

<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;">2022</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 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<p>A This return/report is for:</p> <p><input type="checkbox"/> a multiemployer plan</p> <p><input type="checkbox"/> a single-employer plan</p> <p>B This return/report is:</p> <p><input type="checkbox"/> the first return/report</p> <p><input type="checkbox"/> an amended return/report</p> <p>C If the plan is a collectively-bargained plan, check here. ▶ <input type="checkbox"/></p> <p>D Check box if filing under:</p> <p><input type="checkbox"/> Form 5558</p> <p><input type="checkbox"/> special extension (enter description)</p> <p>E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. ▶ <input type="checkbox"/></p>	<p><input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.)</p> <p><input checked="" type="checkbox"/> a DFE (specify) <u>C</u></p> <p><input checked="" type="checkbox"/> the final return/report</p> <p><input type="checkbox"/> a short plan year return/report (less than 12 months)</p> <p><input type="checkbox"/> automatic extension</p> <p><input type="checkbox"/> the DFVC program</p>

Part II Basic Plan Information —enter all requested information		
<p>1a Name of plan <u>COLUMBIA TRUST STABLE INCOME I-0 FUND</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>AMERIPRISE TRUST COMPANY</u></p> <p><u>990 AMERIPRISE FINANCIAL CENTER</u> <u>MINNEAPOLIS, MN 55474</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>060</u></p> <p>1c Effective date of plan</p>	
<p>2b Employer Identification Number (EIN) <u>87-2323648</u></p> <p>2c Plan Sponsor's telephone number <u>612-671-2438</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			
	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	Filed with authorized/valid electronic signature.	<u>06/27/2023</u>	<u>LYN KEPHART-STRONG</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2022)
v. 220413

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
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). 6a(1) Total number of active participants at the beginning of the plan year 6a(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 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.....	6a(1) 6a(2) 6b 6c 6d 6e 6f 6g 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
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	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) (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)

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 2022 Form M-1 annual report. If the plan was not required to file the 2022 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 _____

**SCHEDULE D
(Form 5500)**

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

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

2022

This Form is Open to Public Inspection.

For calendar plan year 2022 or fiscal plan year beginning 01/01/2022 and ending 12/31/2022

A Name of plan <u>COLUMBIA TRUST STABLE INCOME I-0 FUND</u>	B Three-digit plan number (PN) ▶ <u>060</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERIPRISE TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>87-2323648</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)

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

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

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c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	BIG LOTS INCORPORATED SAVINGS PLAN & TRUST	
b	Name of plan sponsor	BIG LOTS INCORPORATED	c EIN-PN 06-1119097-002
a	Plan name	DOLE FOOD COMPANY MASTER RETIREMENT SAVINGS TRUST	
b	Name of plan sponsor	DOLE FOOD COMPANY INCORPORATED	c EIN-PN 36-1561816-001
a	Plan name	HALEY & ALDRICH, INC. DISCRETIONARY PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	HALEY & ALDRICH, INC.	c EIN-PN 04-2295689-001
a	Plan name	LIFELINK FOUNDATION INCORPORATED RETIREMENT PLAN	
b	Name of plan sponsor	LIFELINK FOUNDATION INCORPORATED	c EIN-PN 59-2193032-001
a	Plan name	ABILENE DIAGNOSTIC CLINIC, PLLC RETIRMENT AND SAVINGS PLAN	
b	Name of plan sponsor	ABILENE DIAGNOSTIC CLINIC, PLLC	c EIN-PN 75-2624216-001
a	Plan name	AUDIOLOGY BENEFITS 401K PLAN I	
b	Name of plan sponsor	AUDIOLOGY BENEFITS SERVICES LLC	c EIN-PN 27-3201446-002
a	Plan name	AUDIOLOGY BENEFITS 401K PLAN II	
b	Name of plan sponsor	AUDIOLOGY BENEFITS SERVICES LLC	c EIN-PN 27-5601220-001
a	Plan name	LINCOLN PROPERTY COMPANY 401K RETIREMENT & SAVINGS PLAN	
b	Name of plan sponsor	LPC SERVICES INCORPORATED	c EIN-PN 75-2356213-333
a	Plan name	SEALY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SEALY CORPORATION	c EIN-PN 36-3284147-013
a	Plan name	APEX SYSTEMS 401(K) PLAN CLASS M	
b	Name of plan sponsor	APEX SYSTEMS	c EIN-PN 54-1773546-002
a	Plan name	APEX SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	APEX SYSTEMS	c EIN-PN 54-1773546-001
a	Plan name	ABS 401K SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN BUREAU OF SHIPPING	c EIN-PN 13-4921556-003

Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
a	Plan name	CAPITOL BROADCASTING COMPANY, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	CAPITOL BROADCASTING COMPANY, INC.
c	EIN-PN	56-1426928-001
a	Plan name	ELEMETAL LLC 401K RETIREMENT PLAN
b	Name of plan sponsor	ELEMETAL LLC
c	EIN-PN	45-5210875-001
a	Plan name	VECELLIO GROUP, INC. RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	VECELLIO GROUP, INC.
c	EIN-PN	55-0345840-001
a	Plan name	AIR FILTER SOLUTIONS, INC. 401(K) PLAN
b	Name of plan sponsor	AIR FILTER SOLUTIONS, INC.
c	EIN-PN	20-5110463-001
a	Plan name	NORTHERN FRUIT COMPANY 401K PROFIT SHARING PLAN
b	Name of plan sponsor	NORTHERN FRUIT COMPANY
c	EIN-PN	91-0339680-001
a	Plan name	SATAKE USA INCORPORATED 401K PLAN
b	Name of plan sponsor	SATAKE USA INCORPORATED
c	EIN-PN	51-0277211-001
a	Plan name	AUDIOLOGY BENEFITS 401K PLAN III
b	Name of plan sponsor	AUDIOLOGY BENEFITS SERVICES, LLC
c	EIN-PN	27-3201446-003
a	Plan name	DWYER INSTRUMENTS INCORPORATED PROFIT SHARING & 401K PLAN
b	Name of plan sponsor	DWYER INSTRUMENTS INCORPORATED
c	EIN-PN	35-0961454-001
a	Plan name	TEMPUR SEALY 401K RETIREMENT PLAN
b	Name of plan sponsor	TEMPUR-PEDIC MANAGEMENT LLC
c	EIN-PN	26-2807648-001
a	Plan name	CITIZENS ENERGY GROUP THRIFT PLAN FOR BARGAINING UNIT EMPLOYEES
b	Name of plan sponsor	CITIZEN GAS & COKE UTILITY
c	EIN-PN	35-6000930-002
a	Plan name	CITIZENS ENERGY GROUP THRIFT PLAN FOR BARGAINING UNIT EMPLOYEES
b	Name of plan sponsor	CITIZEN GAS & COKE UTILITY
c	EIN-PN	35-6000930-001
a	Plan name	DOLE FOOD COMPANY MASTER RETIREMENT SAVINGS TRUST
b	Name of plan sponsor	DOLE FOOD COMPANY INCORPORATED
c	EIN-PN	04-3523567-001

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	ON ASSIGNMENT INCORPORATED 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ON ASSIGNMENT INCORPORATED	c EIN-PN 95-4023433-001
a	Plan name	ADAPTIMMUNE LLC RETIREMENT PLAN	
b	Name of plan sponsor	ADAPTIMMUNE, LLC	c EIN-PN 27-4919915-001
a	Plan name	CBC SUNRISE 401(K) PLAN	
b	Name of plan sponsor	SUNRISE BROADCASTING LLC	c EIN-PN 26-3074100-001
a	Plan name	AMERICAN BEVERAGE ASSOCIATES TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN BEVERAGE ASSOCIATION	c EIN-PN 53-0025510-002
a	Plan name	DOVER CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DOVER CORPORATION	c EIN-PN 53-0257888-030
a	Plan name	KNOWLES CORPORATION 401(K) PLAN	
b	Name of plan sponsor	KNOWLES CORPORATION	c EIN-PN 90-1002689-001
a	Plan name	AMERICAN OFFICE 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN OFFICE	c EIN-PN 52-0555478-001
a	Plan name	PAINTERS AND ALLIED TRADES DISTRICT COUNCIL 82 DEFINED CONTRIBUTION PL	
b	Name of plan sponsor	PAINTERS AND ALLIED TRADES DISTRICT COUNCIL 82	c EIN-PN 81-2748532-001
a	Plan name	LINCARE EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	LINCARE, INC.	c EIN-PN 59-2852900-001
a	Plan name	RHF INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	RHF INVESTMENTS, INC.	c EIN-PN 46-2232330-001
a	Plan name	ANTEA USA, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ANTEA USA, INC.	c EIN-PN 61-1785641-001
a	Plan name	WELLSITE 401(K) SAVINGS PLAN	
b	Name of plan sponsor	WELLSITE USA, INC.	c EIN-PN 82-3066935-001

