PLAN	
b	Name of plan sponsor	ROBERTSONS AUTO SALVAGE INC	c EIN-PN 04-2462641-001
a	Plan name	CRANBERRY GROWERS SERVICE INC	
b	Name of plan sponsor	CRANBERRY GROWERS SERVICE INC	c EIN-PN 04-2473423-001
a	Plan name	JC DESMARAIS & ASSOCIATES INC/IRRIGATION	
b	Name of plan sponsor	JC DESMARAIS AND ASSOCIATES INC	c EIN-PN 04-3056097-001
a	Plan name	NEW ENGLAND DISCOUNT RETAILERS INC 401K PSP	
b	Name of plan sponsor	NEW ENGLAND DISCOUNT RETAILERS INC	c EIN-PN 04-3490470-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TAYLOR DAVIS LANDSCAPE COMPANY 401K PLAN	
b	Name of plan sponsor	TAYLOR DAVIS LANDSCAPE COMPANY INC	c EIN-PN 04-3549575-001
a	Plan name	VALBRUNA SLATER STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA SLATER STAINLESS INC	c EIN-PN 04-3784903-001
a	Plan name	GOMEZ ART SUPPLY 401K PLAN	
b	Name of plan sponsor	GOMEZ ART SUPPLY	c EIN-PN 05-0574561-001
a	Plan name	INWOOD VILLAGE PEDIATRICS 401K PS PLAN	
b	Name of plan sponsor	KH&D INWOOD VILLAGE PEDIATRICS PLLC	c EIN-PN 05-0622563-001
a	Plan name	VALBRUNA STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA STAINLESS INC	c EIN-PN 06-1379799-001
a	Plan name	FOXBORO ORTHODONTICS 401K PLAN	
b	Name of plan sponsor	ANITA S KARASKO DMD PC	c EIN-PN 06-1750645-001
a	Plan name	OXFORD NURSING HOME 401K RETIREMENT PLAN	
b	Name of plan sponsor	OXFORD NURSING HOME INC	c EIN-PN 11-3157922-001
a	Plan name	ADMIRAL INSURANCE BROKERAGE CORP 401K PSP	
b	Name of plan sponsor	ADMIRAL INSURANCE BROKERAGE CORP	c EIN-PN 11-3347136-001
a	Plan name	RIED INTERNATIONAL CORP 401K PS PLAN	
b	Name of plan sponsor	RIED INTERNATIONAL CORP	c EIN-PN 11-3388374-001
a	Plan name	THE HOMELESS ALLIANCE 401K PLAN	
b	Name of plan sponsor	THE HOMELESS ALLIANCE INC	c EIN-PN 11-3718005-001
a	Plan name	DUTCHMAN TREE FARM 401K PLAN	
b	Name of plan sponsor	DUTCHMAN TREE FARMS LLC	c EIN-PN 11-3772653-001
a	Plan name	NEW YORK PROFESSIONAL NURSES UNION RET PLAN	
b	Name of plan sponsor	NEW YORK PROFESSIONAL NURSES UNION	c EIN-PN 13-3642959-001

