

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

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

a single-employer plan a DFE (specify) C

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

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

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

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

special extension (enter description)

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

Part II Basic Plan Information—enter all requested information

<p>1a Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2060</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>237</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAND BENEFITS & TRUST COMPANY</u></p> <p><u>820 GESSNER ROAD</u> <u>SUITE 1250</u> <u>HOUSTON, TX 77024</u></p>	<p>1c Effective date of plan <u>02/01/2022</u></p> <p>2b Employer Identification Number (EIN) <u>74-2008758</u></p> <p>2c Plan Sponsor's telephone number <u>713-460-1000</u></p> <p>2d Business code (see instructions)</p>

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

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

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

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

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

A Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2060</u>	B Three-digit plan number (PN) ▶	<u>237</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>74-2008758</u>	

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

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 NEW ENGLAND DISCOUNT RETAILERS INC 401K PSP	
b	Name of plan sponsor NEW ENGLAND DISCOUNT RETAILERS INC	c EIN-PN 04-3490470-001
a	Plan name RITA RANCH AUTOMOTIVE & TIRE 401K PLAN	
b	Name of plan sponsor RITA RANCH AUTOMOTIVE & TIRE	c EIN-PN 46-5662256-001
a	Plan name IDEAL IMAGES RETIREMENT PLAN	
b	Name of plan sponsor IDEAL IMAGES INC	c EIN-PN 47-0813679-001
a	Plan name TRISTA ONESTI DDS LLC 401K PLAN	
b	Name of plan sponsor TRISTA ONESTI DDS LLC	c EIN-PN 47-1081791-001
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 WINJET AUTOMOTIVE INC 401K PLAN	
b	Name of plan sponsor WINJET AUTOMOTIVE INC	c EIN-PN 27-0437448-001
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 ALPHAGRAPHICS 401K PLAN	
b	Name of plan sponsor ALPHAGRAPHICS	c EIN-PN 37-1461157-001
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 KRAUTZBERGER NORTH AMERICA 401K PLAN	
b	Name of plan sponsor KRAUTZBERGER NORTH AMERICA INC	c EIN-PN 47-1109952-001
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 MOBILE PIPE & WELDING 401K RETIREMENT PLAN	
b	Name of plan sponsor MOBILE PIPE & WELDING INC	c EIN-PN 63-0863324-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	MIDWEST ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	MIDWEST ENGINEERING INC	c EIN-PN 30-0379511-002
a	Plan name	AB HATCHERY 401K PLAN	
b	Name of plan sponsor	AB HATCHERY INC	c EIN-PN 82-4413069-001
a	Plan name	LANDSCAPE GAL 401K PLAN	
b	Name of plan sponsor	LANDSCAPE GAL LLC	c EIN-PN 45-5124235-001
a	Plan name	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	TMM FAMILY SERVICES INC 401K PLAN	
b	Name of plan sponsor	TMM FAMILY SERVICES INC	c EIN-PN 86-0379677-001
a	Plan name	SEITEC 401K WEALTH PLAN	
b	Name of plan sponsor	AGRIHORIZON INC	c EIN-PN 26-0659633-001
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	SOUTHERNWOOD RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHERNWOOD FRAMING LLC	c EIN-PN 20-5159686-001
a	Plan name	BRIDGES HOLDINGS INC 401K PLAN	
b	Name of plan sponsor	BRIDGES HOLDINGS INC	c EIN-PN 30-0505804-001
a	Plan name	MDB SERVICES 401K	
b	Name of plan sponsor	TV GUY ORLANDO LLC - DBA MDB SERVICES	c EIN-PN 26-0513045-001
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	RAY-MAC INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RAY-MAC INC	c EIN-PN 46-0320438-001

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	HEARTLAND PERIODONTICS RETIREMENT PLAN	
b	Name of plan sponsor	HEARTLAND PERIODONTICS & IMPLANT DENTISTRY	c EIN-PN 47-0812386-001
a	Plan name	PEDIATRIC PROFESSIONALS PC RETIREMENT PLAN	
b	Name of plan sponsor	PEDIATRIC PROFESSIONALS PC	c EIN-PN 36-4501581-001
a	Plan name	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	GIBSON CARE INC 401K PLAN	
b	Name of plan sponsor	GIBSON CARE INC	c EIN-PN 46-0490771-001
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	360 PROJECT MANAGEMENT 401K PS PLAN	
b	Name of plan sponsor	360 PROJECT MANAGEMENT	c EIN-PN 20-5589904-001
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
a	Plan name	SUMMIT DERMATOLOGY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUMMIT DERMATOLOGY PC	c EIN-PN 84-1540358-001
a	Plan name	QUINN INSURANCE INC 401K PSP AND TRUST	
b	Name of plan sponsor	QUINN INSURANCE INC	c EIN-PN 47-0484197-001
a	Plan name	B & B FOREIGN CAR CENTER 401K PLAN	
b	Name of plan sponsor	B & B FOREIGN CAR CENTER	c EIN-PN 77-0448605-001
a	Plan name	POOYAN NASIBI DDS INC 401K PROFIT SHARING	
b	Name of plan sponsor	POOYAN NASIBI DDS INC	c EIN-PN 47-4345076-001
a	Plan name	AGT AND ASSOCIATES INC RETIREMENT PLAN	
b	Name of plan sponsor	AGT AND ASSOCIATES INC	c EIN-PN 45-2858819-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
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 ELITE STRUCTURES INC 401K PLAN	
b	Name of plan sponsor ELITE STRUCTURES INC	c EIN-PN 58-1901587-001
a	Plan name VFI RETIREMENT PLAN	
b	Name of plan sponsor VIRTUAL FABRICATION INTERNATIONAL DBA VFI MA	c EIN-PN 20-4345786-001
a	Plan name WENZL COLLISION CENTER 401K PLAN	
b	Name of plan sponsor WENZL COLLISION CENTER	c EIN-PN 46-2076899-001
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 COMPLETE FENCE 401K PLAN	
b	Name of plan sponsor COMPLETE FENCE LLC	c EIN-PN 81-1250258-001
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 RIOS AND MARTINEZ DENTAL INC 401K PLAN	
b	Name of plan sponsor RIOS AND MARTINEZ DENTAL INC	c EIN-PN 46-2515300-001
a	Plan name PINNACLE INSURANCE AGENCY OF MN LLC 401K PL	
b	Name of plan sponsor PINNACLE INSURANCE AGENCY OF MINNESOTA LLC	c EIN-PN 27-2430063-001
a	Plan name NATIONAL TOOLING & MACHINING ASSOCIATION 401K	
b	Name of plan sponsor NATIONAL TOOLING & MACHINING ASSOC	c EIN-PN 34-0646162-002
a	Plan name DISCOVERY FINANCIAL CENTERS INC 401K PLAN	
b	Name of plan sponsor DISCOVERY FINANCIAL CENTERS INC	c EIN-PN 41-1716745-001
a	Plan name REINA DE CIELO INC RETIREMENT PLAN	
b	Name of plan sponsor REINA DE CIELO INC	c EIN-PN 35-2202763-001

