

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan STATE STREET RETIREMENT RIGHT IN 2065
1b Three-digit plan number (PN) 238
1c Effective date of plan 02/01/2022
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) HAND BENEFITS & TRUST COMPANY
820 GESSNER ROAD SUITE 1250 HOUSTON, TX 77024
2b Employer Identification Number (EIN) 74-2008758
2c Plan Sponsor's telephone number 713-460-1000
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

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

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

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

A Name of plan <u>STATE STREET RETIREMENT RIGHT IN 2065</u>	B Three-digit plan number (PN) ▶	<u>238</u>
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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>
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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)
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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)
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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)
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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)
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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)
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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)
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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)
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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	COMMERCIAL CONTRACTING 401K RETIREMENT PLAN	
b	Name of plan sponsor	COMMERICAL CONTRACTING	c EIN-PN 80-0007597-001
a	Plan name	MECCON INDUSTRIES 401K PLAN	
b	Name of plan sponsor	MECCON INDUSTRIES INC	c EIN-PN 36-3008454-002
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	DALMOLIN EXCAVATING INC 401K PLAN	
b	Name of plan sponsor	DALMOLIN EXCAVATING INC	c EIN-PN 86-0782533-001
a	Plan name	AB HATCHERY 401K PLAN	
b	Name of plan sponsor	AB HATCHERY INC	c EIN-PN 82-4413069-001
a	Plan name	AXIS 401K UNION RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-002
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	NOCO ROOFING LLC 401K PLAN	
b	Name of plan sponsor	NOCO ROOFING LLC	c EIN-PN 82-1547727-001
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	SHIRO TECHNOLOGIES 401K PLAN	
b	Name of plan sponsor	SHIRO TECHNOLOGIES LLC	c EIN-PN 13-4207846-001
a	Plan name	ISW CUSTOM BUILDERS 401K PLAN	
b	Name of plan sponsor	THE POD GROUP LLC	c EIN-PN 85-0996453-001
a	Plan name	ALPERT & ALPERT IRON & METAL LB UNION 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-006

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<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	CHEMICAL SYSTEMS OF ORLANDO 401K PS PL & TR	
b	Name of plan sponsor	CHEMICAL SYSTEMS OF ORLANDO	c EIN-PN 59-3532805-001
a	Plan name	PEDIATRIC PROFESSIONALS PC RETIREMENT PLAN	
b	Name of plan sponsor	PEDIATRIC PROFESSIONALS PC	c EIN-PN 36-4501581-001
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	LARSON MOTORS INC 401K PLAN	
b	Name of plan sponsor	LARSON MOTORS INC	c EIN-PN 47-0690377-001
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	ROBERTSON'S GMC TRUCKINC 401K PLAN	
b	Name of plan sponsor	ROBERTSONS GMC TRUCK INC	c EIN-PN 04-2871748-001
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	TARZAN HOLDINGS 401K PLAN	
b	Name of plan sponsor	TARZAN HOLDINGS LLC	c EIN-PN 44-5114439-001
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	NTT ASSOCIATES 401K PLAN	
b	Name of plan sponsor	NTT ASSOCIATES INC	c EIN-PN 52-1111045-001
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	WISE & HEALTHY AGING 401K PLAN	
b	Name of plan sponsor	WISE & HEALTHY AGING	c EIN-PN 95-2788014-002

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	GAM LAW 401K PLAN	
b Name of plan sponsor	MAG LAW OFFICES PC	c EIN-PN 13-4306677-001
a Plan name	DPA 401K PLAN	
b Name of plan sponsor	DEL PETERSON AND ASSOCIATES	c EIN-PN 47-0558743-001
a Plan name	SHED 401K PLAN	
b Name of plan sponsor	SAFE HOUSING AND ECONOMIC DEVELOPMENT INC	c EIN-PN 81-0583436-002
a Plan name	LAKEVIEW FAMILY DENTISTRY 401K P/S PLAN	
b Name of plan sponsor	LAKEVIEW FAMILY DENTISTRY	c EIN-PN 59-3685450-001
a Plan name	WM SHIRLEY 401K PLAN	
b Name of plan sponsor	KAINON CONSULTING INC	c EIN-PN 76-0564806-001
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	DELTA MANUFACTURING 401K PLAN	
b Name of plan sponsor	DELTA MANUFACTURING INC	c EIN-PN 71-0446656-001
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	CRANBERRY GROWERS SERVICE INC	
b Name of plan sponsor	CRANBERRY GROWERS SERVICE INC	c EIN-PN 04-2473423-001
a Plan name	THERMO KING CHRISTENSEN 401K RETIREMENT	
b Name of plan sponsor	THERMO KING CHRISTENSEN INC	c EIN-PN 47-0411741-001
a Plan name	STINGRAY BRANDING LLC 401K PLAN	
b Name of plan sponsor	STINGRAY BRANDING LLC	c EIN-PN 27-4590321-001
a Plan name	RAPPORT INC 401K PLAN & TRUST	
b Name of plan sponsor	RAPPORT INC	c EIN-PN 84-1262279-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name R & S HOSPITALITY LLC 401K PLAN	
b	Name of plan sponsor R & S HOSPITALITY LLC	c EIN-PN 46-4519737-001
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 EW KITCHENS INC EMPLOYEES' 401K PLAN	
b	Name of plan sponsor EW KITCHENS INC	c EIN-PN 38-1626582-001
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 EYES OF EAST SACRAMENTO 401K PLAN	
b	Name of plan sponsor BELMONTE & ESPIRITUPROFESSIONAL OPTOMETRIC	c EIN-PN 47-1547560-001
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 SAFE 401K PLAN	
b	Name of plan sponsor STOP ABUSIVE FAMILY ENVIRONMENTS INC	c EIN-PN 55-0647494-002
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 CROW RIVER DENTAL 401K & PROFIT SHARING PLAN	
b	Name of plan sponsor CROW RIVER DENTAL	c EIN-PN 45-3019657-001
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 SCREED TECH 401K PLAN	
b	Name of plan sponsor SCREED TECH LLC	c EIN-PN 30-0386454-001
a	Plan name CANDEO 401K PLAN	
b	Name of plan sponsor CREATIVE COMMUNITY OPTIONS INC DBA CANDEO	c EIN-PN 42-1388521-004