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

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

a	Plan name	MEP AMERICA INC EMPLOYEES SAVINGS PLAN	c	EIN-PN	13-3994242-001
b	Name of plan sponsor	MEP AMERICA INC	c	EIN-PN	13-3994242-001
a	Plan name	SHIRO TECHNOLOGIES 401K PLAN	c	EIN-PN	13-4207846-001
b	Name of plan sponsor	SHIRO TECHNOLOGIES LLC	c	EIN-PN	13-4207846-001
a	Plan name	GAM LAW 401K PLAN	c	EIN-PN	13-4306677-001
b	Name of plan sponsor	MAG LAW OFFICES PC	c	EIN-PN	13-4306677-001
a	Plan name	UNITED INSURANCE AGENCY INC 401K PLAN	c	EIN-PN	16-1356587-001
b	Name of plan sponsor	UNITED INSURANCE AGENCY INC	c	EIN-PN	16-1356587-001
a	Plan name	CONVERGENCECOACHING LLC 401K PLAN	c	EIN-PN	16-1590309-001
b	Name of plan sponsor	CONVERGENCECOACHING LLC	c	EIN-PN	16-1590309-001
a	Plan name	GREEN GLEN EQUINE HOSPITAL 401K PLAN	c	EIN-PN	16-1621635-001
b	Name of plan sponsor	GREEN GLEN EQUINE HOSPITAL	c	EIN-PN	16-1621635-001
a	Plan name	TRI-REP SALES 401K PLAN	c	EIN-PN	20-0280914-001
b	Name of plan sponsor	TRI-REP SALES INC	c	EIN-PN	20-0280914-001
a	Plan name	PREDICTIVE TECHNOLOGY INC 401K PROFIT SHARING	c	EIN-PN	20-0325167-001
b	Name of plan sponsor	PREDICTIVE TECHNOLOGY INC	c	EIN-PN	20-0325167-001
a	Plan name	REGINA-ANDREW DESIGN 401K PLAN	c	EIN-PN	20-0740554-001
b	Name of plan sponsor	REGINA-ANDREW DESIGN INC	c	EIN-PN	20-0740554-001
a	Plan name	HADLEY'S TOWING LLC	c	EIN-PN	20-1050422-001
b	Name of plan sponsor	HADLEYS TOWING LLC	c	EIN-PN	20-1050422-001
a	Plan name	BAYSIDE MECHANICAL INC 401K PLAN	c	EIN-PN	20-1083341-001
b	Name of plan sponsor	BAYSIDE MECHANICAL INC	c	EIN-PN	20-1083341-001
a	Plan name	TOTAL SECURITY SOLUTIONS RETIREMENT PLAN	c	EIN-PN	20-1159014-001
b	Name of plan sponsor	TOTAL SECURITY SOLUTIONS INC	c	EIN-PN	20-1159014-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	5D MINING 401K PLAN	
b	Name of plan sponsor	5D MINING & CONSTRUCTION INC	c EIN-PN 20-1211201-001
a	Plan name	GROUND ZERO SHELTERS CO INC 401K PLAN	
b	Name of plan sponsor	GROUND ZERO SHELTERS CO INC	c EIN-PN 20-1437041-001
a	Plan name	DIGIT-ALL 401K PLAN	
b	Name of plan sponsor	DIGIT-ALL TECHNOLOGIES INC	c EIN-PN 20-1746777-001
a	Plan name	OSBORNE INSURANCE SERVICES 401K PLAN	
b	Name of plan sponsor	OSBORNE INSURANCE SERVICES INC	c EIN-PN 20-1853961-001
a	Plan name	BHB ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	BHB ENTERPRISES INC	c EIN-PN 20-2058922-001
a	Plan name	HENDERSON EYE CENTER 401K PLAN	
b	Name of plan sponsor	HENDERSON & POSEGATE EYE CENTER PC	c EIN-PN 20-2247391-001
a	Plan name	NICHOLAS F GARDNER DDS 401K PLAN	
b	Name of plan sponsor	NICHOLAS FGARDNER DDS	c EIN-PN 20-2808347-001
a	Plan name	SOCAL PHYSICAL THERAPY INC 401K PLAN	
b	Name of plan sponsor	SOCAL PHYSICAL THERAPY INC	c EIN-PN 20-2812783-001
a	Plan name	LAKOTA CORP 401K PLAN	
b	Name of plan sponsor	LAKOTA CORP	c EIN-PN 20-2970922-001
a	Plan name	HARRY HAYES PLUMBING 401K PLAN	
b	Name of plan sponsor	HARRY HAYES PLUMBING	c EIN-PN 20-3035479-001
a	Plan name	RIGHT ANGLE 401K PLAN	
b	Name of plan sponsor	RIGHT ANGLE DBA ADVANCED MANUFACTURING SVCS	c EIN-PN 20-3251984-001
a	Plan name	ELITE FIRE SERVICES INC 401K PLAN	
b	Name of plan sponsor	ELITE FIRE SERVICES INC	c EIN-PN 20-3314177-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FARR CONSTRUCTION CORP DBA RDC 401K PLAN	
b	Name of plan sponsor FARR CONSTRUCTION DBA RESOURCE DEVELOPMENT	c EIN-PN 20-3783793-001
a	Plan name SOUTH CENTRAL SEALING LLC 401K PLAN	
b	Name of plan sponsor SOUTH CENTRAL SEALING LLC	c EIN-PN 20-3982191-001
a	Plan name CALIFORNIA WINDOW & SOLAR 401K	
b	Name of plan sponsor CALIFORNIA GLASS & WINDOW CORP	c EIN-PN 20-4537258-001
a	Plan name DIVERSE ACQUISITION COMPANY 401K PLAN	
b	Name of plan sponsor DIVERSE ACQUISITION COMPANY INC	c EIN-PN 20-4707578-001
a	Plan name MCPHAILS AUTO SALES INC 401K PSP & TRUST	
b	Name of plan sponsor MCPHAILS AUTO SALES INC	c EIN-PN 20-4885311-001
a	Plan name SOUTHERNWOOD RETIREMENT PLAN	
b	Name of plan sponsor SOUTHERNWOOD FRAMING LLC	c EIN-PN 20-5159686-001
a	Plan name KILLIAN AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor KILLIAN AUTOMOTIVE	c EIN-PN 20-5227343-001
a	Plan name PRATTS PROFESSIONAL CHIMNEY SERVICE 401K PLAN	
b	Name of plan sponsor PRATTS PROFESSIONAL CHIMNEY SERVICE	c EIN-PN 20-5258840-001
a	Plan name ARAPAHOE OILFIELD SERVICES 401K PLAN	
b	Name of plan sponsor ARAPAHOE OILFIELD SERVICES LLC	c EIN-PN 20-5439087-001
a	Plan name CROFT 401K PLAN	
b	Name of plan sponsor CROFT PRODUCTION SYSTEMS INC	c EIN-PN 20-5650231-001
a	Plan name SEMINGSON ARCHITECTS INC 401K PLAN	
b	Name of plan sponsor SEMINGSTON ARCHITECTS INC	c EIN-PN 20-5981770-001
a	Plan name THE MCDONALD GROUP INC 401K PLAN	
b	Name of plan sponsor THE MCDONALD GROUP INC	c EIN-PN 20-8068130-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	FRAZIER PEST CONTROL INC 401K PROFIT SHAR	
b	Name of plan sponsor	FRAZIER PEST CONTROL INC	c EIN-PN 20-8099736-001
a	Plan name	TENNESSEE EQUINE HOSPITAL 401K PLAN	
b	Name of plan sponsor	TENNESSEE EQUINE HOSPITAL	c EIN-PN 20-8123097-001
a	Plan name	RETAIL SHIPPING PARTNERS 401K PLAN	
b	Name of plan sponsor	RETAIL SHIPPING PARTNERS INC	c EIN-PN 20-8451041-001
a	Plan name	HEALTHSOURCE INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	HEALTHSOURCE INTEGRATED SOLUTIONS INC	c EIN-PN 20-8498601-003
a	Plan name	BRIER CREEK PEDIATRIC DENTISTRY 401K PLAN	
b	Name of plan sponsor	CHRISTI M DAVIS DDS PA	c EIN-PN 20-8742190-001
a	Plan name	SAINT DOMINIC ACADEMY 401K PLAN	
b	Name of plan sponsor	SAINT DOMINIC ACADEMY	c EIN-PN 22-1597129-001
a	Plan name	ELLIOTT-MCELWEE INC 401K PROFIT SHARING	
b	Name of plan sponsor	ELLIOTT-MCELWEE INC	c EIN-PN 22-2357668-001
a	Plan name	RK CHEVROLET INC 401K PLAN	
b	Name of plan sponsor	RK CHEVROLET INC	c EIN-PN 22-2398337-001
a	Plan name	FIFTH AVENUE ICE CREAM OF NEVADA INC 401K PLA	
b	Name of plan sponsor	FIFTH AVENUE ICE CREAM OF NEVADA INC	c EIN-PN 22-3228763-001
a	Plan name	HERITAGE TILE 401K PLAN	
b	Name of plan sponsor	HERITAGE TILE & MARBLE CO	c EIN-PN 22-3726239-001
a	Plan name	SERVICEONE 401K PLAN	
b	Name of plan sponsor	JC ACQUISITIONS INC&SUBSIDIARIES	c EIN-PN 22-3888799-001
a	Plan name	KAHRS INTERNATIONAL INC 401K PS PLAN	
b	Name of plan sponsor	KAHRS INTERNATIONAL INC	c EIN-PN 23-2417661-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	OSMOND GENERAL HOSPITAL 401K PLAN	
b	Name of plan sponsor	OSMOND GENERAL HOSPITAL	c EIN-PN 23-7161473-001
a	Plan name	MEMPHIS IN MAY RETIREMENT PLAN	
b	Name of plan sponsor	MEMPHIS IN MAY INTERNATIONAL FESTIVAL	c EIN-PN 23-7308001-002
a	Plan name	MILLER TRANSFER & RIGGING CO 401K PS PLAN	
b	Name of plan sponsor	MILLER TRANSFER & RIGGING COMPANY	c EIN-PN 25-1189978-001
a	Plan name	ARMSTRONG INDIANA BDHP PENSION PLAN	
b	Name of plan sponsor	ARMSTRONG-INDIANA BEHAVIORAL AND DEVELOPMENT	c EIN-PN 25-1199680-001
a	Plan name	ERIE FOOD CO-OP 401K PLAN	
b	Name of plan sponsor	WHOLE FOODS COOPERATIVE	c EIN-PN 25-1401503-001
a	Plan name	THE ELECTRIC COMPANY INC 401K PLAN	
b	Name of plan sponsor	THE ELECTRIC COMPANY INC	c EIN-PN 25-1714107-001
a	Plan name	CONNOLLY STEELE & COMPANY P C 401K PLAN	
b	Name of plan sponsor	CONNOLLY STEELE & COMPANY PC	c EIN-PN 25-1767399-001
a	Plan name	INFO-MATRIX CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	INFO-MATRIX CORPORATION	c EIN-PN 25-1788570-001
a	Plan name	BENTZ LAW FIRM PC 401K PSP	
b	Name of plan sponsor	BENTZ LAW FIRM PC	c EIN-PN 25-1878892-001
a	Plan name	TMD 401K PLAN	
b	Name of plan sponsor	TAYLOR MADE DESIGN INC	c EIN-PN 26-0098331-001
a	Plan name	ANDERSON PHYSICAL THERAPY INC 401K PS	
b	Name of plan sponsor	ANDERSON PHYSICAL THERAPY INC	c EIN-PN 26-0222060-001
a	Plan name	MOHLER DESIGN 401K PLAN	
b	Name of plan sponsor	MOHLER DESIGN LLC	c EIN-PN 26-0498953-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MITEC SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	MITEC SOLUTIONS INC	c EIN-PN 26-0590889-001
a	Plan name	SEITEC 401K WEALTH PLAN	
b	Name of plan sponsor	AGRIHORIZON INC	c EIN-PN 26-0659633-001
a	Plan name	MANDUKA LLC RETIREMENT PLAN	
b	Name of plan sponsor	MANDUKA LLC	c EIN-PN 26-1648490-001
a	Plan name	OAK STREET WHOLESALERS 401K PLAN	
b	Name of plan sponsor	OAK STREET WHOLESALERS INC	c EIN-PN 26-1779123-001
a	Plan name	QUIK TEK MACHINING 401K PLAN	
b	Name of plan sponsor	QUIK TEK MACHINING LLC	c EIN-PN 26-1912212-001
a	Plan name	COMMUNITY PHARMACY SERVICES INC 401K PLAN	
b	Name of plan sponsor	COMMUNITY PHARMACY SERVICES INC	c EIN-PN 26-2122849-001
a	Plan name	KIRBY VETERINARY HOSPITAL RETIREMENT PLAN	
b	Name of plan sponsor	KIRBY VETERINARY HOSPITAL	c EIN-PN 26-2353403-001
a	Plan name	EDGE SERVICES 401K PLAN	
b	Name of plan sponsor	EDGE SERVICES INC	c EIN-PN 26-2464207-001
a	Plan name	TEXAS TITLE COMPANY 401K PLAN	
b	Name of plan sponsor	TEXAS TITLE COMPANY	c EIN-PN 26-2717873-001
a	Plan name	BLUE WATER CREDIT LLC 401K PLAN	
b	Name of plan sponsor	BLUE WATER CREDIT LLC	c EIN-PN 26-2934487-001
a	Plan name	PRECISION DRYWALL 401K PLAN	
b	Name of plan sponsor	PRECISION DRYWALL INC	c EIN-PN 26-3171157-001
a	Plan name	FAST TRACK URGENT CARE RETIREMENT PLAN	
b	Name of plan sponsor	CRESCENT URGENT HEALTHCARE SERVICES LLC	c EIN-PN 26-3661532-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	F STREET DEV GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor	F STREET DEVELOPMENT GROUP LLC	c EIN-PN 26-3977115-001
a	Plan name	MIDWEST MECHANICAL INDUSTRIAL SERVICES 401K	
b	Name of plan sponsor	MIDWEST MECHANICAL INDUSTRIAL SERVICES LLC	c EIN-PN 26-4031281-001
a	Plan name	BRADLEY R GILMER DDS 401K PLAN	
b	Name of plan sponsor	BRADLEY R GILMER DDS LLC	c EIN-PN 26-4037356-001
a	Plan name	BIOMEDGPS 401K SAVINGS PLAN	
b	Name of plan sponsor	BIOMEDGPSLLC	c EIN-PN 26-4134877-001
a	Plan name	PRO AIR INC 401K PLAN	
b	Name of plan sponsor	PRO AIR INC	c EIN-PN 26-4682398-001
a	Plan name	PARKERS 401K PLAN	
b	Name of plan sponsor	BALLARD BUILDING RESTAURANT CO	c EIN-PN 27-0265416-001
a	Plan name	MANASSA BOJCZUK PC 401K P/S PLAN	
b	Name of plan sponsor	MANASSA BOJCZUK PC	c EIN-PN 27-0377867-001
a	Plan name	WINJET AUTOMOTIVE INC 401K PLAN	
b	Name of plan sponsor	WINJET AUTOMOTIVE INC	c EIN-PN 27-0437448-001
a	Plan name	HOT PURPLE ENERGY 401K	
b	Name of plan sponsor	HOT PURPLE INC	c EIN-PN 27-0475938-001
a	Plan name	BYRUM COMPANIES 401K PLAN	
b	Name of plan sponsor	BYRUM BUILDERS	c EIN-PN 27-0508150-001
a	Plan name	AGILE TRANSFORMATION INC RETIREMENT PLAN	
b	Name of plan sponsor	AGILE TRANSFORMATION INC	c EIN-PN 27-0528434-001
a	Plan name	NEXT LEVEL TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor	NEXT LEVEL TECHNOLOGIES	c EIN-PN 27-0586352-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RS DALE CO INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	RS DALE CO INC	c EIN-PN 27-0755164-001
a	Plan name	SPORTCHASSIS 401K PLAN	