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	PACHIS & ASSOCIATES 401K PLAN	
b	Name of plan sponsor	PACHIS & ASSOCIATES INC	c EIN-PN 26-4213389-001
a	Plan name	FRANCISCO HERNANDEZ TAX SERVICES LLC 401K	
b	Name of plan sponsor	FRANCISCO HERNANDEZ TAX SERVICES LLC	c EIN-PN 20-4883056-001
a	Plan name	VOGUE NAIL SPA INC 401K PLAN	
b	Name of plan sponsor	VOGUE NAIL SPA INC	c EIN-PN 88-3569381-001
a	Plan name	GUNDERLIN LTD RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GUNDERLIN LTD	c EIN-PN 59-0691691-002
a	Plan name	TOPEKA COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	TOPEKA COUNTRY CLUB	c EIN-PN 48-0451300-002
a	Plan name	SPACE COAST MASSAGE THERAPY INC 401K PLAN	
b	Name of plan sponsor	SPACE COAST MASSAGE THERAPY INC	c EIN-PN 59-3246661-001
a	Plan name	SHIPMAN CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	SHIPMAN CONSTRUCTION LLC	c EIN-PN 46-4697549-001
a	Plan name	NEXT LEVEL TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor	NEXT LEVEL TECHNOLOGIES	c EIN-PN 27-0586352-001
a	Plan name	GROUT ELECTRIC 401K PLAN	
b	Name of plan sponsor	GROUT ELECTRIC LLC	c EIN-PN 27-2980628-001
a	Plan name	ELLIS LAW FIRM RETIREMENT PLAN	
b	Name of plan sponsor	LAW OFFICES OF MARC JD ELLIS APLC	c EIN-PN 27-3363410-001
a	Plan name	ALPERT & ALPERT IRON & METAL LB UNION 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-006
a	Plan name	B&D AUTO PARTS INC 401K PLAN	
b	Name of plan sponsor	B&D AUTO PARTS INC	c EIN-PN 52-2124827-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HEART 2 HEART HOME CARE 401K AND TRUST PLAN	
b	Name of plan sponsor	HEART 2 HEART HOME CARE	c EIN-PN 25-1899288-001
a	Plan name	WAYNE'S BODY SHOP SALARY SAVINGS PLAN	
b	Name of plan sponsor	WAYNES BODY SHOP INC	c EIN-PN 47-0811392-001
a	Plan name	MY 401K PLAN	
b	Name of plan sponsor	KINSTLER BROWN COMPANIES INC	c EIN-PN 37-1792802-001
a	Plan name	GREAT LAKES WEALTH LLC 401K PSP & TRUST	
b	Name of plan sponsor	GREAT LAKES WEALTH LLC	c EIN-PN 47-4672827-001
a	Plan name	CLARK CONSTRUCTION COMPANY INC 401K PLAN	
b	Name of plan sponsor	CLARK CONSTRUCTION COMPANY	c EIN-PN 47-0623108-001
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
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	KTI LTD 401K PLAN	
b	Name of plan sponsor	KTI LTD	c EIN-PN 23-2820510-001
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	ISW CUSTOM BUILDERS 401K PLAN	
b	Name of plan sponsor	THE POD GROUP LLC	c EIN-PN 85-0996453-001
a	Plan name	MKFRN 401K PLAN	
b	Name of plan sponsor	MKFRN LLC	c EIN-PN 85-4149812-001
a	Plan name	MAUI POOLS 401K	
b	Name of plan sponsor	MAUI POOLS SERVICELLC	c EIN-PN 82-1592442-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ELECTRO MOTOR 401K PLAN	
b	Name of plan sponsor	ELECTRO MOTOR INC	c EIN-PN 68-0501075-001
a	Plan name	ALPHA HOUSE INC 401K PLAN	
b	Name of plan sponsor	ALPHA HOUSE INC	c EIN-PN 25-1231807-001
a	Plan name	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	TEAM CORN & SOIL INC 401K PLAN	
b	Name of plan sponsor	TEAM CORN & SOIL INC	c EIN-PN 36-4425176-001
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	UNITED INSURANCE AGENCY INC 401K PLAN	
b	Name of plan sponsor	UNITED INSURANCE AGENCY INC	c EIN-PN 16-1356587-001
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	V&A PROCESS INC 401K PLAN	
b	Name of plan sponsor	V&A PROCESS INC	c EIN-PN 34-1143181-001
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	DUFFY BROTHERS CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	DUFFY BROTHERS CONSTRUCTION INC	c EIN-PN 47-0469948-002
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	JASON MECHANICAL INC 401K PLAN	
b	Name of plan sponsor	JASON MECHANICAL INC	c EIN-PN 47-2013596-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name <u>WICHITA PRIMARY CARE LLC 401K PLAN</u>	
b	Name of plan sponsor <u>WICHITA PRIMARY CARE LLC</u>	c EIN-PN <u>83-0856818-001</u>
a	Plan name <u>PARKERS 401K PLAN</u>	
b	Name of plan sponsor <u>BALLARD BUILDING RESTAURANT CO</u>	c EIN-PN <u>27-0265416-001</u>
a	Plan name <u>SURELIFT CRANE AND RIGGING CORP 401K PLAN</u>	
b	Name of plan sponsor <u>SURELIFT CRANE AND RIGGING CORP</u>	c EIN-PN <u>80-0244476-001</u>
a	Plan name <u>WHEELHOUSE INNOVATIONS LLC 401K PLAN</u>	
b	Name of plan sponsor <u>WHEELHOUSE INNOVATIONS LLC</u>	c EIN-PN <u>27-4934290-001</u>
a	Plan name <u>OR TECH 401K PLAN</u>	
b	Name of plan sponsor <u>OR TECHNOLOGIES INC</u>	c EIN-PN <u>27-2080693-001</u>
a	Plan name <u>LAKEVIEW FAMILY DENTISTRY 401K P/S PLAN</u>	
b	Name of plan sponsor <u>LAKEVIEW FAMILY DENTISTRY</u>	c EIN-PN <u>59-3685450-001</u>
a	Plan name <u>LOW MOUNTAIN CONSTRUCTION 401K PLAN</u>	
b	Name of plan sponsor <u>LOW MOUNTAIN CONSTRUCTION INC</u>	c EIN-PN <u>86-0705725-001</u>
a	Plan name <u>SASE 401K PLAN</u>	
b	Name of plan sponsor <u>SETTJE AGRI-SERVICES & ENGINEERING INC</u>	c EIN-PN <u>47-0846158-001</u>
a	Plan name <u>INTELLIGRATED COMMUNICATIONS 401K PSP</u>	
b	Name of plan sponsor <u>INTELLIGRATED COMMUNICATIONS INC</u>	c EIN-PN <u>45-2422188-001</u>
a	Plan name <u>LOVE BEETS USA 401K PLAN</u>	
b	Name of plan sponsor <u>LOVE BEETS USA LLC</u>	c EIN-PN <u>47-4606509-001</u>
a	Plan name <u>BLUEROCK BUILDERS 401K PLAN</u>	
b	Name of plan sponsor <u>BLUEROCK BUILDERS LLC</u>	c EIN-PN <u>27-3960833-001</u>
a	Plan name <u>ROD-MAR 401K PLAN</u>	
b	Name of plan sponsor <u>RODNEY J DEAN MD PC</u>	c EIN-PN <u>42-1432698-001</u>

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name GEN-MARK 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GEMCO-REMARK SALES LLC	c EIN-PN 86-1168002-001
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 SMILE DESIGNS 401K PLAN	
b	Name of plan sponsor SMILE DESIGNS OF SOUTHERN OHIO LLC	c EIN-PN 82-3339733-001
a	Plan name THE COLGIN COMPANIES 401K PLAN	
b	Name of plan sponsor RICHARD E COLGIN I LTD	c EIN-PN 75-2257704-001
a	Plan name LUCKMARR PLASTICS INC 401K SALARY REDUCTION P	
b	Name of plan sponsor LUCKMARR PLASTICS INC	c EIN-PN 38-2475612-001
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 ID CONSTRUCTION GROUP INC 401K PS	
b	Name of plan sponsor ID CONSTRUCTION GROUP INC	c EIN-PN 46-4379533-001
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 DPA 401K PLAN	
b	Name of plan sponsor DEL PETERSON AND ASSOCIATES	c EIN-PN 47-0558743-001
a	Plan name BROTHERS MANAGEMENT 401K PLAN	
b	Name of plan sponsor BROTHERS MANAGEMENT INC	c EIN-PN 75-1843785-001
a	Plan name 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 MORMINO & ASSOCIATES 401K PLAN	
b	Name of plan sponsor MORMINO & ASSOCIATES CPAS	c EIN-PN 45-3542685-001