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	SOCAL PHYSICAL THERAPY INC 401K PLAN	
b	Name of plan sponsor	SOCAL PHYSICAL THERAPY INC	c EIN-PN 20-2812783-001
a	Plan name	D'ANDREA & ASSOCIATES LTD 401K PLAN	
b	Name of plan sponsor	D'ANDREA & ASSOCIATES LTD	c EIN-PN 36-4028688-001
a	Plan name	RAFALY ELECTRIC 401K SAVINGS PLAN	
b	Name of plan sponsor	RAFALY ELECTRICAL CONTRACTORS INC	c EIN-PN 54-1527095-001
a	Plan name	CARICH ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	CARICH ENTERPRISES INC	c EIN-PN 33-0806817-001
a	Plan name	WEST OLYMPIA VETERINARY HOSPIT 401K PLAN	
b	Name of plan sponsor	WEST OLYMPIA VETERINARY HOSPIT	c EIN-PN 47-1544884-001
a	Plan name	ANDERSON INDUST ENGINE CO 401K	
b	Name of plan sponsor	ANDERSON INDUSTRIAL ENGINES CO INC	c EIN-PN 47-0557609-001
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	CITY OF FAIRLAWN DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	CITY OF FAIRLAWN	c EIN-PN 34-0899583-001
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	GRIFFITTS CONSTRUCTION 401K	
b	Name of plan sponsor	GRIFFITTS CONSTRUCTION INC	c EIN-PN 37-0863472-001
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	ALPERT & ALPERT IRON & METAL PROD 401K	
b	Name of plan sponsor	ALPERT & ALPERT IRON & METAL INC	c EIN-PN 95-1860560-007

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 RETIREMENT PREPARATION 401K PLAN	
b	Name of plan sponsor VILLA DEL SOL APARTMENTS LLC	c EIN-PN 80-0771037-001
a	Plan name PARTNERSHIP FINANCIAL CREDIT UNION 401K PSP	
b	Name of plan sponsor PARTNERSHIP FINANCIAL CREDIT UNION	c EIN-PN 36-6070077-001
a	Plan name 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 GARY'S FOODS 401K PLAN	
b	Name of plan sponsor D & G INC	c EIN-PN 42-6167526-001
a	Plan name L2 CONSTRUCTION MANAGEMENT CORP 401K PLAN	
b	Name of plan sponsor L2 CONSTRUCTION MANAGEMENT CORPORATION	c EIN-PN 47-4910431-001
a	Plan name FAIRMOUNT FAMILY DENTIST LLC 401K PLAN	
b	Name of plan sponsor FAIRMOUNT FAMILY DENTIST LLC	c EIN-PN 47-3724838-001
a	Plan name FLATWATER BANK 401K RETIREMENT PLAN	
b	Name of plan sponsor FLATWATER BANK	c EIN-PN 47-0175510-001
a	Plan name TOUKAN & COMPANY 401K PLAN	
b	Name of plan sponsor TOUKAN & COMPANY	c EIN-PN 31-1081751-001
a	Plan name INNOVATIVE TOOLING SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor INNOVATIVE TOOLING SOLUTIONS INC	c EIN-PN 48-1265558-001
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 ADE INC RETIREMENT PLAN	
b	Name of plan sponsor ASSOCIATED DESIGN & ENGINEERING INC	c EIN-PN 77-0051451-001
a	Plan name GREG KRENEK MD PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GREG KRENEK MD PA	c EIN-PN 20-1646894-001

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	UAI 401K PLAN
b	Name of plan sponsor	UNITED APPAREL INDUSTRIES
c	EIN-PN	85-3926972-001
a	Plan name	TAYLOR DAVIS LANDSCAPE COMPANY 401K PLAN
b	Name of plan sponsor	TAYLOR DAVIS LANDSCAPE COMPANY INC
c	EIN-PN	04-3549575-001
a	Plan name	GOLD LAW PA RETIREMENT PLAN
b	Name of plan sponsor	GOLD LAW PA
c	EIN-PN	20-8280309-001
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	CSSC INC 401K PLAN
b	Name of plan sponsor	CSSC INC
c	EIN-PN	37-1919117-001
a	Plan name	THOMAS REAL ESTATE INC 401K RETIREMENT
b	Name of plan sponsor	THOMAS REAL ESTATE INC
c	EIN-PN	57-0709940-001
a	Plan name	LOW MOUNTAIN CONSTRUCTION 401K PLAN
b	Name of plan sponsor	LOW MOUNTAIN CONSTRUCTION INC
c	EIN-PN	86-0705725-001
a	Plan name	RESONANCE INC 401K PLAN
b	Name of plan sponsor	RESONANCE INC
c	EIN-PN	73-1396354-001
a	Plan name	SCHWING ELECTRICAL SUPPLY CORP PSP & TRUST
b	Name of plan sponsor	SCHWING ELECTRICAL SUPPLY CORP
c	EIN-PN	11-1948173-002
a	Plan name	BAKERS CANDIES 401K PLAN
b	Name of plan sponsor	BAKERS CANDIES INC
c	EIN-PN	47-0711638-001
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	RETAIL SHIPPING PARTNERS 401K PLAN
b	Name of plan sponsor	RETAIL SHIPPING PARTNERS INC
c	EIN-PN	20-8451041-001

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	DT SUPPLIES INC 401K PLAN	
b Name of plan sponsor	DT SUPPLIES INC	c EIN-PN 83-1035249-001
a Plan name	A&M PREP SERVICES 401K PLAN	
b Name of plan sponsor	A&M PREP SERVICES	c EIN-PN 85-4145396-001
a Plan name	WALKER PLUMBING SERVICES 401K PLAN	
b Name of plan sponsor	WALKER PLUMBING SERVICES INC	c EIN-PN 90-0041887-001
a Plan name	UNITED DIESEL SERVICE INC 401K PLAN	
b Name of plan sponsor	UNITED DIESEL SERVICE INC	c EIN-PN 95-2668961-001
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	VOGUE NAIL SPA INC 401K PLAN	
b Name of plan sponsor	VOGUE NAIL SPA INC	c EIN-PN 88-3569381-001
a Plan name	RIVERSIDE COOLING LLC 401K PLAN	
b Name of plan sponsor	RIVERSIDE COOLING LLC	c EIN-PN 86-3986986-001
a Plan name	LARRY'S ENGINE & MARINE INC 401K PLAN	
b Name of plan sponsor	LARRYS ENGINE & MARINE INC	c EIN-PN 86-0984592-001
a Plan name	EAGLE ENVIRONMENTAL CONSULTANTS 401K PLAN	
b Name of plan sponsor	EAGLE ENVIRONMENTAL CONSULTANTS LLC	c EIN-PN 81-1814611-001
a Plan name	MICHAEL J VILAG DDS PC 401K PLAN	
b Name of plan sponsor	MICHAEL J VILAG DDS PC	c EIN-PN 84-3500534-001
a Plan name	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	BAILEY'S MEDICAL EQUIPMENT & SUPPLIES 401K	
b Name of plan sponsor	MEDICAL HOTSPOTS INC CORP	c EIN-PN 45-1810240-001