b	Name of plan sponsor	SPORTCHASSIS HOLDINGS INC	c EIN-PN 27-0931398-001
a	Plan name	ACHIEVEMENT REHABILITATION THR 401K PSP TRUST	
b	Name of plan sponsor	ACHIEVEMENT REHABILITATION THROUGH THERAPEUT	c EIN-PN 27-0991521-001
a	Plan name	VISTA METALS GEORGIA 401K & PS PLAN	
b	Name of plan sponsor	VISTA METALS-GEORGIA	c EIN-PN 27-1043263-001
a	Plan name	VISTA METALS GA PRODUCTION EES 401K PLAN	
b	Name of plan sponsor	VISTA METALS GEORGIA	c EIN-PN 27-1043263-003
a	Plan name	NEW HOPE TRANSITIONAL HOUSING 401K PLAN	
b	Name of plan sponsor	NEW HOPE TRANSITIONAL HOUSING INC	c EIN-PN 27-1440474-001
a	Plan name	BLACK WILLOW INC 401K PLAN	
b	Name of plan sponsor	BLACK WILLOW INC	c EIN-PN 27-1456595-001
a	Plan name	BRYLLAN 401K PLAN	
b	Name of plan sponsor	BRYLLAN LLC	c EIN-PN 27-1568186-001
a	Plan name	FOREFRONT TECHNOLOGY'S 401K PS PLAN	
b	Name of plan sponsor	FOREFRONT TECHNOLOGY SOLUTIONS CORP	c EIN-PN 27-1814097-001
a	Plan name	PRO-LOW JOINT VENTURE 401K PLAN	
b	Name of plan sponsor	PRO-LOW JOINT VENTURE	c EIN-PN 27-1816494-001
a	Plan name	HERZFELD INC 401K PLAN	
b	Name of plan sponsor	HERZFELD INSURANCE AGENCY INC	c EIN-PN 27-2030546-001
a	Plan name	OR TECH 401K PLAN	
b	Name of plan sponsor	OR TECHNOLOGIES INC	c EIN-PN 27-2080693-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PINNACLE INSURANCE AGENCY OF MN LLC 401K PL	
b	Name of plan sponsor	PINNACLE INSURANCE AGENCY OF MINNESOTA LLC	c EIN-PN 27-2430063-001
a	Plan name	POSITIVE GROUP LLC 401K PLAN	
b	Name of plan sponsor	POSITIVE GROUP LLC	c EIN-PN 27-2716470-001
a	Plan name	HONEST 1 AUTO CARE 401K PLAN	
b	Name of plan sponsor	AZALEA PARTNERSHIP TRUSTINC DBA HONEST 1 A	c EIN-PN 27-2970097-001
a	Plan name	GROUT ELECTRIC 401K PLAN	
b	Name of plan sponsor	GROUT ELECTRIC LLC	c EIN-PN 27-2980628-001
a	Plan name	VAERUS AVIATION 401K PLAN	
b	Name of plan sponsor	VAERUS AVIATION INC	c EIN-PN 27-3587432-001
a	Plan name	CANNON UTILITY SERVICES LLC 401K PLAN	
b	Name of plan sponsor	CANNON UTILITY SERVICES LLC	c EIN-PN 27-3701067-001
a	Plan name	BLUEROCK BUILDERS 401K PLAN	
b	Name of plan sponsor	BLUEROCK BUILDERS LLC	c EIN-PN 27-3960833-001
a	Plan name	JWDA MS ARCHITECTS INC 401K PLAN	
b	Name of plan sponsor	JWDA-MS ARCHITECTS INC	c EIN-PN 27-4519130-001
a	Plan name	STINGRAY BRANDING LLC 401K PLAN	
b	Name of plan sponsor	STINGRAY BRANDING LLC	c EIN-PN 27-4590321-001
a	Plan name	GATEWAY HOME CARE LLC 401K PSP AND TRUST	
b	Name of plan sponsor	GATEWAY HOME CARE LLC	c EIN-PN 27-4871931-001
a	Plan name	WHEELHOUSE INNOVATIONS LLC 401K PLAN	
b	Name of plan sponsor	WHEELHOUSE INNOVATIONS LLC	c EIN-PN 27-4934290-001
a	Plan name	TK DESIGN & ASSOCIATES INC 401K PSP AND TRUST	
b	Name of plan sponsor	TK DESIGN & ASSOCIATES INC	c EIN-PN 30-0334148-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SCREED TECH 401K PLAN	
b	Name of plan sponsor SCREED TECH LLC	c EIN-PN 30-0386454-001
a	Plan name SARVICUS LLC 401K PLAN	
b	Name of plan sponsor SARVICUS LLC	c EIN-PN 30-0625973-001
a	Plan name LAW OFFICES OF DAVID F ISSAPOUR RETIREMENT	
b	Name of plan sponsor LAW OFFICES OF DAVID F ISSAPOUR APLC	c EIN-PN 30-0759730-001
a	Plan name FLORIDA COASTAL COLORS LLC 401K PLAN	
b	Name of plan sponsor FLORIDA COASTAL COLORS LLC	c EIN-PN 30-0829901-001
a	Plan name VERITAS HEALTH GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor VERITAS HEALTH GROUP	c EIN-PN 30-1144994-001
a	Plan name WCT REAL ESTATE GROUP LLC 401K PLAN	
b	Name of plan sponsor WCT REAL ESTATE GROUP LLC	c EIN-PN 30-1220230-001
a	Plan name THE WYETH-SCOTT COMPANY 401K PS PLAN	
b	Name of plan sponsor WYETH-SCOTT COMPANY	c EIN-PN 31-1169617-001
a	Plan name BELT INSURANCE AGENCY LLC 401K PLAN	
b	Name of plan sponsor BELT INSURANCE AGENCY LLC	c EIN-PN 31-1260214-001
a	Plan name SOUTHERN OHIO EYE ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor SOUTHERN OHIO EYE ASSOCIATES LLC	c EIN-PN 31-1744464-001
a	Plan name SPRINGFIELD TOWNSHIP 457B PLAN	
b	Name of plan sponsor SPRINGFIELD TOWNSHIP	c EIN-PN 31-6000601-001
a	Plan name SYCAMORE TOWNSHIP 457B PLAN	
b	Name of plan sponsor SYCAMORE TOWNSHIP	c EIN-PN 31-6000606-001
a	Plan name OUTER BANKS BLUE REALTY SERVICES 401K PS PLAN	
b	Name of plan sponsor OUTER BANKS BLUE LLC D/B/A OUTER BANKS REAL	c EIN-PN 32-0150985-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STRATEGIC FINANCIAL GROUP 401K PLAN	
b	Name of plan sponsor	STRATEGIC FINANCIAL GROUP	c EIN-PN 32-0351655-001
a	Plan name	HAPPY TRAILER SALES 401K PLAN	
b	Name of plan sponsor	HAPPY TRAILER SALES LLC	c EIN-PN 32-0454017-001
a	Plan name	ELI WIRELINE SERVICES 401K PLAN	
b	Name of plan sponsor	ELI WIRELINE SERVICES LLC	c EIN-PN 32-0487776-001
a	Plan name	AHERN AGRIBUSINESS INC 401K PS PLAN	
b	Name of plan sponsor	AHERN AGRIBUSINESS INC	c EIN-PN 33-0145028-001
a	Plan name	ENVIRONMENTAL SPRAY SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	ENVIRONMENTAL SPRAY SYSTEMS INC	c EIN-PN 33-0340030-001
a	Plan name	ROLAND ELECTRIC RETIREMENT PLAN	
b	Name of plan sponsor	ROLAND ELECTRIC	c EIN-PN 33-0517459-001
a	Plan name	CARICH ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	CARICH ENTERPRISES INC	c EIN-PN 33-0806817-001
a	Plan name	SOUTHWEST STRATEGIES LLC 401K PS PLAN	
b	Name of plan sponsor	SOUTHWEST STRATEGIES LLC	c EIN-PN 33-0900047-003
a	Plan name	NATIONAL TOOLING & MACHINING ASSOCIATION 401K	
b	Name of plan sponsor	NATIONAL TOOLING & MACHINING ASSOC	c EIN-PN 34-0646162-002
a	Plan name	V&A PROCESS INC 401K PLAN	
b	Name of plan sponsor	V&A PROCESS INC	c EIN-PN 34-1143181-001
a	Plan name	LARIA CHEVROLET-BUICK 401K PS PLAN	
b	Name of plan sponsor	LARIA CHEVROLET-BUICK INC	c EIN-PN 34-1346123-002
a	Plan name	CHN HOUSING PARTNERS 401K PS PLAN & TRUST	
b	Name of plan sponsor	CHN HOUSING PARTNERS	c EIN-PN 34-1346763-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PRECISION MASKING INC 401K PLAN	
b	Name of plan sponsor	PRECISION MASKING INC	c EIN-PN 34-1468643-001
a	Plan name	MIDLAKE PRODUCTS & MANUFACTURING CO INC	
b	Name of plan sponsor	MIDLAKE PRODUCTS & MANUFACTURING CO INC	c EIN-PN 34-1571105-001
a	Plan name	THE EPILEPSY CENTER 401K PLAN	
b	Name of plan sponsor	THE EPILEPSY CENTER	c EIN-PN 34-1768270-002
a	Plan name	TOMS AUTO 401K PLAN	
b	Name of plan sponsor	TOMS AUTO REPAIR INC	c EIN-PN 34-1862262-001
a	Plan name	MEDICAL RESOURCES LIMITED 401K PLAN	
b	Name of plan sponsor	M & R OF FREDRICKSTOWN LIMITED	c EIN-PN 34-1917057-001
a	Plan name	TK'S PAINTING LLC 401K PLAN	
b	Name of plan sponsor	TKS PAINTING LLC	c EIN-PN 34-2024414-001
a	Plan name	SBI INSURANCE INC INDIVIDUAL K PLAN	
b	Name of plan sponsor	SBI INSURANCE INC	c EIN-PN 34-2041776-001
a	Plan name	CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN	
b	Name of plan sponsor	CUYAHOGA COUNTY OF OHIO	c EIN-PN 34-6000817-001
a	Plan name	OH457IO DEFERRED COMPENSATION	
b	Name of plan sponsor	CITY OF WARREN OHIO	c EIN-PN 34-6002974-001
a	Plan name	DAHM BROTHERS INC 401K SALARY REDUCTION PLAN	
b	Name of plan sponsor	DAHM BROTHERS INC	c EIN-PN 35-0259100-001
a	Plan name	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	
b	Name of plan sponsor	SPITZER HERRIMAN STEPHENSON HOLDEREAD CONNER	c EIN-PN 35-0889748-001
a	Plan name	HOOSIER PLASTICS INC 401K SALARY PLAN	
b	Name of plan sponsor	HOOSIER PLASTICS INC	c EIN-PN 35-1044677-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name BANKS HARDWOODS INC 401K PS PLAN & TRUST	
b	Name of plan sponsor BANKS HARDWOODS INC	c EIN-PN 35-1641369-001
a	Plan name WAYNE METALS LLC 401K PLAN	
b	Name of plan sponsor WAYNE METALS LLC	c EIN-PN 35-2129195-001
a	Plan name POSSIBILITIES NORTHEAST LLC 401K SALARY	
b	Name of plan sponsor POSSIBILITIES NORTHEAST LLC	c EIN-PN 35-2151934-001
a	Plan name REINA DE CIELO INC RETIREMENT PLAN	
b	Name of plan sponsor REINA DE CIELO INC	c EIN-PN 35-2202763-001
a	Plan name MORGAN BRONZE PRODUCTS INC 401K PLAN	
b	Name of plan sponsor MORGAN BRONZE PRODUCTS INC	c EIN-PN 36-2100305-001
a	Plan name AMSA 401K PLAN	
b	Name of plan sponsor AMERICAN MEDICAL STUDENT ASSOCIATION	c EIN-PN 36-2222695-001
a	Plan name WRIGHTWOOD PRECISION PRODUCTS CO 401K PLAN	
b	Name of plan sponsor WRIGHTWOOD PRECISION PRODUCTS COMPANY	c EIN-PN 36-2597002-003
a	Plan name MECCON INDUSTRIES 401K PLAN	
b	Name of plan sponsor MECCON INDUSTRIES INC	c EIN-PN 36-3008454-002
a	Plan name GLENDENNING BROTHERS INC 401K PLAN	
b	Name of plan sponsor GLENDENNING BROTHERS INC	c EIN-PN 36-3910487-002
a	Plan name D'ANDREA & ASSOCIATES LTD 401K PLAN	
b	Name of plan sponsor DANDREA & ASSOCIATES LTD	c EIN-PN 36-4028688-001
a	Plan name S3 INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SAFETY SERVICE SYSTEMS INC	c EIN-PN 36-4077377-001
a	Plan name MEHUL C PATEL DDS PC 401K P/S PLAN	
b	Name of plan sponsor MEHUL C PATEL DDS PC	c EIN-PN 36-4544110-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name THIELEN FOLEY & MIRDO LLC 401K PSP & TRUST	
b	Name of plan sponsor THIELEN FOLEY & MIRDO LLC	c EIN-PN 36-4556774-001
a	Plan name BURDITT CONSULTANTS LLC 401K PLAN	
b	Name of plan sponsor BURDITT CONSULTANTS LLC	c EIN-PN 36-4604937-001
a	Plan name RANCHO EXPRESS LUBE INC 401K PLAN	
b	Name of plan sponsor RANCHO EXPRESS LUBE INC	c EIN-PN 36-4983270-001
a	Plan name PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP	
b	Name of plan sponsor PARTNERSHIP FINANCIAL CREDIT UNION	c EIN-PN 36-6070077-001
a	Plan name GRIFFITTS CONSTRUCTION 401K	
b	Name of plan sponsor GRIFFITTS CONSTRUCTION INC	c EIN-PN 37-0863472-001
a	Plan name EVAN LLOYD ASSOCIATES INC SAVINGS PLAN	
b	Name of plan sponsor EVAN LLOYD ASSOCIATES INC	c EIN-PN 37-1211141-001
a	Plan name BOB RIDINGS LINCOLN 401K PLAN	
b	Name of plan sponsor BOB RIDINGS LINCOLN INC	c EIN-PN 37-1298771-001
a	Plan name ALPHAGRAPHS 401K PLAN	
b	Name of plan sponsor ALPHAGRAPHS	c EIN-PN 37-1461157-001
a	Plan name BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC	
b	Name of plan sponsor BUEHLER MOTOR INC	c EIN-PN 37-1492335-002
a	Plan name NEXT STEP COMMUNICATIONS 401K PLAN	
b	Name of plan sponsor NEXT STEP COMMUNICATIONS LLC	c EIN-PN 37-1644996-001
a	Plan name CONTRACTORS INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor CONTRACTORS INSURANCE AGENCY INC	c EIN-PN 37-1789030-001
a	Plan name CSSC INC 401K PLAN	
b	Name of plan sponsor CSSC INC	c EIN-PN 37-1919117-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ECON DEV ALLIANCE OF ST CLAIR COUNTY PLAN	
b	Name of plan sponsor	ECONOMIC DEVELOPMENT ALLIANCE	c EIN-PN 38-1410034-001
a	Plan name	EW KITCHENS INC EMPLOYEES' 401K PLAN	
b	Name of plan sponsor	EW KITCHENS INC	c EIN-PN 38-1626582-001
a	Plan name	BEST MATERIALS PROFIT-SHARING PLAN	
b	Name of plan sponsor	BEST BLOCK COMPANY	c EIN-PN 38-1819457-001
a	Plan name	ARROW ROOFING & SUPPLY INC PS PLAN	
b	Name of plan sponsor	ARROW ROOFING & SUPPLY INC	c EIN-PN 38-1893198-001
a	Plan name	ZILKA HEATING & COOLING INC 401K PLAN	