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	AUTOMATION & MODULAR COMPONENTS INC 401K	
b	Name of plan sponsor	AUTOMATION & MODULAR COMPONENTS INC	c EIN-PN 38-2831279-002
a	Plan name	VISITING ANGELS 401K PLAN	
b	Name of plan sponsor	ST JULES LLC	c EIN-PN 82-1019530-001
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	TWIN PINES LANDSCAPING 401K RETIREMENT PLAN	
b	Name of plan sponsor	TWIN PINES LANDSCAPING	c EIN-PN 38-3426291-001
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	CAROBELL INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CAROBELL INC	c EIN-PN 56-0936909-001
a	Plan name	VASTEK INC 401K PLAN	
b	Name of plan sponsor	VASTEK INC	c EIN-PN 47-4047975-001
a	Plan name	CHESS INC 401K PLAN	
b	Name of plan sponsor	COMPLETE HEALTH ENVIRONMENTAL SAFETY SERVICE	c EIN-PN 41-1757492-001
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	BOISSEAU F&B LLC 401K PLAN	
b	Name of plan sponsor	BOISSEAU F&B LLC	c EIN-PN 45-2818455-001
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	CLEBURNE COUNTY ANIMAL CLINIC 401K PLAN	
b	Name of plan sponsor	DOCCATO VET LLC	c EIN-PN 47-1042019-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
a	Plan name	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	ALPERT & ALPERT IRON & METAL PROD 401K
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC
c	EIN-PN	95-1860560-007
a	Plan name	BAILEY'S MEDICAL EQUIPMENT & SUPPLIES 401K
b	Name of plan sponsor	MEDICAL HOTSPOTS INC CORP
c	EIN-PN	45-1810240-001
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	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	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	CARLOS URIBE DDS PLLC 401K PLAN
b	Name of plan sponsor	CARLOS URIBE DDS PLLC
c	EIN-PN	20-4685567-001
a	Plan name	AMSA 401K PLAN
b	Name of plan sponsor	AMERICAN MEDICAL STUDENT ASSOCIATION
c	EIN-PN	36-2222695-001
a	Plan name	CONTEMPORARY OBSTETRICS PC 401K PS PLAN
b	Name of plan sponsor	CONTEMPORARY OBSTETRICS PC
c	EIN-PN	38-2688194-001
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	ALTA ALLOYS 401K PLAN
b	Name of plan sponsor	ALTA ALLOYS
c	EIN-PN	87-1031781-001
a	Plan name	MEDALLION FINANCIAL STRATEGIES INC 401K PLAN
b	Name of plan sponsor	MEDALLION FINANCIAL STRATEGIES INC
c	EIN-PN	20-1909760-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	PALM DESERT RESORTER ASSOCIATION 401K PLAN	
b	Name of plan sponsor	PALM DESERT RESORTER ASSOCIATION	c EIN-PN 95-3531263-001
a	Plan name	AXIS 401K RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-001
a	Plan name	NEW BEDFORD YACHT CLUB 401K PLAN	
b	Name of plan sponsor	NEW BEDFORD YACHT CLUB	c EIN-PN 04-1659530-001
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	OBARS MACHINE & TOOL COMPANY PS 401K PLAN	
b	Name of plan sponsor	OBARS MACHINE & TOOL COMPANY INC	c EIN-PN 34-0965850-001
a	Plan name	OH457IO DEFERRED COMPENSATION	
b	Name of plan sponsor	CITY OF WARREN OHIO	c EIN-PN 34-6002974-001
a	Plan name	BCA CONSULTING 401K PLAN	
b	Name of plan sponsor	BROWN CONSULTING ASSOCIATES INC	c EIN-PN 82-0527616-001
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	GROUND WATER SYSTEMS 401K PSP AND TRUST	
b	Name of plan sponsor	GROUND WATER SYSTEMS INC	c EIN-PN 16-1045313-001
a	Plan name	COMPLEX HEALTHCARE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	COMPLEX HEALTHCARE SOLUTIONS LLC	c EIN-PN 83-3356744-001
a	Plan name	RESONANCE INC 401K PLAN	
b	Name of plan sponsor	RESONANCE INC	c EIN-PN 73-1396354-001
a	Plan name	PAJ 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PAJ INC	c EIN-PN 75-2257448-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	GOOD MOVES 401K	
b	Name of plan sponsor	GOOD MOVES DELIVERY INC	c EIN-PN 46-1933984-001
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	CAMP-A-WAY 401K PLAN	
b	Name of plan sponsor	QUEENLAND INC	c EIN-PN 47-0789616-001
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	ACCESS CONTROL DEVICES INC 401K PLAN	
b	Name of plan sponsor	ACCESS CONTROL DEVICES INC	c EIN-PN 71-0756645-001
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	ARROW ROOFING & SUPPLY INC PS PLAN	
b	Name of plan sponsor	ARROW ROOFING & SUPPLY INC	c EIN-PN 38-1893198-001
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	HORSEY BUCKNER HEFFLER LLP 401K PLAN	
b	Name of plan sponsor	HORSEY BUCKNER HEFFLER LLP	c EIN-PN 82-1803066-001
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	NINJO INC & AFFILIATED COMPANIES RETIREMENT	
b	Name of plan sponsor	NINJO INC DBA EL RANCHITO TACO SHOP	c EIN-PN 80-0524115-001
a	Plan name	RANCHO EXPRESS LUBE INC 401K PLAN	
b	Name of plan sponsor	RANCHO EXPRESS LUBE INC	c EIN-PN 36-4983270-001

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 STUDEBAKER SUBMETERING INC 401K PLAN	
b	Name of plan sponsor STUDEBAKER SUBMETERING INC	c EIN-PN 54-1963792-001
a	Plan name SPARKONE MANAGEMENT LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor SPARKONE MANAGEMENT LLC	c EIN-PN 87-3658435-001
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 NATURAL ENVIRONMENTS CORPORATION 401K PSP	
b	Name of plan sponsor NATURAL ENVIRONMENTS CORPORATION	c EIN-PN 41-1843976-001
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 IOWA MOLD & ENGINEERING INC 401K PLAN	
b	Name of plan sponsor IOWA MOLD & ENGINEERING INC	c EIN-PN 42-1411689-001
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 DEENY CONSTRUCTION COMPANY 401K PSP	
b	Name of plan sponsor DEENY CONSTRUCTION COMPANY	c EIN-PN 91-0790331-001
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 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 ENTHEOS AUDIOLOGY COOPERATIVE INC 401K PSP	
b	Name of plan sponsor ENTHEOS AUDIOLOGY COOPERATIVE INC	c EIN-PN 46-4270647-002
a	Plan name MECCON INDUSTRIES 401K PLAN	
b	Name of plan sponsor MECCON INDUSTRIES INC	c EIN-PN 36-3008454-002

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	CHOOSE 307 INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	CHOOSE 307 LLC	c EIN-PN 85-1068252-001
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	TRANSPREMIER LLC 401K PLAN	
b	Name of plan sponsor	TRANSPREMIER LLC	c EIN-PN 65-1024796-001
a	Plan name	BANKS HARDWOODS INC 401K PS PLAN & TRUST	
b	Name of plan sponsor	BANKS HARDWOODS INC	c EIN-PN 35-1641369-001
a	Plan name	JKWON INC 401K PLAN	
b	Name of plan sponsor	JKWON INC	c EIN-PN 46-0679964-001
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	GARY'S FOODS 401K PLAN	
b	Name of plan sponsor	D & G INC	c EIN-PN 42-6167526-001
a	Plan name	F5 401K PLAN	
b	Name of plan sponsor	F5 MORTGAGE LLC	c EIN-PN 84-3621967-001
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	ARCSTAR ELECTRIC LLC 401K PLAN	
b	Name of plan sponsor	ARCSTAR ELECTRIC LLC	c EIN-PN 83-4467357-001
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	LUEBBERING INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	LUEBBERING INSURANCE AGENCY LLC	c EIN-PN 43-1849676-001

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	HARVEST CREATIVE SERVICES RETIREMENT PLAN	
b	Name of plan sponsor	HARVEST PRODUCTIONS INC	c EIN-PN 38-3087053-001
a	Plan name	BTP TECHNOLOGIES LLC 401K SAVINGS PLAN	
b	Name of plan sponsor	BTP TECHNOLOGIES LLC	c EIN-PN 45-1672173-001
a	Plan name	ACP CONSTRUCTION & SONS INC RETIREMENT PLAN	
b	Name of plan sponsor	ACP CONSTRUCTION & SONS INC	c EIN-PN 87-2780834-001
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	ENGINEERING & ENVIRONMENTAL CONSULTANTS 401K	
b	Name of plan sponsor	ENGINEERING & ENVIRONMENTAL CONSULTANTS	c EIN-PN 86-0579251-001
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	JANSSEN AUTO GROUP 401K PLAN	
b	Name of plan sponsor	JANSSEN & SONS INC	c EIN-PN 47-0808815-001
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	SOUTH CENTRAL SEALING LLC 401K PLAN	
b	Name of plan sponsor	SOUTH CENTRAL SEALING LLC	c EIN-PN 20-3982191-001
a	Plan name	HAMBLIN FAMILY DENTISTRY 401K PLAN	
b	Name of plan sponsor	HAMBLIN FAMILY DENTISTRY	c EIN-PN 85-2650346-001
a	Plan name	STANTON HEALTH CENTER 457B PLAN	
b	Name of plan sponsor	CITY OF STANTON NURSING HOME	c EIN-PN 47-0522636-001
a	Plan name	DM LONERGAN PAINT & WALLPAPER INC 401K PLAN	
b	Name of plan sponsor	DM LONERGAN PAINT & WALLPAPER INC	c EIN-PN 05-0365876-001