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	TMM FAMILY SERVICES INC 401K PLAN	
b	Name of plan sponsor	TMM FAMILY SERVICES INC	c EIN-PN 86-0379677-001
a	Plan name	B&D AUTO PARTS INC 401K PLAN	
b	Name of plan sponsor	B&D AUTO PARTS INC	c EIN-PN 52-2124827-001
a	Plan name	TMD 401K PLAN	
b	Name of plan sponsor	TAYLOR MADE DESIGN INC	c EIN-PN 26-0098331-001
a	Plan name	COGEN CORPORATION 401K PLAN	
b	Name of plan sponsor	COGEN CORPORATION	c EIN-PN 11-3328826-001
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	HERITAGE CHURCH 401K PLAN	
b	Name of plan sponsor	HERITAGE CHURCH OF MACOMB	c EIN-PN 38-3509400-001
a	Plan name	ALLIED RETAIL CONCEPTS LLC 401K PS PLAN	
b	Name of plan sponsor	ALLIED RETAIL CONCEPTS LLC	c EIN-PN 43-1878517-001
a	Plan name	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	DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP 401K	
b	Name of plan sponsor	DEL NORTE NEIGHBORHOOD DEVELOPMENT CORP	c EIN-PN 84-0783694-001
a	Plan name	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	ENVIRONMENTAL SPRAY SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	ENVIRONMENTAL SPRAY SYSTEMS INC	c EIN-PN 33-0340030-001
a	Plan name	SPIRIT AND SONS 401K PLAN	
b	Name of plan sponsor	SPIRIT AND SONS INC	c EIN-PN 45-1485937-001

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	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	MASPORT INC RETIREMENT PLAN	
b	Name of plan sponsor	MASPORT INCORPORATED	c EIN-PN 47-0596383-001
a	Plan name	AMERICAN MOVERS 401K PLAN	
b	Name of plan sponsor	AMERICAN MOVERS	c EIN-PN 47-2688546-001
a	Plan name	MOHLER DESIGN 401K PLAN	
b	Name of plan sponsor	MOHLER DESIGN LLC	c EIN-PN 26-0498953-001
a	Plan name	VISITING ANGELS 401K PLAN	
b	Name of plan sponsor	ST JULES LLC	c EIN-PN 82-1019530-001
a	Plan name	STUDEBAKER SUBMETERING INC 401K PLAN	
b	Name of plan sponsor	STUDEBAKER SUBMETERING INC	c EIN-PN 54-1963792-001
a	Plan name	JOHNSON HARDWARE COMPANY LLC PS PLAN	
b	Name of plan sponsor	JOHNSON HARDWARE COMPANY LLC	c EIN-PN 47-0845233-001
a	Plan name	LANDSCAPE GAL 401K PLAN	
b	Name of plan sponsor	LANDSCAPE GAL LLC	c EIN-PN 45-5124235-001
a	Plan name	S & S MASONRY INC 401K PLAN	
b	Name of plan sponsor	S & S MASONRY INC	c EIN-PN 91-1747784-001
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	NIECE EQUIPMENT LP 401K PS PLAN & TRUST	
b	Name of plan sponsor	NIECE EQUIPMENT LP	c EIN-PN 02-0613117-001
a	Plan name	SYNECT LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	SYNECT LLC	c EIN-PN 45-2518367-001

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	RAY PRICE MOTORS 401K PLAN	
b	Name of plan sponsor	RAY PRICE MOTORS	c EIN-PN 23-2635237-001
a	Plan name	TOKUYAMA AND HANSEN 401K PLAN	
b	Name of plan sponsor	JY TOKUYAMA DDS AND LE HANSEN DDS	c EIN-PN 95-2787703-001
a	Plan name	E-Z KITCHENS 401K PLAN	
b	Name of plan sponsor	E-Z KITCHENS INC	c EIN-PN 47-0677911-001
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	DUSSIAS WITTENBERG KOENIGSBERGER 401K PLAN	
b	Name of plan sponsor	DUSSIAS WITTENBERG KOENIGSBERGER LLP	c EIN-PN 47-2346637-001
a	Plan name	TEACHSTONE 401K PLAN	
b	Name of plan sponsor	TEACHSTONE TRAINING LLC	c EIN-PN 80-0560774-001
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	ALPHA HOUSE INC 401K PLAN	
b	Name of plan sponsor	ALPHA HOUSE INC	c EIN-PN 25-1231807-001
a	Plan name	CORRECTIVESOLUTIONS 401K PLAN	
b	Name of plan sponsor	AMERICAN JUSTICE SOLUTIONS INC	c EIN-PN 46-5647159-001
a	Plan name	FISHER INSURANCE GROUP LLC 401K PLAN	
b	Name of plan sponsor	FISHER INSURANCE GROUP LLC	c EIN-PN 85-3619481-001
a	Plan name	LOVE BEETS USA 401K PLAN	
b	Name of plan sponsor	LOVE BEETS USA LLC	c EIN-PN 47-4606509-001
a	Plan name	LEACH CAMPER SALES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEACH CAMPER SALES INC	c EIN-PN 42-0926894-001

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	ISIS COMMERCIAL INTERIORS INC RETIREMENT PLAN	
b	Name of plan sponsor	ISIS COMMERCIAL INTERIORS INC	c EIN-PN 46-4621261-001
a	Plan name	MCCABE ORTHODONTICS PC 401K SAFE HARBOR	
b	Name of plan sponsor	MCCABE ORTHODONTICS PC	c EIN-PN 20-2727851-001
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	SCOTT'S ELECTRIC INC 401K PLAN	
b	Name of plan sponsor	SCOTTS ELECTRIC INC	c EIN-PN 45-0405047-001
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	THE FIRST BANK OF THOMAS 401K PLAN	
b	Name of plan sponsor	THE FIRST BANK OF THOMAS	c EIN-PN 73-0479743-001
a	Plan name	VIEIRA & DIGIANFILIPPO LTD RETIREMENT PLAN	
b	Name of plan sponsor	VIEIRA & DIGIANFILIPPO LTD	c EIN-PN 05-0485583-001
a	Plan name	NORTH COAST HOME CARE RETIREMENT PLAN	
b	Name of plan sponsor	NORTH COAST HOME CARE INC	c EIN-PN 45-1831258-001
a	Plan name	CARHART LUMBER COMPANY 401K PLAN AND TRUST	
b	Name of plan sponsor	CARHART LUMBER COMPANY	c EIN-PN 47-0119720-001
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	JB & BB INC RETIREMENT PLAN	
b	Name of plan sponsor	JB & BB INC	c EIN-PN 33-0958289-001
a	Plan name	ARASH KIARASH MD PC 401K PLAN	
b	Name of plan sponsor	ARASH KIARASH MD PC	c EIN-PN 68-0655441-001

