

<p><b>Form 5500</b></p> <p>Department of the Treasury Internal Revenue Service</p> <hr/> <p>Department of Labor Employee Benefits Security Administration</p> <hr/> <p>Pension Benefit Guaranty Corporation</p>	<p><b>Annual Return/Report of Employee Benefit Plan</b></p> <p>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).</p> <p>▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	<p>OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: 24pt; font-weight: bold;">2022</p> <hr/> <p><b>This Form is Open to Public Inspection</b></p>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2022 or fiscal plan year beginning <u>01/01/2022</u> and ending <u>12/31/2022</u>	
<b>A</b>	This return/report is for: <input type="checkbox"/> a multiemployer plan <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.)
	<input type="checkbox"/> a single-employer plan <input checked="" type="checkbox"/> a DFE (specify) <u>P</u>
<b>B</b>	This return/report is: <input type="checkbox"/> the first return/report <input checked="" type="checkbox"/> the final return/report
	<input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
<b>C</b>	If the plan is a collectively-bargained plan, check here. . . . . ▶ <input type="checkbox"/>
<b>D</b>	Check box if filing under: <input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input type="checkbox"/> the DFVC program
	<input type="checkbox"/> special extension (enter description)
<b>E</b>	If this is a retroactively adopted plan permitted by SECURE Act section 201, check here. . . . . ▶ <input type="checkbox"/>

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information
<b>1a</b>	Name of plan <u>VANGUARD TGT RETIRE 2015 INV CL</u>
<b>1b</b>	Three-digit plan number (PN) ▶ <u>204</u>
<b>1c</b>	Effective date of plan
<b>2a</b>	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>MINNESOTA LIFE INSURANCE COMPANY</u>  <u>PO BOX 64787</u> <u>ST PAUL, MN 55164-0787</u>
<b>2b</b>	Employer Identification Number (EIN) <u>41-0417830</u>
<b>2c</b>	Plan Sponsor's telephone number <u>651-665-3500</u>
<b>2d</b>	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.

<b>SIGN HERE</b>			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2023</u>	<u>THEODORE SCHMELZLE</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

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).  <b>6a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>6a(2)</b> Total number of active participants at the end of the plan year .....  <b>b</b> Retired or separated participants receiving benefits ..... <b>c</b> Other retired or separated participants entitled to future benefits..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....  <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....  <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> <b>6e</b> <b>6f</b> <b>6g</b> <b>6h</b>
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>
<b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:  <b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
<b>9a</b> Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	<b>9b</b> Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
<b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information)  (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)

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

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**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.

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

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**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 \_\_\_\_\_

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**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

<b>A</b> Name of plan <u>VANGUARD TGT RETIRE 2015 INV CL</u>	<b>B</b> Three-digit plan number (PN) ▶ <u>204</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>MINNESOTA LIFE INSURANCE COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>41-0417830</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)