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	NTT ASSOCIATES 401K PLAN	
b	Name of plan sponsor	NTT ASSOCIATES INC	c EIN-PN 52-1111045-001
a	Plan name	EXCALIBUR LAUNDRIES INC 401K PSP & TRUST	
b	Name of plan sponsor	EXCALIBUR LAUNDRIES INC	c EIN-PN 39-1391734-001
a	Plan name	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	CONTRACTORS INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor	CONTRACTORS INSURANCE AGENCY INC	c EIN-PN 37-1789030-001
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	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	OUTER BANKS BLUE REALTY SERVICES 401K PS PLAN	
b	Name of plan sponsor	OUTER BANKS BLUE LLC D/B/A OUTER BANKS REAL	c EIN-PN 32-0150985-001
a	Plan name	LOGISTICS 365 401K PLAN	
b	Name of plan sponsor	LOGISTICS 365	c EIN-PN 47-0799641-001
a	Plan name	CAPITOL VALLEY ELECTRIC LLC 401K PSP-1	
b	Name of plan sponsor	CAPITOL VALLEY ELECTRIC LLC	c EIN-PN 87-2964267-001
a	Plan name	SELECT SPRAYERS 401K PLAN	
b	Name of plan sponsor	SELECT SPRAYERS & EQUIPMENT LLC	c EIN-PN 47-0828257-001
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	WATERMAN'S 401K RETIREMENT PLAN	
b	Name of plan sponsor	WATERMANS SURFSIDE GRILLE	c EIN-PN 54-1191780-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	THE EPILEPSY CENTER 401K PLAN	
b	Name of plan sponsor	THE EPILEPSY CENTER	c EIN-PN 34-1768270-002
a	Plan name	MAGNISON & MOEN INC 401K PLAN	
b	Name of plan sponsor	MAGNISON & MOEN INC	c EIN-PN 95-2644487-001
a	Plan name	BEST MATERIALS PROFIT-SHARING PLAN	
b	Name of plan sponsor	BEST BLOCK COMPANY	c EIN-PN 38-1819457-001
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	RANCHO PASEO MEDICAL GROUP 401K PLAN	
b	Name of plan sponsor	EMERGENCY MEDICAL OFFICE INC	c EIN-PN 33-0644713-001
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	AP TECHNOLOGY 401K PLAN	
b	Name of plan sponsor	AP TECHNOLOGY LLC	c EIN-PN 46-1407591-001
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	AMERICAN MOVERS 401K PLAN	
b	Name of plan sponsor	AMERICAN MOVERS	c EIN-PN 47-2688546-001
a	Plan name	ONE WORLD GEOSOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	ONE WORLD GEOSOLUTIONS INC	c EIN-PN 86-2754317-001
a	Plan name	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	COPLEY ROEMMICH FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	COPLEY ROEMMICH FAMILY DENTAL	c EIN-PN 84-4049209-001

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	E-Z KITCHENS 401K PLAN	
b Name of plan sponsor	E-Z KITCHENS INC	c EIN-PN 47-0677911-001
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	MANDUKA LLC RETIREMENT PLAN	
b Name of plan sponsor	MANDUKA LLC	c EIN-PN 26-1648490-001
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	PIONEER ELECTRIC PENSION PLAN	
b Name of plan sponsor	PIONEER ELECTRIC LTD	c EIN-PN 88-0166469-001
a Plan name	DRAELOS METABOLIC 401K PLAN	
b Name of plan sponsor	MATHEW T DRAELOS MD PC	c EIN-PN 73-1512735-002
a Plan name	JUST GOOD MEATS 401K PLAN	
b Name of plan sponsor	JUST GOOD MEATS	c EIN-PN 27-1947028-001
a Plan name	GEOKEY INC 401K PLAN	
b Name of plan sponsor	GEOKEY INC	c EIN-PN 82-1837352-001
a Plan name	TARZAN HOLDINGS 401K PLAN	
b Name of plan sponsor	TARZAN HOLDINGS LLC	c EIN-PN 44-5114439-001
a Plan name	SCOTT'S ELECTRIC INC 401K PLAN	
b Name of plan sponsor	SCOTTS ELECTRIC INC	c EIN-PN 45-0405047-001
a Plan name	ADVANCED FOOT & ANKLE SPECIALISTS 401K PLAN	
b Name of plan sponsor	ADVANCED FOOT & ANKLE SPECIALISTS	c EIN-PN 59-3750789-001
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)	
<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	BUEHLER MOTOR INC EMPLOYEE RETIREMENT SEC	
b	Name of plan sponsor	BUEHLER MOTOR INC	c EIN-PN 37-1492335-002
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	FLATWATER BANK 401K RETIREMENT PLAN	
b	Name of plan sponsor	FLATWATER BANK	c EIN-PN 47-0175510-001
a	Plan name	CLIMATROL AIR DMM 401K PLAN	
b	Name of plan sponsor	CLIMATROL AIR LLC	c EIN-PN 84-4498149-001
a	Plan name	SPORTCHASSIS 401K PLAN	
b	Name of plan sponsor	SPORTCHASSIS HOLDINGS INC	c EIN-PN 27-0931398-001
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	FOGLAMP CONTENT STUDIO LLC 401K PLAN	
b	Name of plan sponsor	FOGLAMP CONTENT STUDIO LLC	c EIN-PN 84-2173016-001
a	Plan name	CENTER FOR TRUE HARMONY WELLNESS 401K PLAN	
b	Name of plan sponsor	THE CENTER FOR TRUE HARMONY WELLNESS AND MED	c EIN-PN 20-0775994-001
a	Plan name	CHOSEN ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	CHOSEN ELECTRIC INC	c EIN-PN 20-3577356-001
a	Plan name	ENVIRONMENTAL TEST SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	ENVIRONMENTAL TEST SYSTEMS INC	c EIN-PN 20-2152949-001
a	Plan name	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	ELLIOT CONSTRUCTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ELLIOT CONSTRUCTION INC	c EIN-PN 47-0661421-001

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	TRI CITY HEATING AND AIR CONDITIONING 401K PL	
b	Name of plan sponsor	TRI-CITY HEATING AND AIR CONDITIONING INC	c EIN-PN 20-8903507-001
a	Plan name	CARLOS LOPEZ & ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	CARLOS LOPEZ & ASSOCIATES LLC	c EIN-PN 47-5275587-001
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	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	DIVERSE ACQUISITION COMPANY 401K PLAN	
b	Name of plan sponsor	DIVERSE ACQUISITION COMPANY INC	c EIN-PN 20-4707578-001
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	ANDERSON PHYSICAL THERAPY INC 401K PS	
b	Name of plan sponsor	ANDERSON PHYSICAL THERAPY INC	c EIN-PN 26-0222060-001
a	Plan name	DUPURE 401K PLAN	
b	Name of plan sponsor	BALANCE ENERGY LLC	c EIN-PN 47-1815789-002
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	MAT ENTERPRISES LLC 401K PLAN	
b	Name of plan sponsor	MAT ENTERPRISES LLC	c EIN-PN 38-4035168-001
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	CAMPBELL PROPERTIES 401K PLAN	
b	Name of plan sponsor	CAMPBELL PROPERTIES PAYROLL LLC	c EIN-PN 46-4677430-001