b	Name of plan sponsor	ZILKA HEATING & COOLING INC	c EIN-PN 38-1947015-001
a	Plan name	KOROTKIN INSURANCE GROUP INC 401K SRP	
b	Name of plan sponsor	KOROTKIN INSURANCE GROUP INC DBA KIG	c EIN-PN 38-2022737-001
a	Plan name	MELLEN SMITH AND PIVOZ 401K SAVINGS PLAN	
b	Name of plan sponsor	MELLEN SMITH & PIVOZ PLC	c EIN-PN 38-2050733-001
a	Plan name	E & L MEAT COMPANY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	E & L MEAT COMPANY	c EIN-PN 38-2141947-001
a	Plan name	LUCKMARR PLASTICS INC 401K SALARY REDUCTION P	
b	Name of plan sponsor	LUCKMARR PLASTICS INC	c EIN-PN 38-2475612-001
a	Plan name	J THEISEN INC 401K PLAN	
b	Name of plan sponsor	J THEISEN INC	c EIN-PN 38-2607616-001
a	Plan name	CONTEMPORARY OBSTETRICS PC 401K PS PLAN	
b	Name of plan sponsor	CONTEMPORARY OBSTETRICS PC	c EIN-PN 38-2688194-001
a	Plan name	ANCA INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	ANCA INC	c EIN-PN 38-2850970-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BOWMAN EXCAVATING 401K PLAN	
b	Name of plan sponsor	BOWMAN EXCAVATING INC	c EIN-PN 38-3003824-001
a	Plan name	AMERICAN FENCE & SUPPLY 401K PLAN	
b	Name of plan sponsor	AMERICAN FENCE & SUPPLY CO INC	c EIN-PN 38-3033669-001
a	Plan name	OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	OAKLAND MANAGEMENT CORP	c EIN-PN 38-3196699-001
a	Plan name	COMPUTECH GLOBAL 401K PLAN	
b	Name of plan sponsor	COMPUTECH GLOBAL	c EIN-PN 38-3277332-001
a	Plan name	THERMAL ONE INC 401K PLAN & TRUST	
b	Name of plan sponsor	THERMAL ONE INC	c EIN-PN 38-3331535-001
a	Plan name	AMERICAN INSTITUTIONAL MGMT SERVICES INC 401K	
b	Name of plan sponsor	AMERICAN INSTITUTIONAL MGMT SERVICES INC	c EIN-PN 38-3350526-002
a	Plan name	HERITAGE CHURCH 401K PLAN	
b	Name of plan sponsor	HERITAGE CHURCH OF MACOMB	c EIN-PN 38-3509400-001
a	Plan name	ROYAL STONE SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	ROYAL STONE LLC	c EIN-PN 38-3528028-001
a	Plan name	AXTELLA LLC 401K PLAN	
b	Name of plan sponsor	AXTELLA LLC	c EIN-PN 38-3627552-001
a	Plan name	MCELHINNY INSURANCE LLC 401K PLAN	
b	Name of plan sponsor	MCELHINNY INSURANCE LLC	c EIN-PN 38-3667025-001
a	Plan name	MAYER & NEWTON 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LAW OFFICES OF MAYER & NEWTON	c EIN-PN 38-3736904-001
a	Plan name	EXCALIBUR LAUNDRIES INC 401K PSP & TRUST	
b	Name of plan sponsor	EXCALIBUR LAUNDRIES INC	c EIN-PN 39-1391734-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	O'BRIEN AND ASSOCIATES 401K PLAN	
b	Name of plan sponsor	O'BRIEN SERVICES INC	c EIN-PN 39-1818583-001
a	Plan name	ATLAS CRYPT AND MANUFACTURING 401K RET PLAN	
b	Name of plan sponsor	ATLAS CRYPT AND MANUFACTURING CO INC	c EIN-PN 41-0951243-001
a	Plan name	TPI CUSTOM SOLUTIONS 401K AND PSP	
b	Name of plan sponsor	TPI CUSTOM SOLUTIONS	c EIN-PN 41-1417264-001
a	Plan name	MINSER CHIROPRACTIC CLINIC 401K PLAN	
b	Name of plan sponsor	MINSER CHIROPRACTIC CLINIC PA INC	c EIN-PN 41-1768916-001
a	Plan name	NATURAL ENVIRONMENTS CORPORATION 401K PSP	
b	Name of plan sponsor	NATURAL ENVIRONMENTS CORPORATION	c EIN-PN 41-1843976-001
a	Plan name	AXIS 401K RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-001
a	Plan name	CLASSIC EVENTS 401K PLAN	
b	Name of plan sponsor	DES MOINES A TO Z PARTY RENTAL INC	c EIN-PN 41-1951244-001
a	Plan name	401K PLAN FOR EMPLOYEES OF MSEA	
b	Name of plan sponsor	MINNESOTA SCHOOL EMPLOYEES ASSOCIATION	c EIN-PN 41-1994256-002
a	Plan name	GETHMANN CONSTRUCTION CO INC 401K PSP	
b	Name of plan sponsor	GETHMANN CONSTRUCTION COMPANY INC	c EIN-PN 42-0271670-001
a	Plan name	EDWARDS AUTO GROUP 401K PLAN	
b	Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	c EIN-PN 42-0646357-001
a	Plan name	ACCURATE INSURANCE INC 401K PLAN	
b	Name of plan sponsor	ACCURATE INSURANCE INC	c EIN-PN 42-0751166-001
a	Plan name	FUTURE FOAM INC 401K PS RETIREMENT PLAN	
b	Name of plan sponsor	FUTURE FOAM INC	c EIN-PN 42-0836191-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JIM HAWK TRUCK TRAILERS INC 401K SAVINGS	
b	Name of plan sponsor	JIM HAWK TRUCK TRAILERS INC	c EIN-PN 42-1022818-002
a	Plan name	ATC INC 401K PLAN	
b	Name of plan sponsor	ATC INC	c EIN-PN 42-1095528-001
a	Plan name	CCI 401K PLAN	
b	Name of plan sponsor	CALHOUN COMMUNICATIONS INC	c EIN-PN 42-1269626-001
a	Plan name	CANDEO 401K PLAN	
b	Name of plan sponsor	CREATIVE COMMUNITY OPTIONS INC DBA CANDEO	c EIN-PN 42-1388521-004
a	Plan name	IOWA MOLD & ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	IOWA MOLD & ENGINEERING INC	c EIN-PN 42-1411689-001
a	Plan name	ROD-MAR 401K PLAN	
b	Name of plan sponsor	RODNEY J DEAN MD PC	c EIN-PN 42-1432698-001
a	Plan name	IOWA EARTH WORKS 401K PLAN	
b	Name of plan sponsor	BALLARD LLC	c EIN-PN 42-1467898-001
a	Plan name	PEDIATRIC SPECIALISTS 401K PLAN	
b	Name of plan sponsor	PEDIATRIC SPECIALISTS OF BLOOMFIELD HILLS	c EIN-PN 42-1619657-001
a	Plan name	GARY'S FOODS 401K PLAN	
b	Name of plan sponsor	D & G INC	c EIN-PN 42-6167526-001
a	Plan name	UNICO BANK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICO BANK	c EIN-PN 43-0338550-002
a	Plan name	VOGEL SHEET METAL AND HEATING 401K PLAN	
b	Name of plan sponsor	VOGEL SHEET METAL AND HEATING INC	c EIN-PN 43-0964662-001
a	Plan name	DBA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	DAN BUCKEY ASSOCIATES INC	c EIN-PN 43-1198569-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CII & GPAL RETIREMENT PLAN	
b	Name of plan sponsor	CEREAL INGREDIENTS INC	c EIN-PN 43-1527502-001
a	Plan name	MAXUS PROPERTIES LLC 401K RETIREMENT SAVING	
b	Name of plan sponsor	MAXUS PROPERTIES LLC	c EIN-PN 43-1638032-001
a	Plan name	LUEBBERING INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	LUEBBERING INSURANCE AGENCY LLC	c EIN-PN 43-1849676-001
a	Plan name	DIEB ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	DIEB ENTERPRISES INC	c EIN-PN 43-1851281-001
a	Plan name	ALLIED RETAIL CONCEPTS LLC 401K PS PLAN	
b	Name of plan sponsor	ALLIED RETAIL CONCEPTS LLC	c EIN-PN 43-1878517-001
a	Plan name	THE FEDERAL SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor	THE FEDERAL SAVINGS BANK	c EIN-PN 43-1883419-001
a	Plan name	MAVERICK CONVERTING 401K PLAN	
b	Name of plan sponsor	SUPER TECH LEASING INC	c EIN-PN 43-1885157-001
a	Plan name	LAGOON PUMPING & DREDGING INC 401K PLAN	
b	Name of plan sponsor	LAGOON PUMPING & DREDGING INC	c EIN-PN 43-2010523-001
a	Plan name	TARZAN HOLDINGS 401K PLAN	
b	Name of plan sponsor	TARZAN HOLDINGS LLC	c EIN-PN 44-5114439-001
a	Plan name	STRASBURG STATE BANK PSP	
b	Name of plan sponsor	STRASBURG STATE BANK	c EIN-PN 45-0259552-001
a	Plan name	SCOTT'S ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	SCOTT'S ELECTRIC INC	c EIN-PN 45-0405047-001
a	Plan name	FIREBIRD AST RETIREMENT TRUST	
b	Name of plan sponsor	FIREBIRD ANALYTICAL SOLUTIONS & TECHNOLOGIES	c EIN-PN 45-1475401-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SPIRIT AND SONS 401K PLAN	
b	Name of plan sponsor	SPIRIT AND SONS INC	c EIN-PN 45-1485937-001
a	Plan name	XTREME FIRE PROTECTION 401K PLAN	
b	Name of plan sponsor	XTREME FIRE PROTECTION	c EIN-PN 45-1555692-001
a	Plan name	BAILEY'S MEDICAL EQUIPMENT & SUPPLIES 401K	
b	Name of plan sponsor	MEDICAL HOTSPOTS INC CORP	c EIN-PN 45-1810240-001
a	Plan name	JW LOGISTICS LLC 401K PLAN	
b	Name of plan sponsor	JW LOGISTICS LLC	c EIN-PN 45-2214807-001
a	Plan name	INTELLIGRATED COMMUNICATIONS 401K PSP	
b	Name of plan sponsor	INTELLIGRATED COMMUNICATIONS INC	c EIN-PN 45-2422188-001
a	Plan name	CONSUMER 51 LLC 401K PLAN	
b	Name of plan sponsor	CONSUMER 51 LLC	c EIN-PN 45-2501771-001
a	Plan name	SYNECT LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SYNECT LLC	c EIN-PN 45-2518367-001
a	Plan name	STATCARE URGENT & WALK IN MEDICAL 401K PLAN	
b	Name of plan sponsor	STATCARE URGENT & WALK IN MEDICAL CARE PLLC	c EIN-PN 45-2756491-001
a	Plan name	BOISSEAU F&B LLC 401K PLAN	
b	Name of plan sponsor	BOISSEAU F&B LLC	c EIN-PN 45-2818455-001
a	Plan name	OMEGACOMP INC 401K PLAN	
b	Name of plan sponsor	OMEGACOMP INC	c EIN-PN 45-2854307-001
a	Plan name	CROW RIVER DENTAL 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor	CROW RIVER DENTAL	c EIN-PN 45-3019657-001
a	Plan name	STEELBRIDGE VENTURES CONSULTING 401K P/S PLAN	
b	Name of plan sponsor	STEELBRIDGE VENTURES CONSULTING LLC	c EIN-PN 45-4125594-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	INVICTUS LAW PC 401K PLAN	
b	Name of plan sponsor	INVICTUS LAW PC	c EIN-PN 45-4292258-001
a	Plan name	WILLIAM GERARD GROUP PROFIT SHARING PLAN	
b	Name of plan sponsor	WILLIAM GERARD GROUP LLC	c EIN-PN 45-4349928-002
a	Plan name	PRAIRIE LANDWORKS INC 401K PLAN	
b	Name of plan sponsor	PRAIRIE LANDWORKS INC	c EIN-PN 45-4357575-001
a	Plan name	RS WAGNER LLC 401K PLAN	
b	Name of plan sponsor	RS WAGNER LLC	c EIN-PN 45-4414308-001
a	Plan name	RIDDER CORP 401K SAVINGS PLAN	
b	Name of plan sponsor	RIDDER CORP	c EIN-PN 45-4649700-001
a	Plan name	LANDSCAPE GAL 401K PLAN	
b	Name of plan sponsor	LANDSCAPE GAL LLC	c EIN-PN 45-5124235-001
a	Plan name	AVANT TECNO USA INC 401K PLAN	
b	Name of plan sponsor	AVANT TECNO USA INC	c EIN-PN 45-5334621-001
a	Plan name	MOUNTAINEER INFRASTRUCTURE 401K PLAN	
b	Name of plan sponsor	MOUNTAINEER INFRASTRUCTURE LLC	c EIN-PN 45-5372829-001
a	Plan name	SALON PURE 401K PLAN	
b	Name of plan sponsor	SALON PURE INC	c EIN-PN 45-5538862-001
a	Plan name	RAY-MAC INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RAY-MAC INC	c EIN-PN 46-0320438-001
a	Plan name	SHANNON CAPITAL INC 401K PLAN	
b	Name of plan sponsor	SHANNON CAPITAL INC	c EIN-PN 46-0391539-001
a	Plan name	SIOUXLAND K & K CONSTRUCTION INC 401K PSP	
b	Name of plan sponsor	SIOUXLAND K & K CONSTRUCTION INC	c EIN-PN 46-0446745-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GIBSON CARE INC 401K PLAN	
b	Name of plan sponsor	GIBSON CARE INC	c EIN-PN 46-0490771-001
a	Plan name	GUTSHALL & KOHLE EYECARE LLC 401K PLAN	
b	Name of plan sponsor	GUTSHALL & KOHLE EYECARE LLC	c EIN-PN 46-0516831-001
a	Plan name	THE LAW OFFICES OF BOBBY P LUNA 401 K PS PLAN	
b	Name of plan sponsor	THE LAW OFFICES OF BOBBY P LUNA	c EIN-PN 46-0550574-001
a	Plan name	JKWON INC 401K PLAN	
b	Name of plan sponsor	JKWON INC	c EIN-PN 46-0679964-001
a	Plan name	TITAN MODULAR SPARTAN CARGO 401K PLAN	
b	Name of plan sponsor	TITAN MODULAR SYSTEMS INC	c EIN-PN 46-0843552-001
a	Plan name	MY FUTURE PAYCHECK 401K PLAN	
b	Name of plan sponsor	R & C WELDING FAB TRUCKING & SERVICES INC	c EIN-PN 46-0936806-001
a	Plan name	GOOD MOVES 401K	
b	Name of plan sponsor	GOOD MOVES DELIVERY INC	c EIN-PN 46-1933984-001
a	Plan name	MACKIE CONSTRUCTION INC 401K PLAN	
b	Name of plan sponsor	MACKIE CONSTRUCTION INC	c EIN-PN 46-2025320-001
a	Plan name	VERSEIO 401K RETIREMENT PLAN	
b	Name of plan sponsor	VERSEIO	c EIN-PN 46-2220746-001
a	Plan name	TRINITY M LOVELESS MD PLLC 401K PLAN	
b	Name of plan sponsor	TRINITY LOVELESS MD PLLC	c EIN-PN 46-2331621-001
a	Plan name	SUNSAL DENTAL PLLC 401K PLAN AND TRUST	