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

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<b>Part II Information on Participating Plans (to be completed by DFEs)</b>		
<small>(Complete as many entries as needed to report all participating plans)</small>		
<b>a</b> Plan name	WHEATLAND BANK ESOP WITH 401(K) PROVISIONS	
<b>b</b> Name of plan sponsor	WHEATLAND BANK	<b>c</b> EIN-PN 91-1055499-001
<b>a</b> Plan name	FURNITURELAND SOUTH, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	FURNITURELAND SOUTH, INC.	<b>c</b> EIN-PN 56-0958180-001
<b>a</b> Plan name	COMMUNITY LIVING, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	COMMUNITY LIVING, INC.	<b>c</b> EIN-PN 43-1129770-001
<b>a</b> Plan name	ROCHESTER HILLS CHRYSLER-JEEP INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	ROCHESTER HILLS CHRYSLER-JEEP INC.	<b>c</b> EIN-PN 38-2012114-002
<b>a</b> Plan name	COOPERATIVE HOME CARE, INC. 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	COOPERATIVE HOME CARE, INC.	<b>c</b> EIN-PN 43-1413614-001
<b>a</b> Plan name	FRIEDGES DRYWALL, INC. RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	FRIEDGES DRYWALL, INC.	<b>c</b> EIN-PN 41-1278229-002
<b>a</b> Plan name	CHEMTRADE 401(K) PLAN	
<b>b</b> Name of plan sponsor	CHEMTRADE LOGISTICS	<b>c</b> EIN-PN 52-2328922-001
<b>a</b> Plan name	AVALIGN TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	AVALIGN TECHNOLOGIES, INC.	<b>c</b> EIN-PN 20-8145355-002
<b>a</b> Plan name	DERMATOLOGY ASSOCIATES OF WESTLAKE VILLAGE & MALIBU PS PLN	
<b>b</b> Name of plan sponsor	DERMATOLOGY ASSOCIATES	<b>c</b> EIN-PN 95-3797351-002
<b>a</b> Plan name	JAM CITY 401(K) PLAN	
<b>b</b> Name of plan sponsor	JAM CITY	<b>c</b> EIN-PN 27-1995808-001
<b>a</b> Plan name	BHSI, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	BHSI, LLC	<b>c</b> EIN-PN 56-2460669-001
<b>a</b> Plan name	AAA SOUTH JERSEY 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	AAA SOUTH JERSEY, INC.	<b>c</b> EIN-PN 21-0399840-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	M&W MACHINE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	M&W MACHINE, INC.	<b>c</b> EIN-PN 81-0544399-001
<b>a</b>	Plan name	OPTIMITY ADVISORS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OPTIMITY ADVISORS	<b>c</b> EIN-PN 27-0907950-001
<b>a</b>	Plan name	GENESYS AEROSYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	S-TEC CORPORATION	<b>c</b> EIN-PN 75-1638834-002
<b>a</b>	Plan name	MAPLE LEAF HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MAPLE LEAF HOLDINGS, INC.	<b>c</b> EIN-PN 52-2264127-001
<b>a</b>	Plan name	NORTHERN BREWER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	NORTHERN BREWER, LLC	<b>c</b> EIN-PN 45-3580107-001
<b>a</b>	Plan name	EYM GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	EYM GROUP, INC.	<b>c</b> EIN-PN 45-2446831-001
<b>a</b>	Plan name	INTERNATIONAL COOLING TOWER USA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	INTERNATIONAL COOLING TOWER USA, INC.	<b>c</b> EIN-PN 86-0627729-001
<b>a</b>	Plan name	CPS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONSTRUCTION PRODUCT SALES, INC	<b>c</b> EIN-PN 36-3155302-001
<b>a</b>	Plan name	HEMMLER & CAMAYD ARCHITECTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEMMLER & CAMAYD ARCHITECTS	<b>c</b> EIN-PN 23-2213491-001
<b>a</b>	Plan name	BEYONDSOFT CONSULTING, INC. 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BEYONDSOFT CONSULTING, INC.	<b>c</b> EIN-PN 20-1880311-001
<b>a</b>	Plan name	MINIMOVES 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MINIMOVES, INC.	<b>c</b> EIN-PN 36-3845498-001
<b>a</b>	Plan name	METALFORMS, LTD 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	METALFORMS LTD	<b>c</b> EIN-PN 46-1625734-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	CORYDON CONVERTING COMPANY, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	CORYDON CONVERTING COMPANY	<b>c</b> EIN-PN 36-3215825-001
<b>a</b> Plan name	PREFERRED PODIATRY GROUP P.C. 401(K) PLAN	
<b>b</b> Name of plan sponsor	PREFERRED PODIATRY GROUP, P.C.	<b>c</b> EIN-PN 36-3885637-005
<b>a</b> Plan name	INDOORMEDIA, INC 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	INDOORMEDIA, INC.	<b>c</b> EIN-PN 76-0273724-001
<b>a</b> Plan name	G.Y.M.W.L. CORPORATION 401(K) PLAN	
<b>b</b> Name of plan sponsor	G.Y.M.W.L. CORPORATION	<b>c</b> EIN-PN 94-2711339-001
<b>a</b> Plan name	DOEHLER NORTH AMERICA 401(K) PLAN	
<b>b</b> Name of plan sponsor	DOEHLER NORTH AMERICA, INC.	<b>c</b> EIN-PN 26-1289008-001
<b>a</b> Plan name	BICKFORD SENIOR LIVING 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	THE EBY GROUP, INC.	<b>c</b> EIN-PN 48-1102899-001