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 KEMM INC 401K RETIREMENT PLAN	
b	Name of plan sponsor KEMM INC	c EIN-PN 52-1686156-001
a	Plan name PREDICTIVE TECHNOLOGY INC 401K PROFIT SHARING	
b	Name of plan sponsor PREDICTIVE TECHNOLOGY INC	c EIN-PN 20-0325167-001
a	Plan name LOAN AMERICA INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor LOAN AMERICA INC	c EIN-PN 95-4658269-001
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 MANASSA BOJCZUK PC 401K P/S PLAN	
b	Name of plan sponsor MANASSA BOJCZUK PC	c EIN-PN 27-0377867-001
a	Plan name LANDEROS AAAA INC RETIREMENT PLAN	
b	Name of plan sponsor LANDEROS AAAA INC	c EIN-PN 83-1332155-001
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 HOME TITLE CONNECT LLC 401K PROFIT SHARING	
b	Name of plan sponsor HOME TITLE CONNECT LLC	c EIN-PN 20-0346889-001
a	Plan name INFO-MATRIX CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor INFO-MATRIX CORPORATION	c EIN-PN 25-1788570-001
a	Plan name VARICOSITY LLC 401K PLAN	
b	Name of plan sponsor VARICOSITY LLC	c EIN-PN 01-0746953-001
a	Plan name ALPERT & ALPERT IRON & METAL LA UNION 401K	
b	Name of plan sponsor ALPERT & ALPERT IRON & METAL	c EIN-PN 95-1860560-004
a	Plan name DT SUPPLIES INC 401K PLAN	
b	Name of plan sponsor DT SUPPLIES INC	c EIN-PN 83-1035249-001

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 ACHIEVEMENT REHABILITATION THR 401K PSP TRUST	
b	Name of plan sponsor ACHIEVEMENT REHABILITATION THROUGH THERAPEUT	c EIN-PN 27-0991521-001
a	Plan name BERRYHILL & MITCHELL PC 401K PLAN	
b	Name of plan sponsor BERRYHILL & MITCHELL PC	c EIN-PN 86-2778890-001
a	Plan name OSMOND GENERAL HOSPITAL 401K PLAN	
b	Name of plan sponsor OSMOND GENERAL HOSPITAL	c EIN-PN 23-7161473-001
a	Plan name CROFT 401K PLAN	
b	Name of plan sponsor CROFT PRODUCTION SYSTEMS INC	c EIN-PN 20-5650231-001
a	Plan name CUSTOM ELECTRONIC DESIGN & INSTALL ASSOC 401K	
b	Name of plan sponsor CUSTOM ELECTRIC DESIGN & INSTALLATION ASSOC	c EIN-PN 36-3724289-001
a	Plan name 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 MORGAN BRONZE PRODUCTS INC 401K PLAN	
b	Name of plan sponsor MORGAN BRONZE PRODUCTS INC	c EIN-PN 36-2100305-001
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 GRIFFITTS CONSTRUCTION 401K	
b	Name of plan sponsor GRIFFITTS CONSTRUCTION INC	c EIN-PN 37-0863472-001
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 SARVICUS LLC 401K PLAN	
b	Name of plan sponsor SARVICUS LLC	c EIN-PN 30-0625973-001
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 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 HADLEY'S TOWING LLC	
b	Name of plan sponsor HADLEYS TOWING LLC	c EIN-PN 20-1050422-001
a	Plan name CASTLE REALTY 401K RETIREMENT PLAN	
b	Name of plan sponsor CASTLE REALTY LLC	c EIN-PN 27-1664603-001
a	Plan name MEHUL C PATEL DDS PC 401K P/S PLAN	
b	Name of plan sponsor MEHUL C PATEL DDS PC	c EIN-PN 36-4544110-002
a	Plan name BOWMAN EXCAVATING 401K PLAN	
b	Name of plan sponsor BOWMAN EXCAVATING INC	c EIN-PN 38-3003824-001
a	Plan name INTEGRATED HVAC 401K PLAN	
b	Name of plan sponsor INTEGRATED HVAC LLC	c EIN-PN 83-3855573-001
a	Plan name VACAYZEN 401K PLAN	
b	Name of plan sponsor 30A BEACH HOSPITALITY HOLDINGS LLC	c EIN-PN 84-3759073-001
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 EW KITCHENS INC EMPLOYEES' 401K PLAN	
b	Name of plan sponsor EW KITCHENS INC	c EIN-PN 38-1626582-001
a	Plan name MARKETHATCH CO INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MARKETHATCH CO INC	c EIN-PN 34-1756719-001
a	Plan name SEQUOIA APPLIED SOLUTIONS INC 401K PSP	
b	Name of plan sponsor SEQUOIA APPLIED SOLUTIONS INC	c EIN-PN 45-5146532-002
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

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	SD&S TRUCKING LLC 401K PLAN	
b	Name of plan sponsor	SD&S TRUCKING LLC	c EIN-PN 02-0784596-001
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	KNH INSURANCE 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KNH INSURANCE SERVICES INC	c EIN-PN 20-1647273-001
a	Plan name	HOLOBINKO CONSORTIUM LLC 401K PLAN	
b	Name of plan sponsor	HOLOBINKO CONSORTIUM LLC	c EIN-PN 25-1898032-001
a	Plan name	NEDIA FINANCIAL FUTURE PLAN	
b	Name of plan sponsor	NEDIA GROUP LLC DBA FANTASIA SALON AND HAIR	c EIN-PN 82-3386047-001
a	Plan name	RAY PRICE MOTORS 401K PLAN	
b	Name of plan sponsor	RAY PRICE MOTORS	c EIN-PN 23-2635237-001
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	THE HOMELESS ALLIANCE 401K PLAN	
b	Name of plan sponsor	THE HOMELESS ALLIANCE INC	c EIN-PN 11-3718005-001
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	ADVANCE INSTALLATIONS INC 401K PLAN	
b	Name of plan sponsor	ADVANCE INSTALLATIONS INC	c EIN-PN 88-0150572-001
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	BRYLLAN 401K PLAN	
b	Name of plan sponsor	BRYLLAN LLC	c EIN-PN 27-1568186-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	OUTSTANDING AGRI SERVICE 401K PLAN	
b	Name of plan sponsor	OUTSTANDING AGRI SERVICE	c EIN-PN 85-2519964-001
a	Plan name	KILLIAN AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor	KILLIAN AUTOMOTIVE	c EIN-PN 20-5227343-001
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	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	SANDHILL ENVIRONMENTAL SERVICES LLC 401K PLAN	
b	Name of plan sponsor	SANDHILL ENVIRONMENTAL SERVICES LLC	c EIN-PN 45-3860432-001
a	Plan name	CHARLIE UNIFORM TANGO 401K PLAN	
b	Name of plan sponsor	CHARLIEUNIFORMTANGO LP	c EIN-PN 75-2621546-001
a	Plan name	MEMPHIS IN MAY RETIREMENT PLAN	
b	Name of plan sponsor	MEMPHIS IN MAY INTERNATIONAL FESTIVAL	c EIN-PN 23-7308001-002
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	NATHAN ZELENA LLC SOLO 401K	
b	Name of plan sponsor	NATHAN JOSEPH ZELENA	c EIN-PN 93-2994038-001
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	LYNN VETERINARY HOSPITAL INC 401K SALARY	
b	Name of plan sponsor	LYNN VETERINARY HOSPITAL INC	c EIN-PN 61-1561285-001
a	Plan name	THERMO KING CHRISTENSEN 401K RETIREMENT	
b	Name of plan sponsor	THERMO KING CHRISTENSEN INC	c EIN-PN 47-0411741-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
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	THE BANK OF SAN JACINTO COUNTY 401K PLAN	
b	Name of plan sponsor	THE BANK OF SAN JACINTO COUNTY	c EIN-PN 74-1472817-001
a	Plan name	EBRAHIMIAN LAW FIRM RETIREMENT PLAN	
b	Name of plan sponsor	EBRAHIMIAN LAW FIRM APC	c EIN-PN 81-5277821-001
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	ARASH KIARASH MD PC 401K PLAN	
b	Name of plan sponsor	ARASH KIARASH MD PC	c EIN-PN 68-0655441-001
a	Plan name	MC VAN KAMPEN TRUCKING INC 401K PLAN	
b	Name of plan sponsor	MC VAN KAMPEN TRUCKING INC	c EIN-PN 38-2393098-001
a	Plan name	CARICH ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	CARICH ENTERPRISES INC	c EIN-PN 33-0806817-001
a	Plan name	COMMERCIAL CONTRACTING 401K RETIREMENT PLAN	
b	Name of plan sponsor	COMMERICAL CONTRACTING	c EIN-PN 80-0007597-001
a	Plan name	UAI 401K PLAN	
b	Name of plan sponsor	UNITED APPAREL INDUSTRIES	c EIN-PN 85-3926972-001
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	AAA AUTO GLASS RETIREMENT PLAN	
b	Name of plan sponsor	AAA AUTO GLASS INC	c EIN-PN 47-5053179-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name CUSTOM CONVEYOR 401K PLAN	
b	Name of plan sponsor CUSTOM CONVEYOR & EQUIPMENT CORPORATION	c EIN-PN 42-1235841-001
a	Plan name COGEN CORPORATION 401K PLAN	
b	Name of plan sponsor COGEN CORPORATION	c EIN-PN 11-3328826-001
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 FRESNO DENTAL PROFESSIONALS 401K RETIREMENT	
b	Name of plan sponsor FRESNO DENTAL PROFESSIONALS	c EIN-PN 94-2371801-002
a	Plan name IOWA EARTH WORKS 401K PLAN	
b	Name of plan sponsor BALLARD LLC	c EIN-PN 42-1467898-001
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 PORTER ROOFING CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor PORTER ROOFING CONTRACTORS INC	c EIN-PN 62-1037198-001
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 ANCA INC 401K RETIREMENT PLAN	
b	Name of plan sponsor ANCA INC	c EIN-PN 38-2850970-001
a	Plan name PTS 401K PLAN	
b	Name of plan sponsor POOLES TRUCK SERVICE INC	c EIN-PN 47-0580932-001
a	Plan name CROW RIVER DENTAL 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor CROW RIVER DENTAL	c EIN-PN 45-3019657-001
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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	HERITAGE TILE 401K PLAN	
b	Name of plan sponsor	HERITAGE TILE & MARBLE CO	c EIN-PN 22-3726239-001
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	MCELHINNY INSURANCE LLC 401K PLAN	
b	Name of plan sponsor	MCELHINNY INSURANCE LLC	c EIN-PN 38-3667025-001
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	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	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	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	LOCALLOOP INC 401K PLAN	
b	Name of plan sponsor	LOCALLOOP INC	c EIN-PN 46-4453814-001
a	Plan name	CONVERGE MEDICAL TECHNOLOGY 401K PLAN	
b	Name of plan sponsor	CONVERGE MEDICAL TECHNOLOGY LLC	c EIN-PN 83-1809918-001
a	Plan name	WAYNE METALS LLC 401K PLAN	
b	Name of plan sponsor	WAYNE METALS LLC	c EIN-PN 35-2129195-001
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	TNT POWER WASH INC RETIREMENT PLAN	
b	Name of plan sponsor	TNT POWER WASH INC	c EIN-PN 92-0184358-002