b	Name of plan sponsor	SUNSAL DENTAL PLLC	c EIN-PN 46-2377443-001
a	Plan name	MYERS ORTHODONTICS PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor	MYERS ORTHODONTICS PLLC	c EIN-PN 46-2612984-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	EMPOWER CENTERS RETIREMENT PLAN	
b	Name of plan sponsor	HAUGLAND LAMARCHE AND RAMAGE LLC	c EIN-PN 46-2625616-001
a	Plan name	KAY DEE COMPANY OF OMAHA 401K PLAN	
b	Name of plan sponsor	KAY DEE COMPANY LLC	c EIN-PN 46-3029426-001
a	Plan name	SPROUT CREATIVE 401K PLAN	
b	Name of plan sponsor	SPROUT CREATIVE	c EIN-PN 46-3063818-001
a	Plan name	MEAN STREET VAPORS 401K PLAN	
b	Name of plan sponsor	MEAN STREET VAPOR	c EIN-PN 46-3283668-001
a	Plan name	ENTHEOS AUDIOLOGY COOPERATIVE INC 401K PSP	
b	Name of plan sponsor	ENTHEOS AUDIOLOGY COOPERATIVE INC	c EIN-PN 46-4270647-002
a	Plan name	LOCALLOOP INC 401K PLAN	
b	Name of plan sponsor	LOCALLOOP INC	c EIN-PN 46-4453814-001
a	Plan name	JDH 401K PLAN	
b	Name of plan sponsor	JDH INC	c EIN-PN 46-4619170-001
a	Plan name	ISIS COMMERCIAL INTERIORS INC RETIREMENT PLAN	
b	Name of plan sponsor	ISIS COMMERCIAL INTERIORS INC	c EIN-PN 46-4621261-001
a	Plan name	SHIPMAN CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	SHIPMAN CONSTRUCTION LLC	c EIN-PN 46-4697549-001
a	Plan name	LAB 57 INC RETIREMENT PLAN	
b	Name of plan sponsor	LAB 57 INC	c EIN-PN 46-4920260-001
a	Plan name	MEYER COMPANIES INC 401K PLAN	
b	Name of plan sponsor	MEYER COMPANIES INC	c EIN-PN 46-4954727-001
a	Plan name	CHARITY COMPLIANCE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	CHARITY COMPLIANCE SOLUTIONS INC	c EIN-PN 46-5426371-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STRATEGIC COMPLIANCE PARTNERS 401K RETIREMENT	
b	Name of plan sponsor	STRATEGIC COMPLIANCE PARTNERS	c EIN-PN 46-5591861-001
a	Plan name	CORRECTIVESOLUTIONS 401K PLAN	
b	Name of plan sponsor	AMERICAN JUSTICE SOLUTIONS INC	c EIN-PN 46-5647159-001
a	Plan name	RITA RANCH AUTOMOTIVE & TIRE 401K PLAN	
b	Name of plan sponsor	RITA RANCH AUTOMOTIVE & TIRE	c EIN-PN 46-5662256-001
a	Plan name	CARHART LUMBER COMPANY 401K PLAN AND TRUST	
b	Name of plan sponsor	CARHART LUMBER COMPANY	c EIN-PN 47-0119720-001
a	Plan name	THERMO KING CHRISTENSEN 401K RETIREMENT	
b	Name of plan sponsor	THERMO KING CHRISTENSEN INC	c EIN-PN 47-0411741-001
a	Plan name	PACKERS HIDE 401K SAVINGS PLAN	
b	Name of plan sponsor	PACKERS HIDE ASSOCIATION INC	c EIN-PN 47-0461400-001
a	Plan name	QUINN INSURANCE INC 401K PSP AND TRUST	
b	Name of plan sponsor	QUINN INSURANCE INC	c EIN-PN 47-0484197-001
a	Plan name	WN MOREHOUSE TRUCK LINE INC 401K PLAN	
b	Name of plan sponsor	WN MOREHOUSE TRUCK LINE INC	c EIN-PN 47-0519808-002
a	Plan name	STANTON HEALTH CENTER 457B PLAN	
b	Name of plan sponsor	CITY OF STANTON NURSING HOME	c EIN-PN 47-0522636-001
a	Plan name	VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VALLEY CORPORATION	c EIN-PN 47-0543890-001
a	Plan name	BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN	
b	Name of plan sponsor	BORSHEIM JEWELRY COMPANY INC	c EIN-PN 47-0546003-001
a	Plan name	ANDERSON INDUST ENGINE CO 401K	
b	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO INC	c EIN-PN 47-0557609-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	DPA 401K PLAN	
b Name of plan sponsor	DEL PETERSON AND ASSOCIATES	c EIN-PN 47-0558743-001
a Plan name	KASSIK MILLING CO INC 401K PLAN	
b Name of plan sponsor	KASSIK MILLING CO INC	c EIN-PN 47-0561540-001
a Plan name	WOODHOUSE AUTO FAMILY 401K PLAN	
b Name of plan sponsor	WOODHOUSE FORD INC	c EIN-PN 47-0565206-001
a Plan name	PTS 401K PLAN	
b Name of plan sponsor	POOLES TRUCK SERVICE INC	c EIN-PN 47-0580932-001
a Plan name	TROTTER INC 401K PLAN	
b Name of plan sponsor	TROTTER INC	c EIN-PN 47-0580954-001
a Plan name	LINCOLN INSPECTION SERVICE INC SAVINGS PLAN	
b Name of plan sponsor	LINCOLN INSPECTION SERVICE INC	c EIN-PN 47-0609064-001
a Plan name	CLARK CONSTRUCTION COMPANY INC 401K PLAN	
b Name of plan sponsor	CLARK CONSTRUCTION COMPANY	c EIN-PN 47-0623108-001
a Plan name	SENTRY ELECTRIC INC 401K PROFIT SHARING	
b Name of plan sponsor	SENTRY ELECTRIC INC	c EIN-PN 47-0638377-001
a Plan name	ELLIOT CONSTRUCTION 401K PROFIT SHARING PLAN	
b Name of plan sponsor	ELLIOT CONSTRUCTION INC	c EIN-PN 47-0661421-001
a Plan name	E-Z KITCHENS 401K PLAN	
b Name of plan sponsor	E-Z KITCHENS INC	c EIN-PN 47-0677911-001
a Plan name	THE AMBASSADOR HOLDING CO 401K PS PLAN	
b Name of plan sponsor	THE AMBASSADOR HOLDING COMPANY	c EIN-PN 47-0684278-001
a Plan name	AOI CORPORATION 401K PLAN	
b Name of plan sponsor	AOI CORPORATION	c EIN-PN 47-0687965-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TERRY MCGILL INC 401K PLAN	
b	Name of plan sponsor	TERRY MCGILL INC	c EIN-PN 47-0699093-001
a	Plan name	RYAN COLLISION CTR 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	RYAN COLLISION CENTER INC DBA ABRA AUTO	c EIN-PN 47-0708055-001
a	Plan name	BAKERS CANDIES 401K PLAN	
b	Name of plan sponsor	BAKERS CANDIES INC	c EIN-PN 47-0711638-001
a	Plan name	TOMASEK MACHINE SHOP 401K PLAN	
b	Name of plan sponsor	TOMASEK MACHINE SHOP	c EIN-PN 47-0716284-001
a	Plan name	JOHN'S PLUMBING COMPANY INC 401K PLAN	
b	Name of plan sponsor	JOHNS PLUMBING COMPANY INC	c EIN-PN 47-0718632-001
a	Plan name	KLEIN FAMILY TRUCKING 401K PLAN	
b	Name of plan sponsor	KLEIN FAMILY TRUCKING INC	c EIN-PN 47-0764701-001
a	Plan name	BRANDING INC 401K PLAN	
b	Name of plan sponsor	BRANDING INC	c EIN-PN 47-0791243-001
a	Plan name	CHATEAU DEVELOPMENT 401K PLAN	
b	Name of plan sponsor	CHATEAU DEVELOPMENT LLC	c EIN-PN 47-0797757-001
a	Plan name	LOGISTICS 365 401K PLAN	
b	Name of plan sponsor	LOGISTICS 365	c EIN-PN 47-0799641-001
a	Plan name	JANSSEN AUTO GROUP 401K PLAN	
b	Name of plan sponsor	JANSSEN & SONS INC	c EIN-PN 47-0808815-001
a	Plan name	HEARTLAND PERIODONTICS RETIREMENT PLAN	
b	Name of plan sponsor	HEARTLAND PERIODONTICS & IMPLANT DENTISTRY	c EIN-PN 47-0812386-001
a	Plan name	MORRISSEY ENGINEERING INC 401K RETIREMENT	
b	Name of plan sponsor	MORRISSEY ENGINEERING INC	c EIN-PN 47-0818042-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PHI 401K SAVINGS PLAN	
b	Name of plan sponsor	PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a	Plan name	JOHNSON HARDWARE COMPANY LLC PS PLAN	
b	Name of plan sponsor	JOHNSON HARDWARE COMPANY LLC	c EIN-PN 47-0845233-001
a	Plan name	SASE 401K PLAN	
b	Name of plan sponsor	SETTJE AGRI-SERVICES & ENGINEERING INC	c EIN-PN 47-0846158-001
a	Plan name	CLEBURNE COUNTY ANIMAL CLINIC 401K PLAN	
b	Name of plan sponsor	DOCCATO VET LLC	c EIN-PN 47-1042019-001
a	Plan name	TRISTA ONESTI DDS LLC 401K PLAN	
b	Name of plan sponsor	TRISTA ONESTI DDS LLC	c EIN-PN 47-1081791-001
a	Plan name	INNOVATIVE SLEEP CENTERS 401K PLAN	
b	Name of plan sponsor	INNOVATIVE SLEEP CENTRES INC	c EIN-PN 47-1276359-001
a	Plan name	WEST OLYMPIA VETERINARY HOSPIT 401K PLAN	
b	Name of plan sponsor	WEST OLYMPIA VETERINARY HOSPIT	c EIN-PN 47-1544884-001
a	Plan name	TULIP TREE DENTAL CARE RETIREMENT PLAN	
b	Name of plan sponsor	TULIP TREE DENTAL CARE LLC	c EIN-PN 47-1711021-001
a	Plan name	DUPURE 401K PLAN	
b	Name of plan sponsor	BALANCE ENERGY LLC	c EIN-PN 47-1815789-002
a	Plan name	JASON MECHANICAL INC 401K PLAN	
b	Name of plan sponsor	JASON MECHANICAL INC	c EIN-PN 47-2013596-001
a	Plan name	WHITEHOUSE FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	SHUMATE DENTAL GROUP	c EIN-PN 47-2154086-001
a	Plan name	WHITE'S ENERGY SERVICES LLC 401K PLAN	
b	Name of plan sponsor	WHITES ENERGY SERVICES LLC	c EIN-PN 47-2326344-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a Plan name	DUSSIAS WITTENBERG KOENIGSBERGER 401K PLAN	
b Name of plan sponsor	DUSSIAS WITTENBERG KOENIGSBERGER LLP	c EIN-PN 47-2346637-001
a Plan name	HUMBER DESIGN GROUP 401K PLAN	
b Name of plan sponsor	HUMBER DESIGN GROUP INC	c EIN-PN 47-2438517-001
a Plan name	AMERICAN MOVERS 401K PLAN	
b Name of plan sponsor	AMERICAN MOVERS	c EIN-PN 47-2688546-001
a Plan name	FAIRMOUNT FAMILY DENTIST LLC 401K PLAN	
b Name of plan sponsor	FAIRMOUNT FAMILY DENTIST LLC	c EIN-PN 47-3724838-001
a Plan name	ALEXGIAN INC & AFFILIATED RETIREMENT PLAN	
b Name of plan sponsor	ALEXGIAN INC	c EIN-PN 47-3754429-001
a Plan name	K & P CONSTRUCTION SERVICES 401K PLAN	
b Name of plan sponsor	K & P COMMERCIAL CONTRACTORS LLC DBA K & P	c EIN-PN 47-3957289-001
a Plan name	VASTEK INC 401K PLAN	
b Name of plan sponsor	VASTEK INC	c EIN-PN 47-4047975-001
a Plan name	LOVE BEETS USA 401K PLAN	
b Name of plan sponsor	LOVE BEETS USA LLC	c EIN-PN 47-4606509-001
a Plan name	L2 CONSTRUCTION MANAGEMENT CORP 401K PLAN	
b Name of plan sponsor	L2 CONSTRUCTION MANAGEMENT CORPORATION	c EIN-PN 47-4910431-001
a Plan name	RA ELECTRIC 401K PLAN	
b Name of plan sponsor	RA CUSTOMS LLC	c EIN-PN 47-4961162-001
a Plan name	AAA AUTO GLASS RETIREMENT PLAN	
b Name of plan sponsor	AAA AUTO GLASS INC	c EIN-PN 47-5053179-001
a Plan name	CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN	
b Name of plan sponsor	CARLOS LOPEZ & ASSOCIATES LLC	c EIN-PN 47-5275587-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ENDLESS JOURNEY 401K PLAN	
b	Name of plan sponsor	ENDLESS JOURNEY LLC	c EIN-PN 47-5301336-001
a	Plan name	OVERSON PEST CONTROL LLC 401K PLAN	
b	Name of plan sponsor	OVERSON PEST CONTROL LLC	c EIN-PN 47-5346141-001
a	Plan name	TOPEKA COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	TOPEKA COUNTRY CLUB	c EIN-PN 48-0451300-002
a	Plan name	MEMORIAL HOME INC 401K RSP	
b	Name of plan sponsor	MEMORIAL HOME INC	c EIN-PN 48-0643239-001
a	Plan name	ANTOINE WAKIM DDS PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ANTOINE WAKIM DDS PA	c EIN-PN 48-1042189-001
a	Plan name	WILDCAT FEEDS LLC 401K PLAN	
b	Name of plan sponsor	WILDCAT FEEDS LLC	c EIN-PN 48-1247947-001
a	Plan name	EAST LOS ANGELES WOMENS CENTER 401K PLAN	
b	Name of plan sponsor	EAST LOS ANGELES WOMENS CENTER	c EIN-PN 51-0204577-001
a	Plan name	JONES MOBILITY 401K PLAN	
b	Name of plan sponsor	JONES ADAPTIVE MOBILITY	c EIN-PN 51-0676212-001
a	Plan name	NTT ASSOCIATES 401K PLAN	
b	Name of plan sponsor	NTT ASSOCIATES INC	c EIN-PN 52-1111045-001
a	Plan name	MODERN DOOR & EQUIPMENT SALES INC401K PSP	
b	Name of plan sponsor	MODERN DOOR & EQUIPMENT SALES INC	c EIN-PN 52-1382311-001
a	Plan name	FREDERICK GYMNASTICS CLUB INC 401K PS PLAN	
b	Name of plan sponsor	FREDERICK GYMNASTICS CLUB INC	c EIN-PN 52-1518254-001
a	Plan name	ZAMORAS AUTO BODY INC 401K PS PLAN	
b	Name of plan sponsor	ZAMORAS AUTO BODY INC	c EIN-PN 52-1816215-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	APPLEMILL INC DBA MAIDBRIGADE 401K PLAN	
b	Name of plan sponsor	APPLEMILL INC DBA MAIDBRIGADE	c EIN-PN 52-1881628-001
a	Plan name	ROBERT J TIGANI DDS LLC 401K RGPS PLAN	
b	Name of plan sponsor	ROBERT J TIGANI DDS LLC	c EIN-PN 52-2183768-003
a	Plan name	JD ALLMAN INC 401K PLAN & TRUST	
b	Name of plan sponsor	JD ALLMAN INC	c EIN-PN 52-2380800-001