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	ARAPAHOE HYUNDAI 401(K) PLAN	
b	Name of plan sponsor	ARAPAHOE HYUNDAI LLC	c EIN-PN 01-0650331-001
a	Plan name	B&G WHOLESALE DISTRIBUTION, INC. 401K PLAN	
b	Name of plan sponsor	B&G WHOLESALE DISTRIBUTION, INC.	c EIN-PN 74-1811407-001
a	Plan name	BRIDGETOWER MEDIA 401(K) PLAN	
b	Name of plan sponsor	BRIDGETOWER OPCO LLC	c EIN-PN 85-3333083-001
a	Plan name	BERKSHIRE PARTNERS LLC ADMINISTRATIVE PROFIT SHARING PLAN	
b	Name of plan sponsor	BERKSHIRE PARTNERS LLC	c EIN-PN 04-2911958-003
a	Plan name	BODYBIO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BODYBIO, INC.	c EIN-PN 61-1862818-001
a	Plan name	BUCKS COUNTY MEDICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUCKS COUNTY MEDICAL ASSOCIATES, P.C.	c EIN-PN 23-2148251-002
a	Plan name	CAPO BY THE SEA, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPO BY THE SEA, INC.	c EIN-PN 20-2249823-001
a	Plan name	CAROLINA EYECARE PHYSICIANS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAROLINA EYECARE PHYSICIANS, LLC	c EIN-PN 58-2353352-001
a	Plan name	COLORTREE GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	COLORTREE GROUP, INC.	c EIN-PN 45-2886185-001
a	Plan name	CRRC MA 401(K) PLAN	
b	Name of plan sponsor	CRRC MA CORPORATION	c EIN-PN 37-1753780-001
a	Plan name	CTCI AMERICAS 401(K) PLAN	
b	Name of plan sponsor	CTCI AMERICAS, INC.	c EIN-PN 46-0524045-001
a	Plan name	CUTI HECKER WANG LLP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	CUTI HECKER WANG LLP	c EIN-PN 27-4359875-001

Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
a Plan name	DELTA SUBSEA, LLC	
b Name of plan sponsor	DELTA SUBSEA, LLC	c EIN-PN 46-2573134-001
a Plan name	DISTINCTIVE APPAREL, INC. 401(K) PLAN	
b Name of plan sponsor	DISTINCTIVE APPAREL, INC	c EIN-PN 42-0127290-001
a Plan name	EAST NORRITON WOMEN'S HEALTH CARE, P.C. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	EAST NORRITON WOMEN'S HEALTH CARE, P.C.	c EIN-PN 23-2902569-001
a Plan name	EASTPOINTE INTERNISTS P.C. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	EASTPOINTE INTERNISTS P.C.	c EIN-PN 61-1941090-001
a Plan name	ECONOMICAL SUPERMARKET, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	ECONOMICAL SUPERMARKET, INC.	c EIN-PN 72-0394474-001
a Plan name	EDWARD J. LINKNER MD PC 401(K) PLAN	
b Name of plan sponsor	EDWARD J. LINKNER MD PC	c EIN-PN 61-1895934-002
a Plan name	FPL FOOD, LLC 401(K) PLAN	
b Name of plan sponsor	FPL FOOD, LLC	c EIN-PN 27-0100391-021
a Plan name	GNC LIVE WELL LATER 401(K) PLAN	
b Name of plan sponsor	GENERAL NUTRITION INC.	c EIN-PN 25-1027307-004
a Plan name	GOLD RUSH KETTLE KORN, LLC DBA KETTLEPOP 401(K) PLAN	
b Name of plan sponsor	GOLD RUSH KETTLE KORN, LLC DBA KETTLEPOP	c EIN-PN 61-1797518-001
a Plan name	HARRIS 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ONEHARRIS, INC	c EIN-PN 26-2555561-001
a Plan name	HATHAWAY DINWIDDIE CONSTRUCTION COMPANY 401(K) PLAN	
b Name of plan sponsor	HATHAWAY DINWIDDIE CONSTRUCTION COMPANY	c EIN-PN 94-3253608-001
a Plan name	INSIDE-OUT PAINTING COMPANY RETIREMENT PLAN	
b Name of plan sponsor	INSIDE-OUT PAINTING COMPANY	c EIN-PN 61-1793839-001