<b>a</b> Plan name	FIRST FENCE INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	FIRST FENCE INC.	<b>c</b> EIN-PN 36-3637336-001
<b>a</b> Plan name	YOST CONSERVATION LLC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b> Name of plan sponsor	YOST CONSERVATION LLC	<b>c</b> EIN-PN 06-1540812-001
<b>a</b> Plan name	MELCO STEEL, INC. PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	MELCO STEEL, INC.	<b>c</b> EIN-PN 95-2680979-001
<b>a</b> Plan name	AGILE MIND EDUCATIONAL HOLDINGS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	AGILE MIND EDUCATIONAL HOLDINGS	<b>c</b> EIN-PN 27-0008203-001
<b>a</b> Plan name	MOTION RECRUITMENT PARTNERS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	MOTION RECRUITMENT PARTNERS, LLC	<b>c</b> EIN-PN 13-3789932-001
<b>a</b> Plan name	SOCAR TRADING (NORTH AMERICA) LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	SOCAR TRADING (NORTH AMERICA) LLC	<b>c</b> EIN-PN 81-2051312-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	TRANSIT TEAM, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	TRANSIT TEAM, INC.	<b>c</b> EIN-PN 41-0838676-001
<b>a</b> Plan name	SAFETYCALL INTERNATIONAL, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	SAFETYCALL INTERNATIONAL, LLC	<b>c</b> EIN-PN 82-3701002-001
<b>a</b> Plan name	WOZ U EDUCATION HOLDINGS LLC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	WOZ U EDUCATION HOLDINGS LLC	<b>c</b> EIN-PN 81-0839812-001
<b>a</b> Plan name	BLACKHAWK HARDWARE 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	BLACKHAWK HARDWARE	<b>c</b> EIN-PN 56-1146413-001
<b>a</b> Plan name	TRIENDA HOLDINGS, LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	TRIENDA HOLDINGS LLC	<b>c</b> EIN-PN 46-4136809-001
<b>a</b> Plan name	SIGHT SCIENCES, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	SIGHT SCIENCES, INC.	<b>c</b> EIN-PN 80-0625749-001
<b>a</b> Plan name	ENCODED THERAPEUTICS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	ENCODED THERAPEUTICS, INC.	<b>c</b> EIN-PN 47-1050535-001
<b>a</b> Plan name	OCI AMERICAS SAVINGS PLAN	
<b>b</b> Name of plan sponsor	OCI USA INC.	<b>c</b> EIN-PN 99-0373857-001
<b>a</b> Plan name	STEIN-CARNEY AGENCY, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	STEIN-CARNEY AGENCY, INC.	<b>c</b> EIN-PN 41-1389898-001
<b>a</b> Plan name	UTAH VALLEY PEDIATRICS, L.C. 401(K) PROFIT SHARING PLAN	
<b>b</b> Name of plan sponsor	UTAH VALLEY PEDIATRICS, L.L.C.	<b>c</b> EIN-PN 87-0549057-002
<b>a</b> Plan name	CASTLELAKE, LP RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	CASTLELAKE, LP	<b>c</b> EIN-PN 20-3323857-001
<b>a</b> Plan name	CREATIVE SOLUTIONS IN HEALTHCARE 401(K) PLAN	
<b>b</b> Name of plan sponsor	CREATIVE SOLUTIONS IN HEALTHCARE	<b>c</b> EIN-PN 75-2909094-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	GRADECAM 401(K) PLAN	
<b>b</b> Name of plan sponsor	GRADECAM, LLC	<b>c</b> EIN-PN 47-1309447-001
<b>a</b> Plan name	COUGAR CUTTING, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	COUGAR CUTTING, INC.	<b>c</b> EIN-PN 65-0715104-004
<b>a</b> Plan name	DELAGET LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	DELAGET LLC	<b>c</b> EIN-PN 26-1861898-001
<b>a</b> Plan name	ARKANSAS HOSPICE 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b> Name of plan sponsor	ARKANSAS HOSPICE	<b>c</b> EIN-PN 71-0713134-001
<b>a</b> Plan name	WESTERN INTERNATIONAL 401(K) PLAN	
<b>b</b> Name of plan sponsor	W.I. REALTY I, LP	<b>c</b> EIN-PN 75-2910500-001
<b>a</b> Plan name	RENEGADE SERVICES EMPLOYEE SAVINGS 401(K) PLAN	
<b>b</b> Name of plan sponsor	RWLS, LLC	<b>c</b> EIN-PN 27-1045075-001
<b>a</b> Plan name	KENTUCKY TRAILER 401(K) RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	KENTUCKY TRAILER	<b>c</b> EIN-PN 61-0366810-001
<b>a</b> Plan name	HORIZONTAL INTEGRATION CONSULTANT RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	HORIZONTAL INTEGRATION, INC.	<b>c</b> EIN-PN 36-3986047-002
<b>a</b> Plan name	HORIZONTAL INTEGRATION RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	HORIZONTAL INTEGRATION, INC.	<b>c</b> EIN-PN 36-3986047-001
<b>a</b> Plan name	CARIBOU COFFEE COMPANY, INC. AND SUBSIDIARIES 401(K) PLAN	
<b>b</b> Name of plan sponsor	CARIBOU COFFEE COMPANY, INC.	<b>c</b> EIN-PN 41-1731219-001
<b>a</b> Plan name	CRAZY AARON ENTERPRISES INC RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	CRAZY AARON ENTERPRISES INC	<b>c</b> EIN-PN 23-3095881-001
<b>a</b> Plan name	ALPHA 401(K) PLAN	
<b>b</b> Name of plan sponsor	ELCOR CONSTRUCTION, INC.	<b>c</b> EIN-PN 41-1544383-003

