

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, 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, 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: IR&M CORE BOND COLLECTIVE FUND
1b Three-digit plan number (PN): 001
1c Effective date of plan: 09/04/2014
2a Plan sponsor's name (employer, if for a single-employer plan): GLOBAL TRUST COMPANY
2b Employer Identification Number (EIN): 37-6567224
2c Plan Sponsor's telephone number: 781-970-5021
2d Business code (see instructions): 523900

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 entries for employer/plan sponsor and DFE.

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

Form 5500 (2024) v. 240311

<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>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(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(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</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> <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(1)</b> <b>6g(2)</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>

**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:

<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
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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)

<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 (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<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) – Number Attached _____ (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 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 \_\_\_\_\_

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

<b>A</b> Name of plan <u>IR&amp;M CORE BOND COLLECTIVE FUND</u>	<b>B</b> Three-digit plan number (PN)	<u>001</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>GLOBAL TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>37-6567224</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<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):

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**d** Entity code

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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.)	
<b>a</b>	Plan name ACUITY ANESTHESIOLOGY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ACUITY ANESTHESIOLOGY, LLC	<b>c</b> EIN-PN 26-4774535-001
<b>a</b>	Plan name ADRENALINE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ADRENALINE LLC	<b>c</b> EIN-PN 43-1834321-001
<b>a</b>	Plan name ADVANTEK, LLC PLAN	
<b>b</b>	Name of plan sponsor ADVANTEK, LLC	<b>c</b> EIN-PN 41-1717163-001
<b>a</b>	Plan name ALLERGY CONSULTANTS PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ALLERGY CONSULTANTS PROFIT SHARING PLAN	<b>c</b> EIN-PN 43-1201813-001
<b>a</b>	Plan name AMERICAN ASSOCIATION OF ORTHODONTISTS 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMERICAN ASSOCIATION OF ORTHODONTISTS	<b>c</b> EIN-PN 43-0763598-002
<b>a</b>	Plan name ANOVA 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANOVA FURNISHINGS, INC.	<b>c</b> EIN-PN 43-0957292-004
<b>a</b>	Plan name ANTHONY SUPPLY COMPANY, INC. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ANTHONY SUPPLY COMPANY, INC	<b>c</b> EIN-PN 37-0918540-001
<b>a</b>	Plan name APTIV CORPORATION SAVINGS TRUST	
<b>b</b>	Name of plan sponsor APTIVE CORPORATION	<b>c</b> EIN-PN 27-0791190-001
<b>a</b>	Plan name ARCO/MURRAY GROUP PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ARCO CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 43-1615415-001
<b>a</b>	Plan name ARGENT CAPITAL MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ARGENT CAPITAL MANAGEMENT LLC	<b>c</b> EIN-PN 43-1826950-001
<b>a</b>	Plan name ASPYRA LLC 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ASPYRA LLC	<b>c</b> EIN-PN 27-3128107-001
<b>a</b>	Plan name AW HEALTH CARE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor AGING WELL HEALTH CARE, LLC	<b>c</b> EIN-PN 71-0868310-001