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	KANSAS SOYBEAN ASSOCIATION 401K PLAN	
b	Name of plan sponsor	KANSAS SOYBEAN ASSOCIATION	c EIN-PN 36-3141909-001
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	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	WILDFIREMANAGEMENT 401K PLAN	
b	Name of plan sponsor	WILDFIRE MANAGEMENT	c EIN-PN 83-1544817-001
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	WEEKS-WILLIAMS-DEVORE INC 401K PLAN	
b	Name of plan sponsor	WEEKS-WILLIAMS & DEVORE INC	c EIN-PN 56-0774903-001
a	Plan name	ADEPT EQUIPMENT SERVICES 401K PLAN	
b	Name of plan sponsor	ADEPT EQUIPMENT SERVICES LLC	c EIN-PN 27-4764811-001
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	LARIA CHEVROLET-BUICK 401K PS PLAN	
b	Name of plan sponsor	LARIA CHEVROLET-BUICK INC	c EIN-PN 34-1346123-002
a	Plan name	CHN HOUSING PARTNERS 401K PS PLAN & TRUST	
b	Name of plan sponsor	CHN HOUSING PARTNERS	c EIN-PN 34-1346763-001
a	Plan name	BYRUM COMPANIES 401K PLAN	
b	Name of plan sponsor	BYRUM BUILDERS	c EIN-PN 27-0508150-001
a	Plan name	FOODLINKS INC 401K PLAN	
b	Name of plan sponsor	FOODLINKS INC	c EIN-PN 20-2096414-001

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	JC DESMARAIS & ASSOCIATES INC/IRRIGATION	
b	Name of plan sponsor	JC DESMARAIS AND ASSOCIATES INC	c EIN-PN 04-3056097-001
a	Plan name	KIBBECHEM INC 401K AND PS PLAN	
b	Name of plan sponsor	KIBBECHEM INC	c EIN-PN 35-2132621-001
a	Plan name	ERIE FOOD CO-OP 401K PLAN	
b	Name of plan sponsor	WHOLE FOODS COOPERATIVE	c EIN-PN 25-1401503-001
a	Plan name	FISHER INSURANCE GROUP LLC 401K PLAN	
b	Name of plan sponsor	FISHER INSURANCE GROUP LLC	c EIN-PN 85-3619481-001
a	Plan name	F STREET DEV GROUP 401K RETIREMENT PLAN	
b	Name of plan sponsor	F STREET DEVELOPMENT GROUP LLC	c EIN-PN 26-3977115-001
a	Plan name	JW LOGISTICS LLC 401K PLAN	
b	Name of plan sponsor	JW LOGISTICS LLC	c EIN-PN 45-2214807-001
a	Plan name	OMEGACOMP INC 401K PLAN	
b	Name of plan sponsor	OMEGACOMP INC	c EIN-PN 45-2854307-001
a	Plan name	RAPPORT INC 401K PLAN & TRUST	
b	Name of plan sponsor	RAPPORT INC	c EIN-PN 84-1262279-001
a	Plan name	VISTA METALS CORP UNION 401K PLAN	
b	Name of plan sponsor	VISTA METALS CORPORATION	c EIN-PN 95-2139701-005
a	Plan name	ADVANCED CALIBRATION DESIGNS INC 401K PLAN	
b	Name of plan sponsor	ADVANCED CALIBRATION DESIGNS INC	c EIN-PN 93-0981766-001
a	Plan name	4OWONK 401K PLAN	
b	Name of plan sponsor	DATAWORLD AI LLC	c EIN-PN 86-1991506-001
a	Plan name	DALMOLIN EXCAVATING INC 401K PLAN	
b	Name of plan sponsor	DALMOLIN EXCAVATING INC	c EIN-PN 86-0782533-001

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	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	WHITEHOUSE FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	SHUMATE DENTAL GROUP	c EIN-PN 47-2154086-001
a	Plan name	TOBY'S MOBILE REPAIRS INC 401K PLAN	
b	Name of plan sponsor	TOBYS MOBILE REPAIRS INC	c EIN-PN 90-0011079-001
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	BAYSIDE MECHANICAL INC 401K PLAN	
b	Name of plan sponsor	BAYSIDE MECHANICAL INC	c EIN-PN 20-1083341-001
a	Plan name	HEALTHCONNECT PROPERTIES INC 401K PS PLAN	
b	Name of plan sponsor	HEALTHCONNECT PROPERTIES INC	c EIN-PN 74-3032830-001
a	Plan name	DUSSIAS WITTENBERG KOENIGSBERGER 401K PLAN	
b	Name of plan sponsor	DUSSIAS WITTENBERG KOENIGSBERGER LLP	c EIN-PN 47-2346637-001
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	VISTA METALS GEORGIA 401K & PS PLAN	
b	Name of plan sponsor	VISTA METALS-GEORGIA	c EIN-PN 27-1043263-001
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	GETHMANN CONSTRUCTION CO INC 401K PSP	
b	Name of plan sponsor	GETHMANN CONSTRUCTION COMPANY INC	c EIN-PN 42-0271670-001
a	Plan name	HOT PURPLE ENERGY 401K	
b	Name of plan sponsor	HOT PURPLE INC	c EIN-PN 27-0475938-001

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	LANE PIPELINE CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LANE PIPELINE CONSTRUCTION	c EIN-PN 82-1843849-001
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	SIOUXLAND K & K CONSTRUCTION INC 401K PSP	
b	Name of plan sponsor	SIOUXLAND K & K CONSTRUCTION INC	c EIN-PN 46-0446745-001
a	Plan name	MOREL LANDSCAPING 401K PLAN	
b	Name of plan sponsor	MOREL LANDSCAPING LLC	c EIN-PN 45-4472425-001
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	ROBERTSON'S GMC TRUCKINC 401K PLAN	
b	Name of plan sponsor	ROBERTSONS GMC TRUCK INC	c EIN-PN 04-2871748-001
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	THEUT PRODUCTS INC 401K SALARY REDUCTION	
b	Name of plan sponsor	THEUT PRODUCTS INC	c EIN-PN 38-1551483-002
a	Plan name	CORRECTIVESOLUTIONS 401K PLAN	
b	Name of plan sponsor	AMERICAN JUSTICE SOLUTIONS INC	c EIN-PN 46-5647159-001
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	MW FIT INC INDIVIDUAL K PLAN	
b	Name of plan sponsor	MW FIT INC	c EIN-PN 92-0624761-001
a	Plan name	PRO-LOW JOINT VENTURE 401K PLAN	
b	Name of plan sponsor	PRO-LOW JOINT VENTURE	c EIN-PN 27-1816494-001