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 SASE 401K PLAN	
b	Name of plan sponsor SETTJE AGRI-SERVICES & ENGINEERING INC	c EIN-PN 47-0846158-001
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 SPROUT CREATIVE 401K PLAN	
b	Name of plan sponsor SPROUT CREATIVE	c EIN-PN 46-3063818-001
a	Plan name TREATMENT CENTER 401K PLAN	
b	Name of plan sponsor SOUTHERN PLAINS TREATMENT SERVICES	c EIN-PN 26-1219848-001
a	Plan name AC & RI AFFILIATED COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor AC & RI INC	c EIN-PN 85-2972965-001
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 PALM DESERT RESORTER ASSOCIATION 401K PLAN	
b	Name of plan sponsor PALM DESERT RESORTER ASSOCIATION	c EIN-PN 95-3531263-001
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 LUEBBERING INSURANCE AGENCY 401K PLAN	
b	Name of plan sponsor LUEBBERING INSURANCE AGENCY LLC	c EIN-PN 43-1849676-001
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 PARKERS 401K PLAN	
b	Name of plan sponsor BALLARD BUILDING RESTAURANT CO	c EIN-PN 27-0265416-001
a	Plan name REPUBLIC FENCE 401K PLAN	
b	Name of plan sponsor REPUBLIC FENCE CO INC	c EIN-PN 95-3300909-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<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	VIP SEAFOOD RESTAURANT INC 401K PLAN	
b	Name of plan sponsor	VIP SEAFOOD RESTAURANT INC 4	c EIN-PN 26-3924932-001
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	MCCULLERS SPORTS GROUP 401K PS PLAN	
b	Name of plan sponsor	MCCULLERS SPORTS GROUP LLC	c EIN-PN 47-2358691-001
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	ROYAL STONE SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	ROYAL STONE LLC	c EIN-PN 38-3528028-001
a	Plan name	MINSTER CHIROPRACTIC CENTER 401K PLAN	
b	Name of plan sponsor	MINSTER CHIROPRACTIC CENTER LLC	c EIN-PN 47-5132405-001
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	DIEB ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	DIEB ENTERPRISES INC	c EIN-PN 43-1851281-001
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	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	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	COMPLETE FENCE 401K PLAN	
b	Name of plan sponsor	COMPLETE FENCE LLC	c EIN-PN 81-1250258-001

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	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	REAL INVEST INC 401K PLAN	
b Name of plan sponsor	REAL INVEST INC	c EIN-PN 46-3201756-001
a Plan name	PEARLWIND 401K PLAN	
b Name of plan sponsor	PEARLWIND LLC	c EIN-PN 27-0627611-001
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	ANIMAL HOSPITAL OF PATASKALA LLC 401K PLAN	
b Name of plan sponsor	ANIMAL HOSPITAL OF PATASKALA LLC	c EIN-PN 85-2741145-001
a Plan name	FOXBORO ORTHODONTICS 401K PLAN	
b Name of plan sponsor	ANITA S KARASKO DMD PC	c EIN-PN 06-1750645-001
a Plan name	TEXAS TITLE COMPANY 401K PLAN	
b Name of plan sponsor	TEXAS TITLE COMPANY	c EIN-PN 26-2717873-001
a Plan name	BYRUM COMPANIES 401K PLAN	
b Name of plan sponsor	BYRUM BUILDERS	c EIN-PN 27-0508150-001
a Plan name	WHITELEATHER GRAIN LLC 401K PLAN	
b Name of plan sponsor	WHITELEATHER GRAIN LLC	c EIN-PN 27-1176976-001
a Plan name	PHOENIX STAINLESS 401K PLAN	
b Name of plan sponsor	PHOENIX STAINLESS LLC	c EIN-PN 82-3895308-001
a Plan name	GROUT ELECTRIC 401K PLAN	
b Name of plan sponsor	GROUT ELECTRIC LLC	c EIN-PN 27-2980628-001
a Plan name	HAMILTON EQUIPMENT 401K PLAN	
b Name of plan sponsor	HAMILTON EQUIPMENT COMPANY	c EIN-PN 47-0618159-001

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	RK CHEVROLET INC 401K PLAN	
b	Name of plan sponsor	RK CHEVROLET INC	c EIN-PN 22-2398337-001
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	CARLOS URIBE DDS PLLC 401K PLAN	
b	Name of plan sponsor	CARLOS URIBE DDS PLLC	c EIN-PN 20-4685567-001
a	Plan name	EL AGUILA INC 401K PLAN	
b	Name of plan sponsor	EL AGUILA INC	c EIN-PN 20-0354181-001
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	AHERN AGRIBUSINESS INC 401K PS PLAN	
b	Name of plan sponsor	AHERN AGRIBUSINESS INC	c EIN-PN 33-0145028-001
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	BARRETT CARTAGE SYSTEMS 401K PLAN	
b	Name of plan sponsor	BARRETT CARTAGE SYSTEMS INC	c EIN-PN 76-0345673-001
a	Plan name	KRUEGER JUELICH & SCHMISEK PLLC 401K PLAN	
b	Name of plan sponsor	KRUEGER JUELICH & SCHMISEK PLLC	c EIN-PN 46-4548210-001
a	Plan name	INTEGRITY ALLIANCE LLC 401K PLAN	
b	Name of plan sponsor	INTEGRITY ALLIANCE LLC	c EIN-PN 85-1672493-001
a	Plan name	BRIAN CARR & ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor	BRIAN CARR & ASSOCIATES INC	c EIN-PN 87-1697566-001
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