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	FLOORING SERVICES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FLOORING SERVICES, LLC	<b>c</b> EIN-PN 75-1910910-001
<b>a</b>	Plan name	HOLLSTADT CONSULTING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HOLLSTADT & ASSOCIATES, INC.	<b>c</b> EIN-PN 41-1673112-001
<b>a</b>	Plan name	VON HANSONS MEATS COMPANIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VON HANSON MEATS	<b>c</b> EIN-PN 41-1506171-001
<b>a</b>	Plan name	DIS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DYNAMIC INTEGRATED SERVICES	<b>c</b> EIN-PN 27-4903539-001
<b>a</b>	Plan name	MILLERBERND MANUFACTURING CO PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MILLERBERND MANUFACTURING CO	<b>c</b> EIN-PN 41-0648061-002
<b>a</b>	Plan name	BEHAVIOR SERVICES & THERAPY, INC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BEHAVIOR SERVICES AND THERAPY, INC.	<b>c</b> EIN-PN 26-1214096-001
<b>a</b>	Plan name	PULLR HOLDING COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PULLR HOLDING COMPANY, LLC	<b>c</b> EIN-PN 11-3787734-001
<b>a</b>	Plan name	MAURICES INCORPORATED 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MAURICES, INC.	<b>c</b> EIN-PN 13-2940677-001
<b>a</b>	Plan name	NATIONAL CHILDRENS ADVOCACY CENTER, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL CHILDRENS ADVOCACY CENTER INC.	<b>c</b> EIN-PN 63-0891512-001
<b>a</b>	Plan name	ARISTA AVIATION SERVICES GROUP, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARISTA AVIATION SERVICES	<b>c</b> EIN-PN 45-4556163-001
<b>a</b>	Plan name	CONTINUUM HEALTH MANAGEMENT, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTINUUM HEALTH MANAGEMENT, LLC	<b>c</b> EIN-PN 84-1322689-001
<b>a</b>	Plan name	LAKELAND CARE, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	LAKELAND CARE INC.	<b>c</b> EIN-PN 81-3724993-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	TIMOTHY J ROSS & SUSAN M CHMIEL DDS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TIMOTHY J ROSS, DDS & SUSAN M CHMIEL, DDS	<b>c</b> EIN-PN 20-0731906-001
<b>a</b>	Plan name	WOLFE FINANCIAL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	WOLFE FINANCIAL, INC.	<b>c</b> EIN-PN 26-2429669-001
<b>a</b>	Plan name	RENAISSANCE EMPLOYEE SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	RENPSG	<b>c</b> EIN-PN 20-0235398-001
<b>a</b>	Plan name	BUERKLE COMPANIES EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BUERKLE COMPANY	<b>c</b> EIN-PN 41-0711175-002
<b>a</b>	Plan name	CIRCLE 9 RESOURCES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CIRCLE 9 RESOURCES	<b>c</b> EIN-PN 46-2456054-001
<b>a</b>	Plan name	HOLLADAY PROPERTY SERVICES MIDWEST, INC. 401(K) PSP	
<b>b</b>	Name of plan sponsor	HOLLADAY PROPERTY SERVICES	<b>c</b> EIN-PN 52-2128493-001
<b>a</b>	Plan name	PAYIT 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PAYIT, LLC	<b>c</b> EIN-PN 46-4175673-001
<b>a</b>	Plan name	METRO PRODUCE DISTRIBUTORS, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	METRO PRODUCE DISTRIBUTORS, INC.	<b>c</b> EIN-PN 41-1548810-001
<b>a</b>	Plan name	DRUGS ARE US INC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	DRUGS ARE US INC 401K PROFIT SHARING PLAN AND TRUST	<b>c</b> EIN-PN 22-2751590-001
<b>a</b>	Plan name	GOODIER COSMETICS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GOODIER COSMETICS, LLC	<b>c</b> EIN-PN 81-3383924-001
<b>a</b>	Plan name	ACOVA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ACOVA, INC.	<b>c</b> EIN-PN 82-1233312-001
<b>a</b>	Plan name	CARROLLTON REGIONAL MEDICAL CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SANA HEALTHCARE CARROLLTON, LLC	<b>c</b> EIN-PN 45-4510252-001