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	LK AUTO D/B/A TOYOTA OF VINELAND 401K PLAN	
b	Name of plan sponsor	LK AUTO SALES INC DBA TOYOTA OF VINELAND	c EIN-PN 22-3083829-001
a	Plan name	ZAMORAS AUTO BODY INC 401K PS PLAN	
b	Name of plan sponsor	ZAMORAS AUTO BODY INC	c EIN-PN 52-1816215-001
a	Plan name	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	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	BRANDING INC 401K PLAN	
b	Name of plan sponsor	BRANDING INC	c EIN-PN 47-0791243-001
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	PHOENIX STAINLESS 401K PLAN	
b	Name of plan sponsor	PHOENIX STAINLESS LLC	c EIN-PN 82-3895308-001
a	Plan name	AMJ INSURANCE INC 401K PLAN	
b	Name of plan sponsor	AMJ INSURANCE INC	c EIN-PN 35-2066916-001
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	I & E SOLUTIONS 401K PLAN	
b	Name of plan sponsor	I & E SOLUTIONS LLC	c EIN-PN 80-0646172-001
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	XTREME SOLUTIONS INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	XTREME SOLUTIONS INC	c EIN-PN 80-0037246-002

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	AXIS 401K UNION RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-002
a	Plan name	SCI 401K PLAN	
b	Name of plan sponsor	SABLE CONSTRUCTION INC	c EIN-PN 74-2477572-001
a	Plan name	FULLBAY INC 401K PLAN	
b	Name of plan sponsor	FULLBAY INC	c EIN-PN 82-5370543-001
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	TELL STEEL INC 401K PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-002
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	NUFFER SMITH TUCKER INC 401K PLAN	
b	Name of plan sponsor	NUFFER SMITH TUCKER INC	c EIN-PN 95-3639651-001
a	Plan name	PHI 401K SAVINGS PLAN	
b	Name of plan sponsor	PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a	Plan name	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	SYCAMORE TOWNSHIP 457B PLAN	
b	Name of plan sponsor	SYCAMORE TOWNSHIP	c EIN-PN 31-6000606-001
a	Plan name	SERVICEONE 401K PLAN	
b	Name of plan sponsor	JC ACQUISITIONS INC&SUBSIDIARIES	c EIN-PN 22-3888799-001
a	Plan name	SOLIZE USA CORPORATION 401K PLAN	
b	Name of plan sponsor	SOLIZE USA CORPORATION	c EIN-PN 95-4880869-001

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	ERICKSON & SEDERSTROM PC 401K PS PLN & TRUST
b	Name of plan sponsor	ERICKSON & SEDERSTROM PC
c	EIN-PN	47-0574895-001
a	Plan name	INDUSTRIAL COATINGS GROUP 401K PLAN
b	Name of plan sponsor	INDUSTRIAL COATINGS GROUP INC
c	EIN-PN	27-3610603-001
a	Plan name	GREEN GLEN EQUINE HOSPITAL 401K PLAN
b	Name of plan sponsor	GREEN GLEN EQUINE HOSPITAL
c	EIN-PN	16-1621635-001
a	Plan name	LTM QUICK LUBE OF MI INC 401K PLAN
b	Name of plan sponsor	LTM QUICK LUBE OF MI INC
c	EIN-PN	38-3468964-001
a	Plan name	ITI SOLUTIONS INC 401K PLAN
b	Name of plan sponsor	ITI SOLUTIONS INC
c	EIN-PN	74-3013771-001
a	Plan name	MASPORT INC RETIREMENT PLAN
b	Name of plan sponsor	MASPORT INCORPORATED
c	EIN-PN	47-0596383-001
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	HAPPY TRAILER SALES 401K PLAN
b	Name of plan sponsor	HAPPY TRAILER SALES LLC
c	EIN-PN	32-0454017-001
a	Plan name	VAERUS AVIATION 401K PLAN
b	Name of plan sponsor	VAERUS AVIATION INC
c	EIN-PN	27-3587432-001
a	Plan name	MITEC SOLUTIONS INC 401K PLAN
b	Name of plan sponsor	MITEC SOLUTIONS INC
c	EIN-PN	26-0590889-001
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	O'BRIEN AND ASSOCIATES 401K PLAN
b	Name of plan sponsor	OBRIEN SERVICES INC
c	EIN-PN	39-1818583-001

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	PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP
b	Name of plan sponsor	PARTNERSHIP FINANCIAL CREDIT UNION
c	EIN-PN	36-6070077-001
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	WILLIAM GERARD GROUP PROFIT SHARING PLAN
b	Name of plan sponsor	WILLIAM GERARD GROUP LLC
c	EIN-PN	45-4349928-002
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	IDPC INDIVIDUAL 401K PLAN
b	Name of plan sponsor	INDIANA DIRECT PRIMARY CARE PC
c	EIN-PN	86-2292382-001
a	Plan name	HUSKER AG LLC 401K PLAN
b	Name of plan sponsor	HUSKER AG LLC
c	EIN-PN	47-0836953-001
a	Plan name	VISTA METALS CORP 401K & PS PLAN
b	Name of plan sponsor	VISTA METALS CORP
c	EIN-PN	95-2139701-001
a	Plan name	ROCKY VISTA UNIVERSITY LLC 401K RETIREMENT
b	Name of plan sponsor	ROCKY VISTA UNIVERSITY LLC
c	EIN-PN	20-4761077-001
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	UNICO BANK 401K PROFIT SHARING PLAN
b	Name of plan sponsor	UNICO BANK
c	EIN-PN	43-0338550-002
a	Plan name	TRI-REP SALES 401K PLAN
b	Name of plan sponsor	TRI-REP SALES INC
c	EIN-PN	20-0280914-001
a	Plan name	SANDHILLS RENEWABLE ENERGY LLC 401K PLAN
b	Name of plan sponsor	SANDHILLS RENEWABLE ENERGY LLC
c	EIN-PN	93-2382958-001

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	5D MINING 401K PLAN	
b	Name of plan sponsor	5D MINING & CONSTRUCTION INC	c EIN-PN 20-1211201-001
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	AMHEART SOLUTIONS 401K PLAN	
b	Name of plan sponsor	AMHEART SOLUTIONS	c EIN-PN 82-3383312-001
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	EDWARDS AUTO GROUP 401K PLAN	
b	Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	c EIN-PN 42-0646357-001
a	Plan name	CHATEAU DEVELOPMENT 401K PLAN	
b	Name of plan sponsor	CHATEAU DEVELOPMENT LLC	c EIN-PN 47-0797757-001
a	Plan name	WILDCAT FEEDS LLC 401K PLAN	
b	Name of plan sponsor	WILDCAT FEEDS LLC	c EIN-PN 48-1247947-001
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	TITAN MODULAR SPARTAN CARGO 401K PLAN	
b	Name of plan sponsor	TITAN MODULAR SYSTEMS INC	c EIN-PN 46-0843552-001
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	MIDWEST MECHANICAL INDUSTRIAL SERVICES 401K	
b	Name of plan sponsor	MIDWEST MECHANICAL INDUSTRIAL SERVICES LLC	c EIN-PN 26-4031281-001

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	FIREBIRD AST RETIREMENT TRUST	
b	Name of plan sponsor	FIREBIRD ANALYTICAL SOLUTIONS & TECHNOLOGIES	c EIN-PN 45-1475401-001
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	MAXWELL FINANCIAL MANAGEMENT LLC 401K PLAN	
b	Name of plan sponsor	MAXWELL FINANCIAL MANAGEMENT LLC	c EIN-PN 20-1963888-001
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	TENNESSEE EQUINE HOSPITAL 401K PLAN	
b	Name of plan sponsor	TENNESSEE EQUINE HOSPITAL	c EIN-PN 20-8123097-001
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	L2 CONSTRUCTION MANAGEMENT CORP 401K PLAN	
b	Name of plan sponsor	L2 CONSTRUCTION MANAGEMENT CORPORATION	c EIN-PN 47-4910431-001
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	SCRS - IL 401K PS PLAN	
b	Name of plan sponsor	SOUTHERN CALIFORNIA REHAB SERVICES INC	c EIN-PN 95-3411383-001
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
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	PRATTS PROFESSIONAL CHIMNEY SERVICE 401K PLAN	
b	Name of plan sponsor	PRATTS PROFESSIONAL CHIMNEY SERVICE	c EIN-PN 20-5258840-001