Part II Information on Participating Plans (to be completed by DFEs)		
<small>(Complete as many entries as needed to report all participating plans)</small>		
a Plan name	KENNING OUTSOURCE GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	KENNING OUTSOURCE GROUP, INC.	c EIN-PN 41-1876574-001
a Plan name	KOUSSAN HAMOOD, PLC	
b Name of plan sponsor	KOUSSAN HAMOOD, PLC	c EIN-PN 61-1847734-001
a Plan name	L&R OF CHESTERFIELD, LLC 401(K) PLAN	
b Name of plan sponsor	L&R OF CHESTERFIELD, LLC	c EIN-PN 46-1859606-001
a Plan name	L3 PARTNERS, L.L.C. 401(K) PLAN	
b Name of plan sponsor	L3 PARTNERS, LLC	c EIN-PN 90-0428141-001
a Plan name	LENTZCAPING INC. 401(K) PLAN	
b Name of plan sponsor	LENTZCAPING INC.	c EIN-PN 23-2549336-001
a Plan name	LGI HOMES, INC. INC. 401(K) PLAN	
b Name of plan sponsor	LGI HOMES	c EIN-PN 46-3088013-001
a Plan name	LIBERTY PLUMBING SUPPLIES COMPANY 401K PLAN	
b Name of plan sponsor	LIBERTY PLUMBING SUPPLIES COMPANY	c EIN-PN 61-1805164-002
a Plan name	CELERION, INC 401(K) PLAN	
b Name of plan sponsor	CELERION, INC.	c EIN-PN 36-4667250-001
a Plan name	LP STATILE INC. 401(K) PLAN	
b Name of plan sponsor	MAGELLAN DEVELOPMENT GROUP	c EIN-PN 22-2022039-001
a Plan name	COMMON SECURITIZATION SOLUTIONS, LLC RETIREMENT SAVINGS PLAN FOR EMP	
b Name of plan sponsor	COMMON SECURITIZATION SOLUTIONS, LLC	c EIN-PN 46-3967230-001
a Plan name	MAHLUM ARCHITECTS, INC. RETIREMENT PLAN	
b Name of plan sponsor	MAHLUM ARCHITECTS, INC.	c EIN-PN 91-0939210-001
a Plan name	MEADOWLARK BUILDERS, LLC 401(K) PLAN	
b Name of plan sponsor	MEADOWLARK BUILDERS, LLC	c EIN-PN 61-1847735-001

Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
a	Plan name	MEIER CLINICS RETIREMENT SAVINGS PLAN
b	Name of plan sponsor	MEIER CLINICS FOUNDATION
c	EIN-PN	75-2845878-001
a	Plan name	METROPOLITAN NEPHROLOGY ASSOCIATES PC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	METROPOLITAN NEPHROLOGY ASSOCIATES
c	EIN-PN	23-1881388-003
a	Plan name	MORGANROTH & MORGANROTH, PLLC 401(K) PLAN
b	Name of plan sponsor	MORGANROTH & MORGANROTH, PLLC
c	EIN-PN	38-2877826-001
a	Plan name	DAVIS DEFENSE GROUP, INC. 401(K)
b	Name of plan sponsor	DAVIS DEFENSE GROUP INC.
c	EIN-PN	32-0000601-001
a	Plan name	HACKER RETIREMENT PLAN
b	Name of plan sponsor	HACKER ARCHITECTS INC.
c	EIN-PN	93-0923313-002
a	Plan name	NEBRASKA PUBLIC POWER DISTRICT 457(B) PLAN
b	Name of plan sponsor	NEBRASKA PUBLIC POWER DISTRICT
c	EIN-PN	47-6000102-002
a	Plan name	ORTHO DEVELOPMENT CORPORATION 401K PROFIT SHARING PLAN
b	Name of plan sponsor	ORTHO DEVELOPMENT CORPORATION
c	EIN-PN	87-0529573-001
a	Plan name	PACIFIC EARTH RESOURCES SAVINGS PLAN
b	Name of plan sponsor	PACIFIC EARTH RESOURCES, LTD.
c	EIN-PN	95-3962715-001
a	Plan name	PDSI 401K PLAN
b	Name of plan sponsor	PACIFIC DRILLING SERVICES, INC.
c	EIN-PN	26-2885302-001
a	Plan name	AMERICAN MIDSTREAM, GP LLC 401(K) PLAN
b	Name of plan sponsor	AMERICAN MIDSTREAM, GP LLC
c	EIN-PN	27-0855619-001
a	Plan name	PERFECT TRADING, INC. 401(K) PLAN AND TRUST
b	Name of plan sponsor	PERFECT TRADING, INC.
c	EIN-PN	26-1274776-001
a	Plan name	PERFORMANCE ELECTRIC, L.P. 401(K) PLAN
b	Name of plan sponsor	PERFORMANCE ELECTRIC, L.P.
c	EIN-PN	76-0680667-001