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.)	
<b>a</b>	Plan name BANTA & STUDE CONSTRUCTION CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BANTA & STUDE CONSTRUCTIONS CO INC	<b>c</b> EIN-PN 43-0782087-003
<b>a</b>	Plan name BEER NUTS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEER NUTS, INC.	<b>c</b> EIN-PN 37-0728557-001
<b>a</b>	Plan name BEHR, MCCARTER & POTTER EMP SAFE HARBOR 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BEHR, MCCARTER, POTTER, P.C.	<b>c</b> EIN-PN 43-1601162-001
<b>a</b>	Plan name BLUESTONE LIFE 401(K) PLAN	
<b>b</b>	Name of plan sponsor BLUESTONE LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 47-4735789-001
<b>a</b>	Plan name BOHN & DAWSON, INCORPORATED EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor BOHN & DAWSON, INC.	<b>c</b> EIN-PN 43-0668730-001
<b>a</b>	Plan name BRANCH METAL PROCESSING CORPORATION PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor BRANCH METAL PROCESSING CORP	<b>c</b> EIN-PN 43-1169286-001
<b>a</b>	Plan name BRAUER SUPPLY CO. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BAUER HITE ORTHODONTIC SPECIALISTS, P.C.	<b>c</b> EIN-PN 37-1081817-001
<b>a</b>	Plan name BRENTWOOD PEDIATRICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor BRENTWOOD PEDIATRICS, PLLC	<b>c</b> EIN-PN 20-5418031-001
<b>a</b>	Plan name BRICKLAYERS & ALLIED CRAFTWORKERS LOCAL 13 DEFINED CONT PENS PLAN	
<b>b</b>	Name of plan sponsor BRICKLAYERS & ALLIED CRAFTWORKERS	<b>c</b> EIN-PN 88-0399044-001
<b>a</b>	Plan name C&M SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor C&M SERVICE INC	<b>c</b> EIN-PN 43-0790371-001
<b>a</b>	Plan name CAPE RADIOLOGY GROUP, P.C. EMPLOYEES' PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor CAPE RADIOLOGY GROUP P.C.	<b>c</b> EIN-PN 43-0954380-001
<b>a</b>	Plan name CARMODY MACDONALD P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor CARMODY MACDONALD P.C.	<b>c</b> EIN-PN 43-1229825-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	CDG ENGINEERS, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CDG ENGINEERS, INC	<b>c</b> EIN-PN 43-1593696-001
<b>a</b>	Plan name	CENTURY CASTING CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CENTURY CASTING CORPORATION	<b>c</b> EIN-PN 37-1056829-001
<b>a</b>	Plan name	CHRISTIAN FOODS II, LC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHRISTIAN FOODS II, LLC	<b>c</b> EIN-PN 04-3712304-001
<b>a</b>	Plan name	CHRISTY EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	O'BRIEN INDUSTRIAL HOLDINGS, LLC	<b>c</b> EIN-PN 92-0198356-001
<b>a</b>	Plan name	CLAYTON FINANCIAL GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CLAYTON FINANCIAL GROUP, LLC	<b>c</b> EIN-PN 47-3829020-001
<b>a</b>	Plan name	CLEMENTINA-CLEMCO GROUP 401K PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	CLEMENTINA CLEMCO HOLDINGS	<b>c</b> EIN-PN 94-3256223-006
<b>a</b>	Plan name	CNBSTL AND UBU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CNB ST. LOUIS BANK	<b>c</b> EIN-PN 43-0216490-003
<b>a</b>	Plan name	COMMERCIAL TRANSPORT, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MACARTHUR TRUCKING INC	<b>c</b> EIN-PN 35-2487386-002
<b>a</b>	Plan name	COMPREHENSIVE ANESTHESIA CARE PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	COMPREHENSIVE ANESTHESIA CARE	<b>c</b> EIN-PN 43-1727554-001
<b>a</b>	Plan name	CONSULTANTS IN WOMEN'S HEALTHCARE, INC. 401K & PROFIT SHARING PN	
<b>b</b>	Name of plan sponsor	CONSULTANTS IN WOMEN'S HEALTHCARE, INC.	<b>c</b> EIN-PN 43-1607209-001
<b>a</b>	Plan name	CONTINENTAL DISC	