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 CHRIS'S CUSTOM CABINETS INC 401K PLAN	
b	Name of plan sponsor CHRISS CUSTOM CABINETS INC	c EIN-PN 86-0394651-001
a	Plan name ANTOINE WAKIM DDS PA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor ANTOINE WAKIM DDS PA	c EIN-PN 48-1042189-001
a	Plan name BLUEROCK BUILDERS 401K PLAN	
b	Name of plan sponsor BLUEROCK BUILDERS LLC	c EIN-PN 27-3960833-001
a	Plan name KILLIAN AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor KILLIAN AUTOMOTIVE	c EIN-PN 20-5227343-001
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 JOHNSTON EYE ASSOCIATES 401K PLAN	
b	Name of plan sponsor JAY C JOHNSTON MD PC	c EIN-PN 73-0800796-001
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 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 DUFFY BROTHERS CONSTRUCTION 401K PLAN	
b	Name of plan sponsor DUFFY BROTHERS CONSTRUCTION INC	c EIN-PN 47-0469948-002
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 CROFT 401K PLAN	
b	Name of plan sponsor CROFT PRODUCTION SYSTEMS INC	c EIN-PN 20-5650231-001
a	Plan name SOUTH CENTRAL SEALING LLC 401K PLAN	
b	Name of plan sponsor SOUTH CENTRAL SEALING LLC	c EIN-PN 20-3982191-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TK DESIGN & ASSOCIATES INC 401K PSP AND TRUST	
b	Name of plan sponsor	TK DESIGN & ASSOCIATES INC	c EIN-PN 30-0334148-001
a	Plan name	LARIA CHEVROLET-BUICK 401K PS PLAN	
b	Name of plan sponsor	LARIA CHEVROLET-BUICK INC	c EIN-PN 34-1346123-002
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	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	GUTSHALL & KOHLE EYECARE LLC 401K PLAN	
b	Name of plan sponsor	GUTSHALL & KOHLE EYECARE LLC	c EIN-PN 46-0516831-001
a	Plan name	BEAUTI PROS 401K PLAN	
b	Name of plan sponsor	BEAUTI PROS	c EIN-PN 85-3270701-001
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	WHITEHOUSE FAMILY DENTAL 401K PLAN	
b	Name of plan sponsor	SHUMATE DENTAL GROUP	c EIN-PN 47-2154086-001
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	WINJET AUTOMOTIVE INC 401K PLAN	
b	Name of plan sponsor	WINJET AUTOMOTIVE INC	c EIN-PN 27-0437448-001
a	Plan name	CAMPBELL PROPERTIES 401K PLAN	
b	Name of plan sponsor	CAMPBELL PROPERTIES PAYROLL LLC	c EIN-PN 46-4677430-001
a	Plan name	BHB ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	BHB ENTERPRISES INC	c EIN-PN 20-2058922-001

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	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	CUSTOM CONVEYOR 401K PLAN	
b	Name of plan sponsor	CUSTOM CONVEYOR & EQUIPMENT CORPORATION	c EIN-PN 42-1235841-001
a	Plan name	ELLIOT CONSTRUCTION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ELLIOT CONSTRUCTION INC	c EIN-PN 47-0661421-001
a	Plan name	TOPEKA COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	TOPEKA COUNTRY CLUB	c EIN-PN 48-0451300-002
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	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	MCELHINNY INSURANCE LLC 401K PLAN	
b	Name of plan sponsor	MCELHINNY INSURANCE LLC	c EIN-PN 38-3667025-001
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	WILDCAT FEEDS LLC 401K PLAN	
b	Name of plan sponsor	WILDCAT FEEDS LLC	c EIN-PN 48-1247947-001
a	Plan name	KLEIN FAMILY TRUCKING 401K PLAN	
b	Name of plan sponsor	KLEIN FAMILY TRUCKING INC	c EIN-PN 47-0764701-001
a	Plan name	WRIGHTWOOD PRECISION PRODUCTS CO 401K PLAN	
b	Name of plan sponsor	WRIGHTWOOD PRECISION PRODUCTS COMPANY	c EIN-PN 36-2597002-003
a	Plan name	NUFFER SMITH TUCKER INC 401K PLAN	
b	Name of plan sponsor	NUFFER SMITH TUCKER INC	c EIN-PN 95-3639651-001

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 SOUTHERN OHIO EYE ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor SOUTHERN OHIO EYE ASSOCIATES LLC	c EIN-PN 31-1744464-001
a	Plan name J THEISEN INC 401K PLAN	
b	Name of plan sponsor J THEISEN INC	c EIN-PN 38-2607616-001
a	Plan name OVAAA & AFFILIATED COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor OVAAA INC	c EIN-PN 03-0374222-001
a	Plan name HARRY HAYES PLUMBING 401K PLAN	
b	Name of plan sponsor HARRY HAYES PLUMBING	c EIN-PN 20-3035479-001
a	Plan name SEMINGSON ARCHITECTS INC 401K PLAN	
b	Name of plan sponsor SEMINGSTON ARCHITECTS INC	c EIN-PN 20-5981770-001
a	Plan name TRI-REP SALES 401K PLAN	
b	Name of plan sponsor TRI-REP SALES INC	c EIN-PN 20-0280914-001
a	Plan name CAMP-A-WAY 401K PLAN	
b	Name of plan sponsor QUEENLAND INC	c EIN-PN 47-0789616-001
a	Plan name JW LOGISTICS LLC 401K PLAN	
b	Name of plan sponsor JW LOGISTICS LLC	c EIN-PN 45-2214807-001
a	Plan name V&S TRUCKING 401K PLAN	
b	Name of plan sponsor V & S TRUCKING LLC	c EIN-PN 36-4200799-001
a	Plan name THE ELECTRIC COMPANY INC 401K PLAN	
b	Name of plan sponsor THE ELECTRIC COMPANY INC	c EIN-PN 25-1714107-001
a	Plan name FULLBAY INC 401K PLAN	
b	Name of plan sponsor FULLBAY INC	c EIN-PN 82-5370543-001
a	Plan name KIBBECHEM INC 401K AND PS PLAN	
b	Name of plan sponsor KIBBECHEM INC	c EIN-PN 35-2132621-001

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 PORTER ROOFING CONTRACTORS INC 401K PLAN	
b	Name of plan sponsor PORTER ROOFING CONTRACTORS INC	c EIN-PN 62-1037198-001
a	Plan name MAUI POOLS 401K	
b	Name of plan sponsor MAUI POOLS SERVICE LLC	c EIN-PN 82-1592442-001
a	Plan name PHI 401K SAVINGS PLAN	
b	Name of plan sponsor PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a	Plan name JDH 401K PLAN	
b	Name of plan sponsor JDH INC	c EIN-PN 46-4619170-001
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 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 SCRS - IL 401K PS PLAN	
b	Name of plan sponsor SOUTHERN CALIFORNIA REHAB SERVICES INC	c EIN-PN 95-3411383-001
a	Plan name VARICOSITY LLC 401K PLAN	
b	Name of plan sponsor VARICOSITY LLC	c EIN-PN 01-0746953-001
a	Plan name BOWMAN EXCAVATING 401K PLAN	
b	Name of plan sponsor BOWMAN EXCAVATING INC	c EIN-PN 38-3003824-001
a	Plan name NATURAL ENVIRONMENTS CORPORATION 401K PSP	
b	Name of plan sponsor NATURAL ENVIRONMENTS CORPORATION	c EIN-PN 41-1843976-001
a	Plan name CARRIAGE HOUSE 401K PLAN	
b	Name of plan sponsor RESURRECTION HOT RODS INC DBA CARRIAGE HOUS	c EIN-PN 82-2438950-001
a	Plan name BURDITT CONSULTANTS LLC 401K PLAN	
b	Name of plan sponsor BURDITT CONSULTANTS LLC	c EIN-PN 36-4604937-001