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	REALTY MANAGEMENT SERVICES, INC. 401K PLAN	
b	Name of plan sponsor	REALTY MANAGEMENT SERVICES, INC.	c EIN-PN 52-1568244-001
a	Plan name	RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PROFIT	
b	Name of plan sponsor	RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.	c EIN-PN 31-0983140-001
a	Plan name	SERGIO OROZCO DESIGNS INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	SERGIO OROZCO DESIGNS, INC.	c EIN-PN 22-3003054-001
a	Plan name	SHAFFER DISTRIBUTING CO. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SHAFFER SERVICES, INC.	c EIN-PN 31-4304446-001
a	Plan name	SHANAHAN LAW OFFICE 401(K) PLAN	
b	Name of plan sponsor	SHANAHAN LAW OFFICES	c EIN-PN 46-4793519-001
a	Plan name	SMALLEY MANUFACTURING COMPANY, INC. 401K PLAN	
b	Name of plan sponsor	SMALLEY MANUFACTURING COMPANY, INC.	c EIN-PN 62-0359612-001
a	Plan name	SOUTHWEST NEPHROLOGY ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	SOUTHWEST NEPHROLOGY ASSOCIATES, LLP.	c EIN-PN 76-0224461-001
a	Plan name	STAR GLO INDUSTRIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor	STAR - GLO INDUSTRIES	c EIN-PN 22-3550119-002
a	Plan name	STEVEN M POTTER, PC 401K PROFIT SHARING PLAN RETIREMENT TRUST	
b	Name of plan sponsor	STEVEN M POTTER	c EIN-PN 38-2945630-001
a	Plan name	THE ELECTROLOCK, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ELECTROLOCK, INC.	c EIN-PN 34-0818807-001
a	Plan name	LMH 401K PLAN	
b	Name of plan sponsor	LMH SERVICE COMPANY, LLC	c EIN-PN 38-4087114-333
a	Plan name	THE MALISH CORPORATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	THE MALISH CORPORATION	c EIN-PN 34-0690321-002

Part II Information on Participating Plans (to be completed by DFEs)		
<small>(Complete as many entries as needed to report all participating plans)</small>		
a	Plan name	THE MYRON STRATTON HOME 401(K) RETIREMENT PLAN
b	Name of plan sponsor	THE MYRON STRATTON HOME
c	EIN-PN	45-0404698-002
a	Plan name	TL FINANCIAL GROUP 401K PLAN
b	Name of plan sponsor	TL FINANCIAL GROUP
c	EIN-PN	20-0861898-001
a	Plan name	TULSAIR BEEHCRAFT, INC. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	TULSAIR BEEHCRAFT INC.
c	EIN-PN	73-0552883-003
a	Plan name	UNITED AUBURN INDIAN COMMUNITY 401K PLAN
b	Name of plan sponsor	UNITED AUBURN INDIAN COMMUNITY
c	EIN-PN	68-0356979-001
a	Plan name	VALDESE WEAVERS 401(K) PLAN
b	Name of plan sponsor	VALDESE WEAVERS, LLC
c	EIN-PN	20-0551086-002
a	Plan name	VALID MANAGEMENT LLC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	VALID MANAGEMENT LLC
c	EIN-PN	76-0555224-001
a	Plan name	VEEAM SOFTWARE CORPORATION 401(K) PLAN
b	Name of plan sponsor	VEEAM SOFTWARE CORPORATION
c	EIN-PN	26-0530135-001
a	Plan name	W D PARTNERS PROFIT SHARING PLAN
b	Name of plan sponsor	WD PARTNERS, INC.
c	EIN-PN	31-1455869-002
a	Plan name	WESTPAK, INC. 401K PSP AND TRUST
b	Name of plan sponsor	WESTPAK, INC.
c	EIN-PN	77-0124169-001
a	Plan name	WINDSOR VETERINARY ASSOCIATES, INC. 401(K) PLAN
b	Name of plan sponsor	WINDSOR VETERINARY ASSOCIATES, INC.
c	EIN-PN	42-2462051-001
a	Plan name	WINTER SPORTS, INC. RETIREMENT PLAN & TRUST
b	Name of plan sponsor	WINTER SPORTS, INC.
c	EIN-PN	81-0221770-001
a	Plan name	BUTLER CHEMICALS INC EMPLOYEES SALARY SAVINGS PLAN
b	Name of plan sponsor	BUTLER CHEMICALS, INC
c	EIN-PN	33-0887267-001