<b>b</b>	Name of plan sponsor	CONTINENTAL DISC CORPORATION LLC	<b>c</b> EIN-PN 43-0834253-001
<b>a</b>	Plan name	COVERCRESS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COVERCRESS INC	<b>c</b> EIN-PN 47-3764874-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CRH AMERICAS PENSION PLAN	
<b>b</b>	Name of plan sponsor	CRH AMERICAS, INC.	<b>c</b> EIN-PN 95-3298140-001
<b>a</b>	Plan name	CURTIS-TOLEDO, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CURTIS-TOLEDO, INC.	<b>c</b> EIN-PN 43-1155653-001
<b>a</b>	Plan name	D & D DISTRIBUTORS NON-UNION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	D&D DISTRIBUTORS, LLLP DBA GREY EAGLE DIST	<b>c</b> EIN-PN 20-3258724-001
<b>a</b>	Plan name	D & D DISTRIBUTORS UNION DEFINED CONTRIBUTION PLAN	
<b>b</b>	Name of plan sponsor	D&D DISTRIBUTORS, LLLP DBA GREY EAGLE DIST	<b>c</b> EIN-PN 20-3258724-005
<b>a</b>	Plan name	DANUSER MACHINE COMPANY SAVINGS AND INVESTMENT PLAN	
<b>b</b>	Name of plan sponsor	DANUSER MACHINE COMPANY	<b>c</b> EIN-PN 43-0620147-002
<b>a</b>	Plan name	DEFERRED COMP PLAN FOR SALARIED EMPLOYEES OF HERMAN OAK LEATHER	
<b>b</b>	Name of plan sponsor	HERMANN OAK LEATHER COMPANY	<b>c</b> EIN-PN 43-0319840-001
<b>a</b>	Plan name	DEFLECTO LLC EMPLOYEE BENEFIT 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	DEFLECTO LLC	<b>c</b> EIN-PN 27-2701695-501
<b>a</b>	Plan name	DEVELOPMENT STRATEGIES, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DEVELOPMENT STATEGIES INC.	<b>c</b> EIN-PN 43-1472565-002
<b>a</b>	Plan name	DEXTER MAGNETIC	
<b>b</b>	Name of plan sponsor	DEXTER MAGNETIC HOLDINGS, LLC	<b>c</b> EIN-PN 88-0868607-001
<b>a</b>	Plan name	DIERBERGS COLLECTIVELY BARGAINED EMPLOYEES' 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIERBERGS MARKETS, INC	<b>c</b> EIN-PN 43-0863198-002
<b>a</b>	Plan name	DIERBERGS MARKETS, INC. 401(K) AND RETIREMENT BONUS PLAN	
<b>b</b>	Name of plan sponsor	DIERBERGS MARKETS, INC	<b>c</b> EIN-PN 43-0863198-001
<b>a</b>	Plan name	DJD MEDICAL, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DJD MEDICAL, LLC	<b>c</b> EIN-PN 87-4227419-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	DTC ADVISORS, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DTC ADVISORS, LLC	<b>c</b> EIN-PN 27-4605653-001
<b>a</b>	Plan name	DUCKETT CREEK SEWER DISTRICT 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DUCKETT CREEK SEWER VOL SUB ICMA RET CORP	<b>c</b> EIN-PN 43-1125121-001
<b>a</b>	Plan name	DUKE MANUFACTURING COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DUKE MANUFACTURING COMPANY	<b>c</b> EIN-PN 43-1548196-002
<b>a</b>	Plan name	ELEVATOR CONSTRUCTORS ANNUITY AND 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BD OF TRUST OF ELEV CONST ANN & 401K RET PN	<b>c</b> EIN-PN 52-2125995-001
<b>a</b>	Plan name	ERIC SCOTT LEATHERS, LTD. 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ERIC SCOTT LEATHERS, LTD.	<b>c</b> EIN-PN 43-1360276-001
<b>a</b>	Plan name	EVANS & DIXON, LLC 401(K) AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	EVANS & DIXON, LLC	<b>c</b> EIN-PN 43-0611994-002
<b>a</b>	Plan name	EXLINE, INC. PROFIT SHARING/401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	EXLINE, INC.	<b>c</b> EIN-PN 48-1143335-001
<b>a</b>	Plan name	FEED PRODUCTS SOUTH, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FEED PRODUCTS SOUTH, INC	<b>c</b> EIN-PN 43-1743529-001
<b>a</b>	Plan name	FRED WEBER, INC. HOURLY EMPLOYEES PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRED WEBER, INC	<b>c</b> EIN-PN 43-0626545-005