<b>Part II Information on Participating Plans (to be completed by DFEs)</b> (Complete as many entries as needed to report all participating plans)		
<b>a</b> Plan name	DIRECTEMPLOYERS 401(K) PLAN	
<b>b</b> Name of plan sponsor	DIRECTEMPLOYERS ASSOCIATION, INC.	<b>c</b> EIN-PN 30-0008235-001
<b>a</b> Plan name	PREMIER PLASTIC SURGERY PC 401(K) PSP	
<b>b</b> Name of plan sponsor	PREMIER PLASTIC SURGERY PC	<b>c</b> EIN-PN 26-0018690-001
<b>a</b> Plan name	HARKINS ADMINISTRATIVE SERVICES, INC. 401(K) PS PLAN	
<b>b</b> Name of plan sponsor	HARKINS ADMINISTRATIVE SERVICES, INC.	<b>c</b> EIN-PN 33-1078669-001
<b>a</b> Plan name	THREE RIVERS SUPPLY, INC. PROFIT SHARING AND TRUST	
<b>b</b> Name of plan sponsor	THREE RIVERS SUPPLY, INC.	<b>c</b> EIN-PN 25-1778577-001
<b>a</b> Plan name	EMPOWER HR 401(K) PLAN	
<b>b</b> Name of plan sponsor	EMPOWER SERVICES CORPORATION	<b>c</b> EIN-PN 85-2962045-001
<b>a</b> Plan name	AUDIO RESEARCH 401(K) PLAN	
<b>b</b> Name of plan sponsor	AUDIO RESEARCH	<b>c</b> EIN-PN 41-0964217-001
<b>a</b> Plan name	BAE SYSTEMS APPLIED INTELLIGENCE GCS INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	BAE SYSTEMS APPLIED INTELLIGENCE, INC.	<b>c</b> EIN-PN 54-1585773-001
<b>a</b> Plan name	TEAM PUBLIC CHOICES 401(K) PLAN	
<b>b</b> Name of plan sponsor	TEAM PUBLIC CHOICES	<b>c</b> EIN-PN 82-2887085-001
<b>a</b> Plan name	GRACE MANAGEMENT 401(K) PLAN	
<b>b</b> Name of plan sponsor	GRACE MANAGEMENT, INC.	<b>c</b> EIN-PN 76-0117314-002
<b>a</b> Plan name	LOS ANGELES APPAREL 401(K) PLAN	
<b>b</b> Name of plan sponsor	LOS ANGELES APPAREL, INC.	<b>c</b> EIN-PN 81-3121592-001
<b>a</b> Plan name	PUBLISHING CONCEPTS, LP, AE OF SECURE YOUR RETIRE 401(K) PLAN	
<b>b</b> Name of plan sponsor	PUBLISHING CONCEPTS	<b>c</b> EIN-PN 75-2750339-001
<b>a</b> Plan name	MITRA QSR KNE, LLC, AE OF THE SECURE YOUR RETIREMENT 401K PLAN	
<b>b</b> Name of plan sponsor	MITRA QSR KNE, LLC	<b>c</b> EIN-PN 45-4457421-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs)</b>	
<small>(Complete as many entries as needed to report all participating plans)</small>			
<b>a</b>	Plan name	TINIUS OLSEN 401(K) PLAN FOR UNION EMPLOYEES	
<b>b</b>	Name of plan sponsor	TINIUS OLSEN TESTING MACHINE COMPANY UNION PLAN	<b>c</b> EIN-PN 23-0931190-002
<b>a</b>	Plan name	TINIUS OLSEN 401(K) PLAN FOR SALARIED EMPLOYEES	
<b>b</b>	Name of plan sponsor	TINIUS OLSEN TESTING MACHINE COMPANY	<b>c</b> EIN-PN 23-0931190-001
<b>a</b>	Plan name	SMW HEALTH NETWORK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HALCYON HOME	<b>c</b> EIN-PN 84-3487711-001
<b>a</b>	Plan name	SULLIVAN & WARD RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SULLIVAN & WARD, P.C.	<b>c</b> EIN-PN 42-1389061-001
<b>a</b>	Plan name	NEW LOOK ENTERPRISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEW LOOK ENTERPRISES, LLC	<b>c</b> EIN-PN 26-1587097-001
<b>a</b>	Plan name	TWIN STAR AND NEW LOOK CONTRACTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TWIN STAR EQUIPMENT AND MFG	<b>c</b> EIN-PN 83-0880414-001
<b>a</b>	Plan name	WESTERN INTERNATIONAL AE OF THE SECURE YOUR RETIRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WESTERN INTERNATIONAL PEP	<b>c</b> EIN-PN 75-2910500-001
<b>a</b>	Plan name	COLEMAN ENVIRONMENTAL ENGINEERING, AE OF SECURE YOUR	
<b>b</b>	Name of plan sponsor	COLEMAN ENVIRONMENTAL ENGINEERING	<b>c</b> EIN-PN 81-1616282-877
<b>a</b>	Plan name	GACHINA LANDSCAPE MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GACHINA LANDSCAPE MANAGEMENT INC.	<b>c</b> EIN-PN 94-3235914-001
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