Part II		Information on Participating Plans (to be completed by DFEs)	
<small>(Complete as many entries as needed to report all participating plans)</small>			
a	Plan name	CATE EQUIPMENT COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CATE EQUIPMENT COMPANY	c EIN-PN 87-0202960-001
a	Plan name	CENTRAL INDIANA CORPORATE PARTNERSHIP 401K RETIREMENT PLAN	
b	Name of plan sponsor	CENTRAL INDIANA CORPORATE PARTNERSHIP	c EIN-PN 35-2065459-001
a	Plan name	CRUSADER PAPER CO., INC. 401(K) PLAN	
b	Name of plan sponsor	CRUSADER PAPER COMPANY, INC.	c EIN-PN 04-2430509-003
a	Plan name	CUMBERLAND INSURANCE GROUP 401K SAVINGS PLAN	
b	Name of plan sponsor	CUMBERLAND MUTUAL FIRE INSURANCE COMPANY	c EIN-PN 21-0434400-001
a	Plan name	DE LANGE, HUDSPETH, MCCONNELL & TIBBETS, L.L.P. 401(K) PROFIT SHARING	
b	Name of plan sponsor	DE LANGE, HUDSPETH, MCCONNELL & TIBBETS, L.L.P.	c EIN-PN 74-1598532-001
a	Plan name	DOLLAR SHAVE CLUB 401(K) PLAN	
b	Name of plan sponsor	DOLLAR SHAVE CLUB	c EIN-PN 45-4200533-001
a	Plan name	ECS FEDERAL LLC, 401K RETIREMENT PLAN	
b	Name of plan sponsor	ECS FEDERAL, LLC	c EIN-PN 59-3176720-001
a	Plan name	FEDERATED WIRELESS, INC. 401(K) PLAN	
b	Name of plan sponsor	FEDERATED WIRELESS, INC.	c EIN-PN 45-5077072-001
a	Plan name	FIREMON, LLC 401(K) PLAN	
b	Name of plan sponsor	FIREMON, LLC 401(K) PLAN	c EIN-PN 20-0351769-001
a	Plan name	FISHER BROTHERS EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor	FISHER BROTHERS MANAGEMENT CO.	c EIN-PN 13-1804067-001
a	Plan name	FOLEY FAMILY WINES 401(K) PLAN	
b	Name of plan sponsor	FOLEY FAMILY WINES, LLC	c EIN-PN 26-0823176-001
a	Plan name	GENERATIONS COMMUNITY FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	GENERATIONS COMMUNITY FEDERAL CREDIT UNION	c EIN-PN 74-1117333-001

Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
a Plan name	HAAG ENGINEERING CO. EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	HAAG ENGINEERING COMPANY	c EIN-PN 75-6044241-001
a Plan name	HEALTHTEXAS MEDICAL GROUP 401K PROFIT SHARING PLAN	
b Name of plan sponsor	PHYSICIAN PRIME CARE DBA HEALTH TEXAS MEDICAL GROUP OF SAN ANTONIO	c EIN-PN 74-2727562-001
a Plan name	HEATH CONSULTANTS INCORPORATED RETIREMENT PLAN	
b Name of plan sponsor	HEATH CONSULTANTS INCORPORATED	c EIN-PN 04-2144731-002
a Plan name	HIGHER LOGIC RETIREMENT PLAN	
b Name of plan sponsor	HIGHER LOGIC, LLC	c EIN-PN 81-3810775-001
a Plan name	INDEX FRESH INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	INDEX FRESH INC.	c EIN-PN 33-0862019-001
a Plan name	INTERNATIONAL COFFEE CORPORATION RETIREMENT PLAN	
b Name of plan sponsor	INTERNATIONAL COFFEE CORPORATION	c EIN-PN 72-0898501-001
a Plan name	INTERNATIONAL E-Z UP, INC. 401(K) PLAN	
b Name of plan sponsor	INTERNATIONAL E-Z UP INC.	c EIN-PN 95-4104156-001
a Plan name	JETCO DELIVERY, LLC. EMPLOYEES PROFIT SHARING PLAN & TRUST	
b Name of plan sponsor	JETCO DELIVERY, LLC	c EIN-PN 20-4272510-001
a Plan name	JRACK HOLDINGS, INC. PROFIT SHARING PLAN	
b Name of plan sponsor	HILL MECHANICAL GROUP	c EIN-PN 36-1334975-001
a Plan name	KIMBRELL'S EMPLOYEE PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	FURNITURE DISTRIBUTORS, INC.	c EIN-PN 56-0526767-001
a Plan name	KSF ORTHOPAEDIC CENTER, P.A. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	KANT, STUART & FITZGERALD ORTHOPEDIC ASSOC., PA	c EIN-PN 74-1889584-001
a Plan name	MUSTANG EMPLOYEES' 401(K) PLAN	
b Name of plan sponsor	MUSTANG CAT	c EIN-PN 20-0421611-002

Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
a	Plan name	NCS MULTISTAGE 401K PLAN
b	Name of plan sponsor	NCS MULTISTAGE, LLC
c	EIN-PN	46-2128877-001
a	Plan name	NEWCO WOMENS MEDICAL CENTER, LLC 401K PLAN
b	Name of plan sponsor	NEWCO WOMENS MEDICAL CENTER, LLC
c	EIN-PN	72-1490076-001
a	Plan name	NORTHSTAR BEHAVIORAL HEALTH MN 401L PLAN
b	Name of plan sponsor	NORTHSTAR BEHAVIORAL HEALTH MN 401L PLAN
c	EIN-PN	47-4645876-001
a	Plan name	NORTHVIEW HOTELS & RESORTS 401(K) PLAN
b	Name of plan sponsor	NORTHVIEW HOTELS & RESORTS, LLC
c	EIN-PN	37-1872812-001
a	Plan name	NT CONCEPTS 401K PLAN
b	Name of plan sponsor	NEXT TIER CONCEPTS, INC
c	EIN-PN	54-1909584-001
a	Plan name	POWERHOUSE RETAIL SERVICES 401(K) PLAN
b	Name of plan sponsor	POWERHOUSE RETAIL SERVICES, LLC
c	EIN-PN	26-0761398-001
a	Plan name	SHULMAN, ROGERS, GANDAL, PORDY & ECKER, P.A. RETIREMENT PLAN
b	Name of plan sponsor	SHULMAN, ROGERS, GANDAL, PORDY & ECKER, P.A.
c	EIN-PN	52-1008944-001
a	Plan name	SPIN MASTER 401(K) PLAN
b	Name of plan sponsor	SPIN MASTER, INC.
c	EIN-PN	52-2275356-001
a	Plan name	MEDIGO 401(K) PLAN
b	Name of plan sponsor	MEDIGO, INC.
c	EIN-PN	85-1291026-001
a	Plan name	SUSTAINABLE SOLUTIONS CORPORATION 401(K) RETIREMENT PLAN
b	Name of plan sponsor	SUSTAINABLE SOLUTIONS CORPORATION
c	EIN-PN	31-1765947-001
a	Plan name	THE STERLING GROUP, L.P. 401K PROFIT SHARING PLAN
b	Name of plan sponsor	THE STERLING GROUP, L.P.
c	EIN-PN	80-0112320-001
a	Plan name	U.S. ZINC 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	U.S. ZINC CORPORATION
c	EIN-PN	76-0264925-001

Part II Information on Participating Plans (to be completed by DFEs)		
<small>(Complete as many entries as needed to report all participating plans)</small>		
a Plan name	UNITED EDUCATORS MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	UNITED EDUCATORS MANAGEMENT COMPANY	c EIN-PN 52-1751521-001
a Plan name	UNIVAIR AIRCRAFT RETIREMENT PLAN	
b Name of plan sponsor	UNIVAIR AIRCRAFT CORPORATION	c EIN-PN 84-0564891-001
a Plan name	WEBB STOKES AND SPARKS 401K PRETAX SAVINGS AND PROFIT SHARING PLAN	
b Name of plan sponsor	WEBB STOKES AND SPARKS	c EIN-PN 75-1106251-001
a Plan name	WESTERN STATES LODGING AND MANAGEMENT LLC EMPLOYEE SAVINGS PLAN	
b Name of plan sponsor	WESTERN STATES LODGING AND MANAGEMENT	c EIN-PN 87-0520716-001
a Plan name	WS EMPLOYEES' INCENTIVE SAVINGS TRUST	
b Name of plan sponsor	WS EMPLOYEES' INCENTIVE SAVINGS TRUST	c EIN-PN 74-2181616-002
a Plan name	ADERAS, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ADERAS, INC.	c EIN-PN 37-1494340-001
a Plan name	APEX SYSTEMS 401(K) RETIREMENT PLAN	
b Name of plan sponsor	APEX SYSTEMS	c EIN-PN 54-1773546-001
a Plan name	CATE EQUIPMENT COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	CATE EQUIPMENT COMPANY	c EIN-PN 87-0202960-001
a Plan name	CLOSE TO MY HEART 401(K) PLAN	
b Name of plan sponsor	CLOSE TO MY HEART	c EIN-PN 88-0272691-001
a Plan name	EASTHAM ENTERPRISES, INC 401K PLAN	
b Name of plan sponsor	EASTHAM ENTERPRISES	c EIN-PN 74-0504870-001
a Plan name	HEATH CONSULTANTS INCORPORATED RETIREMENT PLAN	
b Name of plan sponsor	HEATH CONSULTANTS INCORPORATED	c EIN-PN 04-2144731-002
a Plan name	RIDECELL INC. 401K PLAN	
b Name of plan sponsor	RIDECELL INC.	c EIN-PN 26-3425928-001