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	SCHEESER BUCKLEY MAYFIELD LLC 401K PSP	
b	Name of plan sponsor	SCHEESER BUCKLEY MAYFIELD LLC	c EIN-PN 59-3826993-001
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	WINDSOR INVESTMENTS 401K PS PLAN & TRUST	
b	Name of plan sponsor	WINDSOR INVESTMENTS LLC	c EIN-PN 56-2230286-001
a	Plan name	LICAP TECHNOLOGIES INC 401K PLAN	
b	Name of plan sponsor	LICAP TECHNOLOGIES INC	c EIN-PN 81-3947789-001
a	Plan name	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	MINSER CHIROPRACTIC CLINIC 401K PLAN	
b	Name of plan sponsor	MINSER CHIROPRACTIC CLINIC PA INC	c EIN-PN 41-1768916-001
a	Plan name	CREEK ENTERPRISE 401K PLAN	
b	Name of plan sponsor	CREEK ENTERPRISE INC	c EIN-PN 02-0685190-001
a	Plan name	ORIGIN ENGINEERING LLC 401K PLAN	
b	Name of plan sponsor	ORIGIN ENGINEERING LLC	c EIN-PN 82-2330299-001
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	ACEE GAMING INDIVIDUAL 401K PLAN	
b	Name of plan sponsor	ACEE GAMING LLC	c EIN-PN 46-4523888-001
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	VERSEIO 401K RETIREMENT PLAN	
b	Name of plan sponsor	VERSEIO	c EIN-PN 46-2220746-001

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	TEACHSTONE 401K PLAN	
b	Name of plan sponsor	TEACHSTONE TRAINING LLC	c EIN-PN 80-0560774-001
a	Plan name	DELRAY TIRE & RETREADING INC 401K PS PLAN	
b	Name of plan sponsor	DELRAY TIRE & RETREADING INC	c EIN-PN 77-0334475-001
a	Plan name	PRAIRIE LANDWORKS INC 401K PLAN	
b	Name of plan sponsor	PRAIRIE LANDWORKS INC	c EIN-PN 45-4357575-001
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	AXTELLA LLC 401K PLAN	
b	Name of plan sponsor	AXTELLA LLC	c EIN-PN 38-3627552-001
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	ANDERSON INDUST ENGINE CO 401K	
b	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO INC	c EIN-PN 47-0557609-001
a	Plan name	VIRDEN DENTAL CARE LTD 401K PLAN	
b	Name of plan sponsor	VIRDEN DENTAL CARE LTD	c EIN-PN 46-1576791-005
a	Plan name	FOREFRONT TECHNOLOGY'S 401K PS PLAN	
b	Name of plan sponsor	FOREFRONT TECHNOLOGY SOLUTIONS CORP	c EIN-PN 27-1814097-001
a	Plan name	MECA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	METROPOLITAN ENTERTAINMENT & CONVENTION	c EIN-PN 91-1846837-001
a	Plan name	JB STEEL 401K PLAN	
b	Name of plan sponsor	JB STEEL LLC	c EIN-PN 93-0581861-006
a	Plan name	SAF-T-CAB INC 401K PLAN	
b	Name of plan sponsor	SAF-T-CAB INC	c EIN-PN 94-1666151-002

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	HERITAGE CHURCH 401K PLAN	
b	Name of plan sponsor	HERITAGE CHURCH OF MACOMB	c EIN-PN 38-3509400-001
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	TOTAL SECURITY SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	TOTAL SECURITY SOLUTIONS INC	c EIN-PN 20-1159014-001
a	Plan name	SARA A HAMAN CPA LLC IK PLAN	
b	Name of plan sponsor	SARA A HAMAN CPA LLC IK PLAN	c EIN-PN 47-2878198-001
a	Plan name	ACCESSDX 401K PLAN	
b	Name of plan sponsor	ARANSCIA LLC	c EIN-PN 84-2725709-001
a	Plan name	LAKOTA CORP 401K PLAN	
b	Name of plan sponsor	LAKOTA CORP	c EIN-PN 20-2970922-001
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	MORRISSEY ENGINEERING INC 401K RETIREMENT	
b	Name of plan sponsor	MORRISSEY ENGINEERING INC	c EIN-PN 47-0818042-001
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	DIRECT MARKETING LLC 401K PLAN	
b	Name of plan sponsor	DIRECT MARKETING LLC	c EIN-PN 46-3883896-001
a	Plan name	TELL STEEL PROFIT SHARING PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-005
a	Plan name	TROTTER INC 401K PLAN	
b	Name of plan sponsor	TROTTER INC	c EIN-PN 47-0580954-001

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 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 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 STEELBRIDGE VENTURES CONSULTING 401K P/S PLAN	
b	Name of plan sponsor STEELBRIDGE VENTURES CONSULTING LLC	c EIN-PN 45-4125594-001
a	Plan name SOUTHWEST STRATEGIES LLC 401K PS PLAN	
b	Name of plan sponsor SOUTHWEST STRATEGIES LLC	c EIN-PN 33-0900047-003
a	Plan name AOI CORPORATION 401K PLAN	
b	Name of plan sponsor AOI CORPORATION	c EIN-PN 47-0687965-001
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 VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VALLEY CORPORATION	c EIN-PN 47-0543890-001
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 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 REGINA-ANDREW DESIGN 401K PLAN	
b	Name of plan sponsor REGINA-ANDREW DESIGN INC	c EIN-PN 20-0740554-001
a	Plan name SPRINGFIELD TOWNSHIP 457B PLAN	
b	Name of plan sponsor SPRINGFIELD TOWNSHIP	c EIN-PN 31-6000601-001
a	Plan name MAXUS PROPERTIES LLC 401K RETIREMENT SAVING	
b	Name of plan sponsor MAXUS PROPERTIES LLC	c EIN-PN 43-1638032-001

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	WHITE'S ENERGY SERVICES LLC 401K PLAN	
b	Name of plan sponsor	WHITES ENERGY SERVICES LLC	c EIN-PN 47-2326344-001
a	Plan name	THE HONEST KITCHEN 401K PLAN	
b	Name of plan sponsor	THE HONEST KITCHENINC	c EIN-PN 68-0513034-001
a	Plan name	CII & GPAL RETIREMENT PLAN	
b	Name of plan sponsor	CEREAL INGREDIENTS INC	c EIN-PN 43-1527502-001
a	Plan name	ISTHMUS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ISTHMUS ENGINEERING INC	c EIN-PN 76-0717206-001
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	FUTURE FOAM INC 401K PS RETIREMENT PLAN	
b	Name of plan sponsor	FUTURE FOAM INC	c EIN-PN 42-0836191-001
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	ALDRIDGE INSURANCE 401K PLAN	
b	Name of plan sponsor	ALDRIDGE INSURANCE INC	c EIN-PN 35-1937710-001
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	WOODHOUSE AUTO FAMILY 401K PLAN	
b	Name of plan sponsor	WOODHOUSE FORD INC	c EIN-PN 47-0565206-001
a	Plan name	UNITED OF OMAHA FOR VARIOUS RET PLANS	
b	Name of plan sponsor	UNITED OF OMAHA	c EIN-PN 43-1795138-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <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 2060	B Three-digit plan number (PN) ▶ 237
C Plan sponsor's name as shown on line 2a of Form 5500 HAND BENEFITS & TRUST COMPANY	D Employer Identification Number (EIN) 74-2008758

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

	(a) Beginning of Year	(b) End of Year
Assets		
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	10507 37923
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1140830 763650
(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)	31367490 34369930
(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	32518827	35171503
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	22199	104580
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	22199	104580
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	32496628	35066923

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)	35278	
(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)		35278
(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)	5757937	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	4570162	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1187775
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	3314908	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3314908

		(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		4537961

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)	22897	
(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)		22897
j Total expenses. Add all expense amounts in column (b) and enter total	2j		22897

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4515064
l Transfers of assets:			
(1) To this plan	2l(1)		13429832
(2) From this plan	2l(2)		15374601

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 _____.