**SCHEDULE H  
(Form 5500)**

Department of the Treasury  
Internal Revenue Service

Department of Labor  
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**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.**

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**

<b>A</b> Name of plan <b>VANGUARD TGT RETIRE 2015 INV CL</b>	<b>B</b> Three-digit plan number (PN) ► <b>204</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>MINNESOTA LIFE INSURANCE COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>41-0417830</b>

**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.

<b>Assets</b>	<b>(a) Beginning of Year</b>	<b>(b) End of Year</b>
<b>a</b> Total noninterest-bearing cash.....	<b>1a</b>	
<b>b</b> Receivables (less allowance for doubtful accounts):		
<b>(1)</b> Employer contributions.....	<b>1b(1)</b>	
<b>(2)</b> Participant contributions.....	<b>1b(2)</b>	
<b>(3)</b> Other.....	<b>1b(3)</b>	
<b>c</b> General investments:		
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit).....	<b>1c(1)</b>	
<b>(2)</b> U.S. Government securities.....	<b>1c(2)</b>	
<b>(3)</b> Corporate debt instruments (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(3)(A)</b>	
<b>(B)</b> All other.....	<b>1c(3)(B)</b>	
<b>(4)</b> Corporate stocks (other than employer securities):		
<b>(A)</b> Preferred.....	<b>1c(4)(A)</b>	
<b>(B)</b> Common.....	<b>1c(4)(B)</b>	
<b>(5)</b> Partnership/joint venture interests.....	<b>1c(5)</b>	
<b>(6)</b> Real estate (other than employer real property).....	<b>1c(6)</b>	
<b>(7)</b> Loans (other than to participants).....	<b>1c(7)</b>	
<b>(8)</b> Participant loans.....	<b>1c(8)</b>	
<b>(9)</b> Value of interest in common/collective trusts.....	<b>1c(9)</b>	
<b>(10)</b> Value of interest in pooled separate accounts.....	<b>1c(10)</b>	5475209 0
<b>(11)</b> Value of interest in master trust investment accounts.....	<b>1c(11)</b>	
<b>(12)</b> Value of interest in 103-12 investment entities.....	<b>1c(12)</b>	
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>	
<b>(15)</b> Other.....	<b>1c(15)</b>	

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	5475209	0
<b>Liabilities</b>			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	0	0
<b>Net Assets</b>			
l Net assets (subtract line 1k from line 1f).....	1l	5475209	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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(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>b Earnings on investments:</b>			
(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)		0

		(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)		-1070589
(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)		
<b>c</b> Other income .....	2c		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	2d		-1070589
<b>Expenses</b>			
<b>e</b> 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
<b>f</b> Corrective distributions (see instructions) .....	2f		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	2g		
<b>h</b> Interest expense .....	2h		
<b>i</b> Administrative expenses: (1) Professional fees .....	2i(1)		
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees .....	2i(3)	14591	
(4) Other .....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		14591
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	2j		14591
<b>Net Income and Reconciliation</b>			
<b>k</b> Net income (loss). Subtract line 2j from line 2d.....	2k		-1085180
<b>l</b> Transfers of assets:			
(1) To this plan .....	2l(1)		
(2) From this plan.....	2l(2)		4390029

**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
<b>4a</b>			

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