a	Plan name	PRODUCTION II 401K RETIREMENT PLAN	
b	Name of plan sponsor	PRODUCTION II INC	c EIN-PN 54-0890858-001
a	Plan name	STUDEBAKER SUBMETERING INC 401K PLAN	
b	Name of plan sponsor	STUDEBAKER SUBMETERING INC	c EIN-PN 54-1963792-001
a	Plan name	SCI AUTOMATION INC 401K PS PLAN AND TRUST	
b	Name of plan sponsor	SCI AUTOMATION INC	c EIN-PN 54-2150828-001
a	Plan name	WEEKS-WILLIAMS-DEVORE INC 401K PLAN	
b	Name of plan sponsor	WEEKS-WILLIAMS & DEVORE INC	c EIN-PN 56-0774903-001
a	Plan name	CAROBELL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CAROBELL INC	c EIN-PN 56-0936909-001
a	Plan name	CUSTOM LIGHT & SOUND INC 401K PS PLAN	
b	Name of plan sponsor	CUSTOM LIGHT & SOUND INC	c EIN-PN 56-1176591-001
a	Plan name	LUPOLI REAL ESTATE & CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LUPOLI REAL ESTATE AND CONSTRUCTION CO INC	c EIN-PN 56-1568808-001
a	Plan name	WINDSOR INVESTMENTS 401K PS PLAN & TRUST	
b	Name of plan sponsor	WINDSOR INVESTMENTS LLC	c EIN-PN 56-2230286-001
a	Plan name	THE TIMMERMAN SCHOOL EMPLOYEES PS PLAN	
b	Name of plan sponsor	THE TIMMERMAN SCHOOL INC	c EIN-PN 57-0483452-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THOMAS REAL ESTATE INC 401K RETIREMENT	
b	Name of plan sponsor	THOMAS REAL ESTATE INC	c EIN-PN 57-0709940-001
a	Plan name	THOMPSON HANCOCK WITTE & ASSOC 401K PSP & TRU	
b	Name of plan sponsor	THOMPSON HANCOCK WITTE & ASSOC	c EIN-PN 58-1108140-001
a	Plan name	ALL SOUTH WAREHOUSE D/C INC 401K PLAN	
b	Name of plan sponsor	ALL SOUTH WAREHOUSE D/C INC	c EIN-PN 58-1380373-002
a	Plan name	ELITE STRUCTURES INC 401K PLAN	
b	Name of plan sponsor	ELITE STRUCTURES INC	c EIN-PN 58-1901587-001
a	Plan name	DEHART AND HILL ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	DEHART AND HILL ELECTRIC INC	c EIN-PN 58-2672068-001
a	Plan name	GUNDERLIN LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GUNDERLIN LTD	c EIN-PN 59-0691691-002
a	Plan name	LAKEVIEW FAMILY DENTISTRY 401K P/S PLAN	
b	Name of plan sponsor	LAKEVIEW FAMILY DENTISTRY	c EIN-PN 59-3685450-001
a	Plan name	DC & AC INC RETIREMENT PLAN	
b	Name of plan sponsor	DC & AC INC	c EIN-PN 61-1418093-001
a	Plan name	MASTERMOVER INC 401K PLAN	
b	Name of plan sponsor	MASTERMOVER INC	c EIN-PN 61-1851356-001
a	Plan name	PORTER ROOFING CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor	PORTER ROOFING CONTRACTORS INC	c EIN-PN 62-1037198-001
a	Plan name	SCD INFORMATION TECHNOLOGY LLC 401K PSP	
b	Name of plan sponsor	SCD INFORMATION TECHNOLOGY LLC	c EIN-PN 62-2007898-001
a	Plan name	MOBILE PIPE & WELDING 401K RETIREMENT PLAN	
b	Name of plan sponsor	MOBILE PIPE & WELDING INC	c EIN-PN 63-0863324-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BERMUDA LANDSCAPE & DESIGN INC 401K PSP	
b	Name of plan sponsor	BERMUDA LANDSCAPE AND DESIGN INC	c EIN-PN 65-0099974-001
a	Plan name	TRANSPREMIER LLC 401K PLAN	
b	Name of plan sponsor	TRANSPREMIER LLC	c EIN-PN 65-1024796-001
a	Plan name	OX CREATIVE 401K PLAN	
b	Name of plan sponsor	J OXFORD STUDIO INC DBA OX CREATIVE	c EIN-PN 65-1267270-001
a	Plan name	CONDOMINIUM FINANCIAL MANAGEMENT INC PS&401K	
b	Name of plan sponsor	CONDOMINIUM FINANCIAL MANAGEMENT INC	c EIN-PN 68-0063673-001
a	Plan name	ANAYA CONSTRUCTION PREVAILING WAGE 401K PLAN	
b	Name of plan sponsor	JESUS ANAYA SOLE PROP DBA ANAYA CONSTRUCTI	c EIN-PN 68-0411731-001
a	Plan name	EYE TO EYE OPTOMETRY 401K PLAN	
b	Name of plan sponsor	EILEEN M LINDER OPTOMETRIST INC DBA EYE	c EIN-PN 68-0429257-001
a	Plan name	EDGECOMBE CPA 401K PLAN	
b	Name of plan sponsor	LENORE LEE EDGECOMBE CPA PC	c EIN-PN 68-0496754-001
a	Plan name	ELECTRO MOTOR 401K PLAN	
b	Name of plan sponsor	ELECTRO MOTOR INC	c EIN-PN 68-0501075-001
a	Plan name	THE HONEST KITCHEN 401K PLAN	
b	Name of plan sponsor	THE HONEST KITCHENINC	c EIN-PN 68-0513034-001
a	Plan name	STONE CONCEPTS INC EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor	STONE CONCEPTS INC	c EIN-PN 68-0540299-001
a	Plan name	DELTA MANUFACTURING 401K PLAN	
b	Name of plan sponsor	DELTA MANUFACTURING INC	c EIN-PN 71-0446656-001
a	Plan name	ACCESS CONTROL DEVICES INC 401K PLAN	
b	Name of plan sponsor	ACCESS CONTROL DEVICES INC	c EIN-PN 71-0756645-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	PETROTECHNOLOGIES INC 401K & PSP
b	Name of plan sponsor	PETROTECHNOLOGIES INC
c	EIN-PN	72-1337844-002
a	Plan name	THE FIRST BANK OF THOMAS 401K PLAN
b	Name of plan sponsor	THE FIRST BANK OF THOMAS
c	EIN-PN	73-0479743-001
a	Plan name	JOHNSTON EYE ASSOCIATES 401K PLAN
b	Name of plan sponsor	JAY C JOHNSTON MD PC
c	EIN-PN	73-0800796-001
a	Plan name	TRIAD ENERGY INC PROFIT SHARING PLAN
b	Name of plan sponsor	TRIAD ENERGY INC
c	EIN-PN	73-1115516-001
a	Plan name	BJ OILFIELD CONSTRUCTION INC 401K PLAN
b	Name of plan sponsor	BJ OILFIELD CONSTRUCTION INC
c	EIN-PN	73-1213144-002
a	Plan name	RESONANCE INC 401K PLAN
b	Name of plan sponsor	RESONANCE INC
c	EIN-PN	73-1396354-001
a	Plan name	EASTSIDE TAG AGENCY 401K PLAN
b	Name of plan sponsor	EASTSIDE TAG AGENCY
c	EIN-PN	73-1492379-001
a	Plan name	PIONEER STEEL 401K PLAN
b	Name of plan sponsor	PIONEER STEEL AND PIPE CO INC
c	EIN-PN	74-2201703-001
a	Plan name	SCI 401K PLAN
b	Name of plan sponsor	SABLE CONSTRUCTION INC
c	EIN-PN	74-2477572-001
a	Plan name	ISPEAKCOM 401K PLAN
b	Name of plan sponsor	ISPEAKCOM INC
c	EIN-PN	74-2923086-001
a	Plan name	ITI SOLUTIONS INC 401K PLAN
b	Name of plan sponsor	ITI SOLUTIONS INC
c	EIN-PN	74-3013771-001
a	Plan name	HEALTHCONNECT PROPERTIES INC 401K PS PLAN
b	Name of plan sponsor	HEALTHCONNECT PROPERTIES INC
c	EIN-PN	74-3032830-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	JEROME O CARTER MD PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor	JEROME O CARTER MD PLLC	c EIN-PN 74-3166511-001
a	Plan name	BROTHERS MANAGEMENT 401K PLAN	
b	Name of plan sponsor	BROTHERS MANAGEMENT INC	c EIN-PN 75-1843785-001
a	Plan name	PAJ 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PAJ INC	c EIN-PN 75-2257448-001
a	Plan name	SFS SECURITY FIRE SYSTEMS RETIREMENT PLAN	
b	Name of plan sponsor	SFS SECURITY FIRE SYSTEMS INC	c EIN-PN 75-2523646-001
a	Plan name	SHELTON-KELLER 401K PLAN	
b	Name of plan sponsor	SHELTON-KELLER GROUP INC	c EIN-PN 75-2617657-001
a	Plan name	CHARLIE UNIFORM TANGO 401K PLAN	
b	Name of plan sponsor	CHARLIEUNIFORMTANGO LP	c EIN-PN 75-2621546-001
a	Plan name	NEW TECH SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	NEW TECH SYSTEMS INC	c EIN-PN 75-2655072-001
a	Plan name	5 TATE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	5 TATE INC	c EIN-PN 75-2702367-001
a	Plan name	SORRELS LAW 401K PLAN	
b	Name of plan sponsor	SORRELLS LAW	c EIN-PN 76-0065736-001
a	Plan name	BARRETT CARTAGE SYSTEMS 401K PLAN	
b	Name of plan sponsor	BARRETT CARTAGE SYSTEMS INC	c EIN-PN 76-0345673-001
a	Plan name	ISTHMUS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ISTHMUS ENGINEERING INC	c EIN-PN 76-0717206-001
a	Plan name	DELRAY TIRE & RETREADING INC 401K PS PLAN	
b	Name of plan sponsor	DELRAY TIRE & RETREADING INC	c EIN-PN 77-0334475-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	STRAUSS & STRAUSS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	STRAUSS & STRAUSS A PROFESSIONAL CORPORATION	c EIN-PN 77-0432516-002
a	Plan name	B & B FOREIGN CAR CENTER 401K PLAN	
b	Name of plan sponsor	B & B FOREIGN CAR CENTER	c EIN-PN 77-0448605-001
a	Plan name	PALACE ENTERTAINMENT 401K PLAN	
b	Name of plan sponsor	FESTIVAL FUN PARKS LLC	c EIN-PN 77-0486724-001
a	Plan name	STOECKLE AGRICULTURAL CONSULTING 401K PLAN	
b	Name of plan sponsor	STOECKLE AGRICULTURAL CONSULTING	c EIN-PN 77-0511417-001
a	Plan name	CUSTOM AG FORMULATORS INC RETIREMENT PLAN	
b	Name of plan sponsor	CUSTOM AGRICULTURAL FORMULATORS INC	c EIN-PN 77-0536417-001
a	Plan name	CAMILLE G CASH MD PA 401K PLAN	
b	Name of plan sponsor	CAMILLE G CASH MD PA	c EIN-PN 77-0591252-001
a	Plan name	SOUTHWINDS INSPECTION CORP 401K PLAN	
b	Name of plan sponsor	SOUTHWINDS INSPECTION CORP	c EIN-PN 80-0011552-001
a	Plan name	XTREME SOLUTIONS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	XTREME SOLUTIONS INC	c EIN-PN 80-0037246-002
a	Plan name	SURELIFT CRANE AND RIGGING CORP 401K PLAN	
b	Name of plan sponsor	SURELIFT CRANE AND RIGGING CORP	c EIN-PN 80-0244476-001
a	Plan name	TRANSWIDE NORTH AMERICA INC 401K PLAN	
b	Name of plan sponsor	ALPEGA TMS NORTH AMERICA INC	c EIN-PN 80-0326682-001
a	Plan name	TEACHSTONE 401K PLAN	
b	Name of plan sponsor	TEACHSTONE TRAINING LLC	c EIN-PN 80-0560774-001
a	Plan name	RETIREMENT PREPARATION 401K PLAN	
b	Name of plan sponsor	VILLA DEL SOL APARTMENTS LLC	c EIN-PN 80-0771037-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	G & M WELL DRILLING INC 40K PLAN	
b	Name of plan sponsor	G & M WELL DRILLING INC	c EIN-PN 81-0928327-001
a	Plan name	EAGLE ENVIRONMENTAL CONSULTANTS 401K PLAN	
b	Name of plan sponsor	EAGLE ENVIRONMENTAL CONSULTANTS LLC	c EIN-PN 81-1814611-001
a	Plan name	CULTURA SOLUTIONS 401K PLAN	
b	Name of plan sponsor	CULTURA SOLUTION LLC	c EIN-PN 81-3563135-001
a	Plan name	RL THERAPY GROUP 401K PLAN	
b	Name of plan sponsor	RL SPEECH THERAPY APC	c EIN-PN 81-3572975-001
a	Plan name	MIRTECH HARVEST CENTER INC 401K	
b	Name of plan sponsor	MIRTECH HARVEST CENTER INC	c EIN-PN 81-3901960-001
a	Plan name	ALL IN SEPTIC SERVICES LLC 401K PLAN	
b	Name of plan sponsor	ALL IN SEPTIC SERVICES LLC	c EIN-PN 81-4239287-001
a	Plan name	EZ HOME EXTERIORS 401K PLAN	
b	Name of plan sponsor	MURPHY BURNS INC DBA EZ HOME EXTERIORS INC	c EIN-PN 81-4576032-001
a	Plan name	WISDOM CPA GROUP 401K PLAN	
b	Name of plan sponsor	WISDOM CPA GROUP	c EIN-PN 81-4882776-001
a	Plan name	RIVERSIDE CARE OF FLORIDA 401K PLAN	
b	Name of plan sponsor	RIVERSIDE CARE OF FLORIDA LLC	c EIN-PN 81-5179032-001
a	Plan name	FRIENDLY NEIGHBOR HEALTHCARE LLC 401K PLAN	
b	Name of plan sponsor	FRIENDLY NEIGHBOR HEALTHCARE LLC	c EIN-PN 81-5392328-001
a	Plan name	TAYLOR TRUCKING INC RETIREMENT PLAN	
b	Name of plan sponsor	TAYLOR TRUCKING INC	c EIN-PN 82-0370689-001
a	Plan name	BCA CONSULTING 401K PLAN	
b	Name of plan sponsor	BROWN CONSULTING ASSOCIATES INC	c EIN-PN 82-0527616-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	VISITING ANGELS 401K PLAN	
b	Name of plan sponsor	ST JULES LLC	c EIN-PN 82-1019530-001
a	Plan name	STARK MOTOR 401K PLAN	
b	Name of plan sponsor	STARK MOTOR LLC	c EIN-PN 82-1137398-001
a	Plan name	PORTALATIN LAW FIRM INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	PORTALATIN LAW FIRM PLLC	c EIN-PN 82-1375755-001
a	Plan name	MAUI POOLS 401K	
b	Name of plan sponsor	MAUI POOLS SERVICELLC	c EIN-PN 82-1592442-001
a	Plan name	GEOKEY INC 401K PLAN	
b	Name of plan sponsor	GEOKEY INC	c EIN-PN 82-1837352-001
a	Plan name	LANE PIPELINE CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LANE PIPELINE CONSTRUCTION	c EIN-PN 82-1843849-001
a	Plan name	SKYLINE PEDIATRIC DENTISTRY 401K PLAN	