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	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	ACORN TO OAK INC 401K PLAN	
b	Name of plan sponsor	ACORN TO OAK INC	c EIN-PN 85-1112575-001
a	Plan name	RHYTHM FINANCIAL GROUP 401K PLAN	
b	Name of plan sponsor	CHOICE MANAGEMENT LLC	c EIN-PN 46-4731989-001
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	THE HONEST KITCHEN 401K PLAN	
b	Name of plan sponsor	THE HONEST KITCHENINC	c EIN-PN 68-0513034-001
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	TPI CUSTOM SOLUTIONS 401K AND PSP	
b	Name of plan sponsor	TPI CUSTOM SOLUTIONS	c EIN-PN 41-1417264-001
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	ATC INC 401K PLAN	
b	Name of plan sponsor	ATC INC	c EIN-PN 42-1095528-001
a	Plan name	AXIS 401K RETIREMENT PLAN	
b	Name of plan sponsor	AXIS MINNESOTA INC	c EIN-PN 41-1852557-001
a	Plan name	ALDRIDGE INSURANCE 401K PLAN	
b	Name of plan sponsor	ALDRIDGE INSURANCE INC	c EIN-PN 35-1937710-001
a	Plan name	RA ELECTRIC 401K PLAN	
b	Name of plan sponsor	RA CUSTOMS LLC	c EIN-PN 47-4961162-001

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 PIONEER ELECTRIC PENSION PLAN**b** Name of plan sponsor PIONEER ELECTRIC LTD**c** EIN-PN 88-0166469-001**a** Plan name ECC 401K PLAN**b** Name of plan sponsor EPIC CONCRETE CONSTRUCTION INC**c** EIN-PN 46-2822813-001**a** Plan name SEK GENETICS INC 401K PLAN**b** Name of plan sponsor SEK GENETICS INC**c** EIN-PN 48-1162192-001**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 ASSURANCE COMFORT LIVING 401K PLAN**b** Name of plan sponsor ASSURANCE COMFORT LIVING LLC**c** EIN-PN 81-2322446-001**a** Plan name XTREME SOLUTIONS INC 401K RETIREMENT PLAN**b** Name of plan sponsor XTREME SOLUTIONS INC**c** EIN-PN 80-0037246-002**a** Plan name CHATEAU DEVELOPMENT 401K PLAN**b** Name of plan sponsor CHATEAU DEVELOPMENT LLC**c** EIN-PN 47-0797757-001**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 ERIE FOOD CO-OP 401K PLAN**b** Name of plan sponsor WHOLE FOODS COOPERATIVE**c** EIN-PN 25-1401503-001**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 BRANDING INC 401K PLAN**b** Name of plan sponsor BRANDING INC**c** EIN-PN 47-0791243-001**a** Plan name WICHITA PRIMARY CARE LLC 401K PLAN**b** Name of plan sponsor WICHITA PRIMARY CARE LLC**c** EIN-PN 83-0856818-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TAYLOR TRUCKING INC RETIREMENT PLAN	
b	Name of plan sponsor	TAYLOR TRUCKING INC	c EIN-PN 82-0370689-001
a	Plan name	TNT POWER WASH INC RETIREMENT PLAN	
b	Name of plan sponsor	TNT POWER WASH INC	c EIN-PN 92-0184358-002
a	Plan name	ERICKSON & SEDERSTROM PC 401K PS PLN & TRUST	
b	Name of plan sponsor	ERICKSON & SEDERSTROM PC	c EIN-PN 47-0574895-001
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	GETHMANN CONSTRUCTION CO INC 401K PSP	
b	Name of plan sponsor	GETHMANN CONSTRUCTION COMPANY INC	c EIN-PN 42-0271670-001
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	5 TATE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	5 TATE INC	c EIN-PN 75-2702367-001
a	Plan name	MKFRN 401K PLAN	
b	Name of plan sponsor	MKFRN LLC	c EIN-PN 85-4149812-001
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	MOUNTAINEER INFRASTRUCTURE 401K PLAN	
b	Name of plan sponsor	MOUNTAINEER INFRASTRUCTURE LLC	c EIN-PN 45-5372829-001
a	Plan name	GREEN FINANCIAL CORP 401K SALARY REDUCTION	
b	Name of plan sponsor	GREEN FINANCIAL CORP	c EIN-PN 91-1355214-001
a	Plan name	HOSPITAL SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	HOSPITAL SYSTEMS INC	c EIN-PN 95-1976576-001