Part II Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
a Plan name	RIVERPOINT MEDICAL 401(K) PLAN	
b Name of plan sponsor	RIVERPOINT MEDICAL LLC	c EIN-PN 20-3988235-001
a Plan name	SOUTHERN PIPE AND SUPPLY COMPANY INCORPORATED 401K RETIREMENT SAVINGS	
b Name of plan sponsor	SOUTHERN PIPE AND SUPPLY CO, INC.	c EIN-PN 64-0291778-002
a Plan name	STRUCTURAL GROUP, INC. 401(K) SAVINGS PLAN AND TRUST	
b Name of plan sponsor	STRUCTURAL GROUP, INC.	c EIN-PN 52-1071818-001
a Plan name	SWIMLANE, INC. 401(K) PROFIT SHARING PLAN TRUST	
b Name of plan sponsor	SWIMLANE INC.	c EIN-PN 47-1554434-001
a Plan name	TASTEFUL SELECTIONS 401(K) PLAN	
b Name of plan sponsor	TASTEFUL SELECTIONS LLC	c EIN-PN 27-1564219-001
a Plan name	TATE & LYLE GRAIN INC. RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	TATE & LYLE GRAIN INC.	c EIN-PN 37-1010427-002
a Plan name	TATE & LYLE HOURLY COMPREHENSIVE RETIREMENT PLAN	
b Name of plan sponsor	TATE & LYLE AMERICAS LLC	c EIN-PN 36-4165865-050
a Plan name	TATE & LYLE HOURLY SAVINGS AND INVESTMENTS PLAN	
b Name of plan sponsor	TATE & LYLE AMERICAS LLC	c EIN-PN 36-4165865-040
a Plan name	TATE & LYLE SALARIED COMPREHENSIVE RETIREMENT PLAN	
b Name of plan sponsor	TATE & LYLE AMERICAS LLC	c EIN-PN 36-4165865-045
a Plan name	TENABLE INC. 401(K) PLAN AND TRUST	
b Name of plan sponsor	TENABLE, INC.	c EIN-PN 03-0486428-001
a Plan name	TL FINANCIAL GROUP 401(K) PLAN	
b Name of plan sponsor	TL FINANCIAL GROUP	c EIN-PN 20-0861898-001
a Plan name	TLR 401(K) PLAN	
b Name of plan sponsor	TLR-TOTAL LOGISTICS RESOURCE, INC.	c EIN-PN 94-2245751-003

Part II **Information on Participating Plans (to be completed by DFEs)**
(Complete as many entries as needed to report all participating plans)

a Plan name TULALIP TRIBES OF WASHINGTON TBC DIVISION EMPLOYEES' RETIREMENT PLAN

b Name of plan sponsor THE TULALIP TRIBES OF WASHINGTON **c** EIN-PN 91-0557816-003

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

a Plan name

b Name of plan sponsor **c** EIN-PN

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> 2022 This Form is Open to Public Inspection
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For calendar plan year 2022 or fiscal plan year beginning **01/01/2022** and ending **12/31/2022**

A Name of plan COLUMBIA TRUST STABLE INCOME I-0 FUND	B Three-digit plan number (PN)	060
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIPRISE TRUST COMPANY	D Employer Identification Number (EIN) 87-2323648	

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash.....	1a	-26854	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	569213	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(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)	659334025	0
(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)		
(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	659876384	0
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	545219	0
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	545219	0
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	659331165	0

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)		
(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)		0
(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)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(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)		
(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		0
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) Professional fees	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total	2j		0
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		0
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan.....	2l(2)		659331165

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** because:

(1) This form is filed for a CCT, PSA, 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.

During the plan year:

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.)

	Yes	No	Amount
4a			

	Yes	No	Amount
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.).....	4b		
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.)	4c		
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.).....	4d		
e Was this plan covered by a fidelity bond?.....	4e		
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		
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?.....	4g		
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?.....	4h		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	4i		
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.).....	4j		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	4k		
l Has the plan failed to provide any benefit when due under the plan?.....	4l		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	4m		
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.....	4n		

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 _____.