b	Name of plan sponsor	NICHOLAS C WOODWARD DDS LLC DBA SKYLINE	c EIN-PN 82-2314114-001
a	Plan name	ORIGIN ENGINEERING LLC 401K PLAN	
b	Name of plan sponsor	ORIGIN ENGINEERING LLC	c EIN-PN 82-2330299-001
a	Plan name	CARRIAGE HOUSE 401K PLAN	
b	Name of plan sponsor	RESURRECTION HOT RODS INC DBA CARRIAGE HOUS	c EIN-PN 82-2438950-001
a	Plan name	NEW LEGEND INC 401K PLAN	
b	Name of plan sponsor	NEW LEGEND INC DBA LEGEND TRANSPORTATION	c EIN-PN 82-2521606-001
a	Plan name	BLANCHARD AE GROUP LLC RETIREMENT PLAN	
b	Name of plan sponsor	BLANCHARD AE GROUP LLC	c EIN-PN 82-3326989-001
a	Plan name	SMILE DESIGNS 401K PLAN	
b	Name of plan sponsor	SMILE DESIGNS OF SOUTHERN OHIO LLC	c EIN-PN 82-3339733-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PHOENIX STAINLESS 401K PLAN	
b	Name of plan sponsor	PHOENIX STAINLESS LLC	c EIN-PN 82-3895308-001
a	Plan name	AB HATCHERY 401K PLAN	
b	Name of plan sponsor	AB HATCHERY INC	c EIN-PN 82-4413069-001
a	Plan name	CLINTON VAULS TECHNOLOGY GROUP 401K PLAN	
b	Name of plan sponsor	CLINTON VAULS TECHNOLOGY GROUP	c EIN-PN 82-4743757-001
a	Plan name	SKINWELL RETIREMENT PLAN	
b	Name of plan sponsor	SKINWELL DERMATOLOGY INC	c EIN-PN 82-5042991-001
a	Plan name	FULLBAY INC 401K PLAN	
b	Name of plan sponsor	FULLBAY INC	c EIN-PN 82-5370543-001
a	Plan name	HUBCAP DISTRIBUTORS 401K PLAN	
b	Name of plan sponsor	HUBCAP DISTRIBUTORS LLC	c EIN-PN 82-5383607-001
a	Plan name	WICHITA PRIMARY CARE LLC 401K PLAN	
b	Name of plan sponsor	WICHITA PRIMARY CARE LLC	c EIN-PN 83-0856818-001
a	Plan name	WALLACE WONG INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	WALLACE WONG INSURANCE AGENCY INC	c EIN-PN 83-0900520-001
a	Plan name	DT SUPPLIES INC 401K PLAN	
b	Name of plan sponsor	DT SUPPLIES INC	c EIN-PN 83-1035249-001
a	Plan name	WILDFIREMANAGEMENT 401K PLAN	
b	Name of plan sponsor	WILDFIRE MANAGEMENT	c EIN-PN 83-1544817-001
a	Plan name	VETERAN CLAIMS PAID 401K PLAN	
b	Name of plan sponsor	VETERAN CLAIMS PAID LLC	c EIN-PN 83-1662039-001
a	Plan name	CONVERGE MEDICAL TECHNOLOGY 401K PLAN	
b	Name of plan sponsor	CONVERGE MEDICAL TECHNOLOGY LLC	c EIN-PN 83-1809918-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	CORN FED CONCRETE SOLUTIONS LLC 401K PLAN	
b	Name of plan sponsor	CORN FED CONCRETE SOLUTIONS LLC	c EIN-PN 83-2966465-001
a	Plan name	W INTERNATIONAL 401K PLAN	
b	Name of plan sponsor	W INTERNATIONAL SC LLC	c EIN-PN 83-2995647-001
a	Plan name	COMPLEX HEALTHCARE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	COMPLEX HEALTHCARE SOLUTIONS LLC	c EIN-PN 83-3356744-001
a	Plan name	INTEGRATED HVAC 401K PLAN	
b	Name of plan sponsor	INTEGRATED HVAC LLC	c EIN-PN 83-3855573-001
a	Plan name	ARCSTAR ELECTRIC LLC 401K PLAN	
b	Name of plan sponsor	ARCSTAR ELECTRIC LLC	c EIN-PN 83-4467357-001
a	Plan name	R V WORLD 401K PLAN	
b	Name of plan sponsor	RV WORLD RECREATION VEHICLE CENTRE LLC	c EIN-PN 83-4486585-001
a	Plan name	DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP 401K	
b	Name of plan sponsor	DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP	c EIN-PN 84-0783694-001
a	Plan name	ROY JACKSON ELECTRIC INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ROY JACKSON ELECTRIC INC	c EIN-PN 84-1103569-001
a	Plan name	ARGUS OF COLORADO 401K PLAN	
b	Name of plan sponsor	ARGUS OF COLORADO DBA ARGUS HOME HEALTH	c EIN-PN 84-1163767-001
a	Plan name	RAPPORT INC 401K PLAN & TRUST	
b	Name of plan sponsor	RAPPORT INC	c EIN-PN 84-1262279-001
a	Plan name	THE AHBE GROUP 401K PLAN AND TRUST	
b	Name of plan sponsor	THE AHBE GROUP INC	c EIN-PN 84-1326860-002
a	Plan name	FOGLAMP CONTENT STUDIO LLC 401K PLAN	
b	Name of plan sponsor	FOGLAMP CONTENT STUDIO LLC	c EIN-PN 84-2173016-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACCESSDX 401K PLAN	
b	Name of plan sponsor	ARANSCIA LLC	c EIN-PN 84-2725709-001
a	Plan name	RED OAK MANAGEMENT 401K PLAN	
b	Name of plan sponsor	QUERCIA ROSSA INC	c EIN-PN 84-2872871-001
a	Plan name	WINGTAT CARGO USA INC 401K PLAN	
b	Name of plan sponsor	WINGTAT CARGO USA INC	c EIN-PN 84-2902301-001
a	Plan name	MICHAEL J VILAG DDS PC 401K PLAN	
b	Name of plan sponsor	MICHAEL J VILAG DDS PC	c EIN-PN 84-3500534-001
a	Plan name	F5 401K PLAN	
b	Name of plan sponsor	F5 MORTGAGE LLC	c EIN-PN 84-3621967-001
a	Plan name	THE HELLO HI 401K PLAN	
b	Name of plan sponsor	NEW RITUAL LLC DBA THE HELLO HI	c EIN-PN 84-3727634-001
a	Plan name	VACAYZEN 401K PLAN	
b	Name of plan sponsor	30A BEACH HOSPITALITY HOLDINGS LLC	c EIN-PN 84-3759073-001
a	Plan name	THOMPSON LAW PLLC 401K P/S PLAN	
b	Name of plan sponsor	THOMPSON LAW PLLC	c EIN-PN 84-3997217-001
a	Plan name	PARKSIDE FS 401K PLAN	
b	Name of plan sponsor	PARKSIDE FIRE & SECURITY INC	c EIN-PN 84-4018913-001
a	Plan name	ISW CUSTOM BUILDERS 401K PLAN	
b	Name of plan sponsor	THE POD GROUP LLC	c EIN-PN 85-0996453-001
a	Plan name	ACORN TO OAK INC 401K PLAN	
b	Name of plan sponsor	ACORN TO OAK INC	c EIN-PN 85-1112575-001
a	Plan name	JW MD P C	
b	Name of plan sponsor	JW MD P C	c EIN-PN 85-1385339-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	BEACH CITIES AUTO GLASS 401K PLAN	
b	Name of plan sponsor	BEACH CITIES AUTO GLASS LLC	c EIN-PN 85-1480787-001
a	Plan name	FIND YOUR BALANCE CTR FOR GRWTH & CHANGE 401K	
b	Name of plan sponsor	FIND YOUR BALANCE THERAPY CENTER	c EIN-PN 85-1594780-001
a	Plan name	INTEGRITY ALLIANCE LLC 401K PLAN	
b	Name of plan sponsor	INTEGRITY ALLIANCE LLC	c EIN-PN 85-1672493-001
a	Plan name	SIDEKICK OPERATORS 401K PLAN	
b	Name of plan sponsor	SIDEKICK OPERATORS	c EIN-PN 85-1766814-001
a	Plan name	ANIMAL HOSPITAL OF PATASKALA LLC 401K PLAN	
b	Name of plan sponsor	ANIMAL HOSPITAL OF PATASKALA LLC	c EIN-PN 85-2741145-001
a	Plan name	TFD RETIREMENT PLAN	
b	Name of plan sponsor	TWIETMEYER FAMILY DENTISTRY LLC	c EIN-PN 85-3282857-001
a	Plan name	UAI 401K PLAN	
b	Name of plan sponsor	UNITED APPAREL INDUSTRIES	c EIN-PN 85-3926972-001
a	Plan name	DRIGGERS CONSTRUCTION 401K P/S PLAN	
b	Name of plan sponsor	DRIGGERS CONSTRUCTION OF MIDDLE GA LLC	c EIN-PN 85-4071720-001
a	Plan name	MKFRN 401K PLAN	
b	Name of plan sponsor	MKFRN LLC	c EIN-PN 85-4149812-001
a	Plan name	THE COCOPAH INDIAN TRIBE 401K RETIREMENT	
b	Name of plan sponsor	COCOPAH INDIAN TRIBE	c EIN-PN 86-0255690-002
a	Plan name	TMM FAMILY SERVICES INC 401K PLAN	
b	Name of plan sponsor	TMM FAMILY SERVICES INC	c EIN-PN 86-0379677-001
a	Plan name	ENGINEERING & ENVIRONMENTAL CONSULTANTS 401K	
b	Name of plan sponsor	ENGINEERING & ENVIRONMENTAL CONSULTANTS	c EIN-PN 86-0579251-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	LOW MOUNTAIN CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LOW MOUNTAIN CONSTRUCTION INC	c EIN-PN 86-0705725-001
a	Plan name	DALMOLIN EXCAVATING INC 401K PLAN	
b	Name of plan sponsor	DALMOLIN EXCAVATING INC	c EIN-PN 86-0782533-001
a	Plan name	1ST BANK YUMA 401K PLAN	
b	Name of plan sponsor	1ST BANK YUMA INC	c EIN-PN 86-0968262-001
a	Plan name	TRIGON STAFF 401K PLAN	
b	Name of plan sponsor	TRIGON STAFF ADMINISTRATORS INC	c EIN-PN 86-1014493-001
a	Plan name	AMMA MATERNITY INC 401K PLAN	
b	Name of plan sponsor	AMMA MATERNITY INC	c EIN-PN 86-1159536-001
a	Plan name	GEN-MARK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GEMCO-RENMARK SALES LLC	c EIN-PN 86-1168002-001
a	Plan name	LEWIS OUTPATIENT PT SERVICES 401K PLAN	
b	Name of plan sponsor	LEWIS OUTPATIENT PHYSICAL THERAPY SERVICES	c EIN-PN 86-1430789-001
a	Plan name	VIRGINIA PLASTIC SURGERY PLLC 401K RETIREMENT	
b	Name of plan sponsor	VIRGINIA PLASTIC SURGERY PLLC	c EIN-PN 86-2181229-001
a	Plan name	RIVERSIDE COOLING LLC 401K PLAN	
b	Name of plan sponsor	RIVERSIDE COOLING LLC	c EIN-PN 86-3986986-001
a	Plan name	MOUNTAIN UTAH FAMILY MEDICINE 401K PLAN	
b	Name of plan sponsor	MOUNTAIN UTAH FAMILY MEDICINE	c EIN-PN 87-0509414-001
a	Plan name	ALTA ALLOYS 401K PLAN	
b	Name of plan sponsor	ALTA ALLOYS	c EIN-PN 87-1031781-001
a	Plan name	ACP CONSTRUCTION & SONS INC RETIREMENT PLAN	
b	Name of plan sponsor	ACP CONSTRUCTION & SONS INC	c EIN-PN 87-2780834-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
b	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-001
a	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-2	
b	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-002
a	Plan name	SPEED AUTO MANAGEMENT 401K PLAN	
b	Name of plan sponsor	SPEED AUTO MANAGEMENT LLC	c EIN-PN 87-3785587-001
a	Plan name	ADVANCE INSTALLATIONS INC 401K PLAN	
b	Name of plan sponsor	ADVANCE INSTALLATIONS INC	c EIN-PN 88-0150572-001
a	Plan name	PIONEER ELECTRIC PENSION PLAN	
b	Name of plan sponsor	PIONEER ELECTRIC LTD	c EIN-PN 88-0166469-001
a	Plan name	CAT HOSPITAL OF TUCSON 401K PLAN	
b	Name of plan sponsor	JOHNSTON VETERINARY CARE LLC	c EIN-PN 88-0783762-001
a	Plan name	VOGUE NAIL SPA INC 401K PLAN	
b	Name of plan sponsor	VOGUE NAIL SPA INC	c EIN-PN 88-3569381-001
a	Plan name	WALKER PLUMBING SERVICES 401K PLAN	
b	Name of plan sponsor	WALKER PLUMBING SERVICES INC	c EIN-PN 90-0041887-001
a	Plan name	VKGS LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	VKGS LLC	c EIN-PN 90-0177886-001
a	Plan name	DEENY CONSTRUCTION COMPANY 401K PSP	
b	Name of plan sponsor	DEENY CONSTRUCTION COMPANY	c EIN-PN 91-0790331-001
a	Plan name	S & S MASONRY INC 401K PLAN	
b	Name of plan sponsor	S & S MASONRY INC	c EIN-PN 91-1747784-001
a	Plan name	CIG PC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	CONSULTANTS IN GASTROENTEROLOGY PC	c EIN-PN 91-1812354-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MECA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	METROPOLITAN ENTERTAINMENT & CONVENTION	c EIN-PN 91-1846837-001
a	Plan name	LAKELI PHARMACY GROUP INC RETIREMENT PLAN	
b	Name of plan sponsor	LAKELI PHARMACY GROUP INC	c EIN-PN 92-1590409-001
a	Plan name	WHITE LOTUS MENTAL HEALTH CLINIC 401K PLAN	
b	Name of plan sponsor	WHITE LOTUS MENTAL HEALTH CLINIC PLLC	c EIN-PN 92-2144594-001
a	Plan name	JB STEEL 401K PLAN	
b	Name of plan sponsor	JB STEEL LLC	c EIN-PN 93-0581861-006
a	Plan name	SANDHILLS RENEWABLE ENERGY LLC 401K PLAN	
b	Name of plan sponsor	SANDHILLS RENEWABLE ENERGY LLC	c EIN-PN 93-2382958-001
a	Plan name	SOUTHFORK ANIMAL HOSPITAL 401K PLAN	
b	Name of plan sponsor	SOUTHFORK VETERINARY HOSPITAL PLLC	c EIN-PN 93-3895288-001
a	Plan name	ALPERT & AFFILIATES LLC 401K PLAN	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METALS	c EIN-PN 93-4221850-001
a	Plan name	SAF-T-CAB INC 401K PLAN	
b	Name of plan sponsor	SAF-T-CAB INC	c EIN-PN 94-1666151-002
a	Plan name	FRESNO DENTAL PROFESSIONALS 401K RETIREMENT	
b	Name of plan sponsor	FRESNO DENTAL PROFESSIONALS	c EIN-PN 94-2371801-002
a	Plan name	HARRIS MANUFACTURING INC 401K PLAN	
b	Name of plan sponsor	HARRIS MANUFACTURING INC	c EIN-PN 94-2514493-001
a	Plan name	MY LIFE FOUNDATION INC 401K PSP	
b	Name of plan sponsor	MY LIFE FOUNDATION INC	c EIN-PN 94-3347107-001
a	Plan name	ALPERT & ALPERT IRON & METAL LB UNION 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-006