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	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	BAYSIDE MECHANICAL INC 401K PLAN	
b Name of plan sponsor	BAYSIDE MECHANICAL INC	c EIN-PN 20-1083341-001
a Plan name	AAA AUTO GLASS RETIREMENT PLAN	
b Name of plan sponsor	AAA AUTO GLASS INC	c EIN-PN 47-5053179-001
a Plan name	ALTA ALLOYS 401K PLAN	
b Name of plan sponsor	ALTA ALLOYS	c EIN-PN 87-1031781-001
a Plan name	AVANT TECNO USA INC 401K PLAN	
b Name of plan sponsor	AVANT TECNO USAINC	c EIN-PN 45-5334621-001
a Plan name	VISTA METALS GEORGIA 401K & PS PLAN	
b Name of plan sponsor	VISTA METALS-GEORGIA	c EIN-PN 27-1043263-001
a Plan name	SPEED AUTO MANAGEMENT 401K PLAN	
b Name of plan sponsor	SPEED AUTO MANAGEMENT LLC	c EIN-PN 87-3785587-001
a Plan name	TOTAL SITE SERVICES INC 401K PLAN	
b Name of plan sponsor	TOTAL SITE SERVICES INC	c EIN-PN 20-2756205-001
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	ITI SOLUTIONS INC 401K PLAN	
b Name of plan sponsor	ITI SOLUTIONS INC	c EIN-PN 74-3013771-001
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	ADVANCE INSTALLATIONS INC 401K PLAN	
b Name of plan sponsor	ADVANCE INSTALLATIONS INC	c EIN-PN 88-0150572-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ACCESSDX 401K PLAN	
b	Name of plan sponsor	ARANSCIA LLC	c EIN-PN 84-2725709-001
a	Plan name	WILDFIREMANAGEMENT 401K PLAN	
b	Name of plan sponsor	WILDFIRE MANAGEMENT	c EIN-PN 83-1544817-001
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	5D MINING 401K PLAN	
b	Name of plan sponsor	5D MINING & CONSTRUCTION INC	c EIN-PN 20-1211201-001
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	SARVICUS LLC 401K PLAN	
b	Name of plan sponsor	SARVICUS LLC	c EIN-PN 30-0625973-001
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	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	MIDLAKE PRODUCTS & MANUFACTURING CO INC	
b	Name of plan sponsor	MIDLAKE PRODUCTS & MANUFACTURING CO INC	c EIN-PN 34-1571105-001
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	KESWICK CHRISTIAN SCHOOL 401K PSP AND TRUST	
b	Name of plan sponsor	KESWICK CHRISTIAN SCHOOL	c EIN-PN 59-3379888-001
a	Plan name	WESTERN HILLS COUNTRY CLUB 401K PLAN	
b	Name of plan sponsor	WESTERN HILLS COUNTRY CLUB	c EIN-PN 31-0486880-001

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	CONVERGE MEDICAL TECHNOLOGY 401K PLAN	
b	Name of plan sponsor	CONVERGE MEDICAL TECHNOLOGY LLC	c EIN-PN 83-1809918-001
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	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	OSMOND GENERAL HOSPITAL 401K PLAN	
b	Name of plan sponsor	OSMOND GENERAL HOSPITAL	c EIN-PN 23-7161473-001
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	MINSER CHIROPRACTIC CLINIC 401K PLAN	
b	Name of plan sponsor	MINSER CHIROPRACTIC CLINIC PA INC	c EIN-PN 41-1768916-001
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	WINGTAT CARGO USA INC 401K PLAN	
b	Name of plan sponsor	WINGTAT CARGO USA INC	c EIN-PN 84-2902301-001
a	Plan name	OH457IO DEFERRED COMPENSATION	
b	Name of plan sponsor	CITY OF WARREN OHIO	c EIN-PN 34-6002974-001
a	Plan name	4OWONK 401K PLAN	
b	Name of plan sponsor	DATAWORLD AI LLC	c EIN-PN 86-1991506-001
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	TOTAL SECURITY SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	TOTAL SECURITY SOLUTIONS INC	c EIN-PN 20-1159014-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	TELL STEEL PROFIT SHARING PLAN	
b	Name of plan sponsor	TELL STEEL INC	c EIN-PN 95-2013977-005
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	OAKLAND MANAGEMENT TAX-DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	OAKLAND MANAGEMENT CORP	c EIN-PN 38-3196699-001
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	LANE PIPELINE CONSTRUCTION 401K PLAN	
b	Name of plan sponsor	LANE PIPELINE CONSTRUCTION	c EIN-PN 82-1843849-001
a	Plan name	CREEK ENTERPRISE 401K PLAN	
b	Name of plan sponsor	CREEK ENTERPRISE INC	c EIN-PN 02-0685190-001
a	Plan name	WAYNE METALS LLC 401K PLAN	
b	Name of plan sponsor	WAYNE METALS LLC	c EIN-PN 35-2129195-001
a	Plan name	LOGISTICS 365 401K PLAN	
b	Name of plan sponsor	LOGISTICS 365	c EIN-PN 47-0799641-001
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	SAF-T-CAB INC 401K PLAN	
b	Name of plan sponsor	SAF-T-CAB INC	c EIN-PN 94-1666151-002
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	REGINA-ANDREW DESIGN 401K PLAN	
b	Name of plan sponsor	REGINA-ANDREW DESIGN INC	c EIN-PN 20-0740554-001

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	VIRGINIA PLASTIC SURGERY PLLC 401K RETIREMENT	
b	Name of plan sponsor	VIRGINIA PLASTIC SURGERY PLLC	c EIN-PN 86-2181229-001
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	VERSEIO 401K RETIREMENT PLAN	
b	Name of plan sponsor	VERSEIO	c EIN-PN 46-2220746-001
a	Plan name	SKINWELL RETIREMENT PLAN	
b	Name of plan sponsor	SKINWELL DERMATOLOGY INC	c EIN-PN 82-5042991-001
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	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	ACHIEVEMENT REHABILITATION THR 401K PSP TRUST	
b	Name of plan sponsor	ACHIEVEMENT REHABILITATION THROUGH THERAPEUT	c EIN-PN 27-0991521-001
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	SILVER SEAL PRODUCTS CO INC 401K PLAN	
b	Name of plan sponsor	SILVER SEAL PRODUCTS CO INC	c EIN-PN 38-1658716-001
a	Plan name	AOI CORPORATION 401K PLAN	
b	Name of plan sponsor	AOI CORPORATION	c EIN-PN 47-0687965-001
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	O'BRIEN AND ASSOCIATES 401K PLAN	
b	Name of plan sponsor	O'BRIEN SERVICES INC	c EIN-PN 39-1818583-001

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	FLORIDA COASTAL COLORS LLC 401K PLAN	
b	Name of plan sponsor	FLORIDA COASTAL COLORS LLC	c EIN-PN 30-0829901-001
a	Plan name	VALBRUNA STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA STAINLESS INC	c EIN-PN 06-1379799-001
a	Plan name	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	SEITEC 401K WEALTH PLAN	
b	Name of plan sponsor	AGRIHORIZON INC	c EIN-PN 26-0659633-001
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	OUTSTANDING AGRI SERVICE 401K PLAN	
b	Name of plan sponsor	OUTSTANDING AGRI SERVICE	c EIN-PN 85-2519964-001
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	MAXUS PROPERTIES LLC 401K RETIREMENT SAVING	
b	Name of plan sponsor	MAXUS PROPERTIES LLC	c EIN-PN 43-1638032-001
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	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	SOLIZE USA CORPORATION 401K PLAN	
b	Name of plan sponsor	SOLIZE USA CORPORATION	c EIN-PN 95-4880869-001
a	Plan name	STATCARE URGENT & WALK IN MEDICAL 401K PLAN	
b	Name of plan sponsor	STATCARE URGENT & WALK IN MEDICAL CARE PLLC	c EIN-PN 45-2756491-001