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ALPERT & ALPERT IRON & METAL INC 401K PS PLAN	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-001
a	Plan name	HOSPITAL SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	HOSPITAL SYSTEMS INC	c EIN-PN 95-1976576-001
a	Plan name	TELL STEEL INC 401K PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-002
a	Plan name	TELL STEEL PROFIT SHARING PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-005
a	Plan name	VISTA METALS CORP UNION 401K PLAN	
b	Name of plan sponsor	VISTA METALS CORPORATION	c EIN-PN 95-2139701-005
a	Plan name	VISTA METALS CORP 401K & PS PLAN	
b	Name of plan sponsor	VISTA METALS CORP	c EIN-PN 95-2139701-001
a	Plan name	UNITED DIESEL SERVICE INC 401K PLAN	
b	Name of plan sponsor	UNITED DIESEL SERVICE INC	c EIN-PN 95-2668961-001
a	Plan name	TOKUYAMA AND HANSEN 401K PLAN	
b	Name of plan sponsor	JY TOKUYAMA DDS AND LE HANSEN DDS	c EIN-PN 95-2787703-001
a	Plan name	WISE & HEALTHY AGING 401K PLAN	
b	Name of plan sponsor	WISE & HEALTHY AGING	c EIN-PN 95-2788014-002
a	Plan name	SEVEN LAKES HOA 401K PLAN	
b	Name of plan sponsor	SEVEN LAKES HOMEOWNERS ASSN INC DBA SEVEN	c EIN-PN 95-2814425-001
a	Plan name	PACIFIC INDUSTRIAL ELECTRIC PSP	
b	Name of plan sponsor	PACIFIC INTL ELECTRIC CO INC DBA PIE	c EIN-PN 95-2870436-001
a	Plan name	REPUBLIC FENCE 401K PLAN	
b	Name of plan sponsor	REPUBLIC FENCE CO INC	c EIN-PN 95-3300909-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name SCRS - IL 401K PS PLAN	
b	Name of plan sponsor SOUTHERN CALIFORNIA REHAB SERVICES INC	c EIN-PN 95-3411383-001
a	Plan name PALM DESERT RESORTER ASSOCIATION 401K PLAN	
b	Name of plan sponsor PALM DESERT RESORTER ASSOCIATION	c EIN-PN 95-3531263-001
a	Plan name TUSTIN COMMUNITY BANK PS 401K PLAN	
b	Name of plan sponsor TUSTIN COMMUNITY BANK	c EIN-PN 95-3538278-002
a	Plan name TORRANCE ORTHOPAEDIC SPORTS MEDICINE GRP 401K	
b	Name of plan sponsor TORRANCE ORTHOPAEDIC & SPORTS MEDICINE GROUP	c EIN-PN 95-3791747-001
a	Plan name TPPM 401K PLAN	
b	Name of plan sponsor TORREY PINES PROPERTY MANAGEMENT INC	c EIN-PN 95-3802727-001
a	Plan name STATEWIDE PEST CONTROL CO 401K PSP & TRUST	
b	Name of plan sponsor STATEWIDE PEST CONTROL CO INC	c EIN-PN 95-3974674-001
a	Plan name LOAN AMERICA INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor LOAN AMERICA INC	c EIN-PN 95-4658269-001
a	Plan name HENRY S SE RETIREMENT PLAN	
b	Name of plan sponsor J J C V B GANDARA INC	c EIN-PN 95-4746842-001
a	Plan name SOLIZE USA CORPORATION 401K PLAN	
b	Name of plan sponsor SOLIZE USA CORPORATION	c EIN-PN 95-4880869-001
a	Plan name GLOBAL COMMUNICATION GROUP INC 401K PLAN	
b	Name of plan sponsor GLOBAL COMMUNICATION GROUP INC	c EIN-PN 95-4890079-001
a	Plan name OHIOSE 401K PLAN	
b	Name of plan sponsor OHIO SE INC	c EIN-PN 99-2245989-001
a	Plan name UNITED OF OMAHA FOR VARIOUS RET PLANS	
b	Name of plan sponsor UNITED OF OMAHA	c EIN-PN 43-1795138-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STATE STREET RETIREMENT RIGHT IN 2055	B Three-digit plan number (PN) ▶ 236
C Plan sponsor's name as shown on line 2a of Form 5500 HAND BENEFITS & TRUST COMPANY	D Employer Identification Number (EIN) 74-2008758

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

		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	62205	110602
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1638301	497463
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	50171389	49591892
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	51871895	50199957
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	33409	36464
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	33409	36464
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	51838486	50163493

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)	50747	
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		50747
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	13293918	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	10660899	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		2633019
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	4367506	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total.....	2d	7051272

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other.....	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions).....	2g	
h Interest expense.....	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	35205
(6) Bank or trust company trustee/custodial fees	2i(6)	
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses.....	2i(11)	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	35205
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	35205

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	7016067
l Transfers of assets:		
(1) To this plan.....	2l(1)	17805357
(2) From this plan	2l(2)	26496417

Part III Accountant's Opinion

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

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

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

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

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

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

(1) Name:

(2) EIN:

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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