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	LOCALLOOP INC 401K PLAN	
b	Name of plan sponsor	LOCALLOOP INC	c EIN-PN 46-4453814-001
a	Plan name	JB STEEL 401K PLAN	
b	Name of plan sponsor	JB STEEL LLC	c EIN-PN 93-0581861-006
a	Plan name	SERVICEONE 401K PLAN	
b	Name of plan sponsor	JC ACQUISITIONS INC&SUBSIDIARIES	c EIN-PN 22-3888799-001
a	Plan name	VALLEY CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VALLEY CORPORATION	c EIN-PN 47-0543890-001
a	Plan name	VALBRUNA SLATER STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA SLATER STAINLESS INC	c EIN-PN 04-3784903-001
a	Plan name	MIDWEST MECHANICAL INDUSTRIAL SERVICES 401K	
b	Name of plan sponsor	MIDWEST MECHANICAL INDUSTRIAL SERVICES LLC	c EIN-PN 26-4031281-001
a	Plan name	DANA TROSKE SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	DANA TROSKE	c EIN-PN 27-1476507-003
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	VISTA METALS GA PRODUCTION EES 401K PLAN	
b	Name of plan sponsor	VISTA METALS GEORGIA	c EIN-PN 27-1043263-003
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	MECA 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	METROPOLITAN ENTERTAINMENT & CONVENTION	c EIN-PN 91-1846837-001
a	Plan name	VISTA METALS CORP UNION 401K PLAN	
b	Name of plan sponsor	VISTA METALS CORPORATION	c EIN-PN 95-2139701-005

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
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	THE COCOPAH INDIAN TRIBE 401K RETIREMENT	
b	Name of plan sponsor	COCOPAH INDIAN TRIBE	c EIN-PN 86-0255690-002
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	GOOD MOVES 401K	
b	Name of plan sponsor	GOOD MOVES DELIVERY INC	c EIN-PN 46-1933984-001
a	Plan name	INTEGRATED HVAC 401K PLAN	
b	Name of plan sponsor	INTEGRATED HVAC LLC	c EIN-PN 83-3855573-001
a	Plan name	TITAN MODULAR SPARTAN CARGO 401K PLAN	
b	Name of plan sponsor	TITAN MODULAR SYSTEMS INC	c EIN-PN 46-0843552-001
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	EDWARDS AUTO GROUP 401K PLAN	
b	Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	c EIN-PN 42-0646357-001
a	Plan name	AXTELLA LLC 401K PLAN	
b	Name of plan sponsor	AXTELLA LLC	c EIN-PN 38-3627552-001
a	Plan name	SYCAMORE TOWNSHIP 457B PLAN	
b	Name of plan sponsor	SYCAMORE TOWNSHIP	c EIN-PN 31-6000606-001
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	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	TROTTER INC 401K PLAN	
b	Name of plan sponsor	TROTTER INC	c EIN-PN 47-0580954-001
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	PRATTS PROFESSIONAL CHIMNEY SERVICE 401K PLAN	
b	Name of plan sponsor	PRATTS PROFESSIONAL CHIMNEY SERVICE	c EIN-PN 20-5258840-001
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	ORIGIN ENGINEERING LLC 401K PLAN	
b	Name of plan sponsor	ORIGIN ENGINEERING LLC	c EIN-PN 82-2330299-001
a	Plan name	LAKOTA CORP 401K PLAN	
b	Name of plan sponsor	LAKOTA CORP	c EIN-PN 20-2970922-001
a	Plan name	PRO-LOW JOINT VENTURE 401K PLAN	
b	Name of plan sponsor	PRO-LOW JOINT VENTURE	c EIN-PN 27-1816494-001
a	Plan name	COMMUNITY PHARMACY SERVICES INC 401K PLAN	
b	Name of plan sponsor	COMMUNITY PHARMACY SERVICES INC	c EIN-PN 26-2122849-001
a	Plan name	VAERUS AVIATION 401K PLAN	
b	Name of plan sponsor	VAERUS AVIATION INC	c EIN-PN 27-3587432-001
a	Plan name	WINDSOR INVESTMENTS 401K PS PLAN & TRUST	
b	Name of plan sponsor	WINDSOR INVESTMENTS LLC	c EIN-PN 56-2230286-001
a	Plan name	R A M PRODUCE DISTRIBUTORS LLC 401K PROF	
b	Name of plan sponsor	RAM PRODUCE DISTRIBUTIONS LLC	c EIN-PN 38-3624126-001
a	Plan name	CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN	
b	Name of plan sponsor	CUYAHOGA COUNTY OF OHIO	c EIN-PN 34-6000817-001

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	CII & GPAL RETIREMENT PLAN	
b Name of plan sponsor	CEREAL INGREDIENTS INC	c EIN-PN 43-1527502-001
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	DENNY & ASSOCIATES INC 401K PLAN	
b Name of plan sponsor	DENNY & ASSOCIATES INC	c EIN-PN 43-1704737-001
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	SOUTHWEST STRATEGIES LLC 401K PS PLAN	
b Name of plan sponsor	SOUTHWEST STRATEGIES LLC	c EIN-PN 33-0900047-003
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	W INTERNATIONAL 401K PLAN	
b Name of plan sponsor	W INTERNATIONAL SC LLC	c EIN-PN 83-2995647-001
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	WOODHOUSE AUTO FAMILY 401K PLAN	
b Name of plan sponsor	WOODHOUSE FORD INC	c EIN-PN 47-0565206-001
a Plan name	SPRINGFIELD TOWNSHIP 457B PLAN	
b Name of plan sponsor	SPRINGFIELD TOWNSHIP	c EIN-PN 31-6000601-001
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	UNITED OF OMAHA FOR VARIOUS RET PLANS	
b Name of plan sponsor	UNITED OF OMAHA	c EIN-PN 43-1795138-001

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan STATE STREET RETIREMENT RIGHT IN 2065	B Three-digit plan number (PN) ▶ 238
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)	22053
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	376004
(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)	13323629
(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	10867678	13721686
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	13244	15270
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	13244	15270
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	10854434	13706416

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)	19053	
(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)		
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	3315418	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	2819704	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	1139172	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

	(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)	
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	1653939

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)	8559
(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)	8559
j Total expenses. Add all expense amounts in column (b) and enter total	2j	8559

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	1645380
l Transfers of assets:		
(1) To this plan	2l(1)	7436713
(2) From this plan	2l(2)	6230111

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 _____.