<b>a</b>	Plan name	FRED WEBER, INC. PROFIT SHARING AND 401(K) PLAN	
<b>b</b>	Name of plan sponsor	FRED WEBER, INC	<b>c</b> EIN-PN 43-0626545-004
<b>a</b>	Plan name	G.H. TOOL & MOLD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	G.H. TOOL & MOLD INC.	<b>c</b> EIN-PN 43-1298245-002
<b>a</b>	Plan name	G.M. JOHNSON COMPANIES, INC 401K & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	G.M. JOHNSON COMPANIES, INC.	<b>c</b> EIN-PN 43-1578328-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GARDNER CAPITAL MANAGEMENT LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GARDNER CAPITAL MANAGEMENT LLC	<b>c</b> EIN-PN 81-2120474-001
<b>a</b>	Plan name	GCRE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GERSHMAN COMMERCIAL REAL ESTATE LLC	<b>c</b> EIN-PN 43-0763769-001
<b>a</b>	Plan name	GENERAL AUTOMATIC TRANSFER COMPANY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GENERAL AUTOMATIC TRANSFER COMPANY	<b>c</b> EIN-PN 43-1729573-001
<b>a</b>	Plan name	GERSHMAN INVESTMENT CORP. EMPLOYEES SAVINGS TRUST	
<b>b</b>	Name of plan sponsor	GRESHMAN INVESTMENT CORP.	<b>c</b> EIN-PN 43-0710608-001
<b>a</b>	Plan name	GRAY, RITTER & GRAHAM, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRAY, RITTER & GRAHAM P.C.	<b>c</b> EIN-PN 43-1230744-003
<b>a</b>	Plan name	GREENBRIAR HILLS COUNTRY CLUB RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREENBIRAR HILLS COUNTRY CLUB	<b>c</b> EIN-PN 43-0300764-001
<b>a</b>	Plan name	GRIMCO, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	GRIMCO INC.	<b>c</b> EIN-PN 43-0955083-001
<b>a</b>	Plan name	GSI 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GSI DIVERSIFIED, INC	<b>c</b> EIN-PN 45-2516019-001
<b>a</b>	Plan name	H.W. HERRELL DISTRIBUTING CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H.W. HERRELL DISTRIBUTING COMPANY	<b>c</b> EIN-PN 43-0810878-002
<b>a</b>	Plan name	HAMMER & STEEL, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HAMMER & STEEL, INC	<b>c</b> EIN-PN 43-1514838-001
<b>a</b>	Plan name	HANNIBAL CLINIC OPERATIONS, LLC 401 (K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HANNIBAL CLINIC OPERATIONS, LLC	<b>c</b> EIN-PN 71-0893524-002
<b>a</b>	Plan name	HARBOUR GROUP INDUSTRIES, INC. RETIREMENT INCOME SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HARBOUR GROUP INDUSTRIES, INC.	<b>c</b> EIN-PN 43-1322312-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HARRISONVILLE TELEPHONE COMPANY 401K PLAN FOR MGMT EMP	
<b>b</b>	Name of plan sponsor	HARRISONVILLE TELEPHONE COMPANY	<b>c</b> EIN-PN 37-0315345-002
<b>a</b>	Plan name	HARRISONVILLE TELEPHONE COMPANY 401K PLAN FOR NON-MGMT EMP	
<b>b</b>	Name of plan sponsor	HARRISONVILLE TELEPHONE COMPANY	<b>c</b> EIN-PN 37-0315345-001
<b>a</b>	Plan name	HEALTH, EDUCATION & RESEARCH ASSOCIATES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HEALTH, EDUCATION & RESEARCH ASSOCIATES INC	<b>c</b> EIN-PN 20-0820473-001
<b>a</b>	Plan name	HICUITY HEALTH & CRITICAL CARE SERVICES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HICUITY HEALTH & CRITICAL CARE SERVICES RTMT	<b>c</b> EIN-PN 36-4584776-001
<b>a</b>	Plan name	H-J ENTERPRISES EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	H-J ENTERPRISES, INC.	<b>c</b> EIN-PN 43-0925854-001
<b>a</b>	Plan name	HJELLE ADVISORS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HJELLE ADVISORS, LLC	<b>c</b> EIN-PN 27-4790094-001
<b>a</b>	Plan name	HOGAN SERVICES	
<b>b</b>	Name of plan sponsor	HOGAN SERVICES, INC.	<b>c</b> EIN-PN 43-0697572-001
<b>a</b>	Plan name	HOME BUILDERS ASSOC OF STL AND EASTERN MISSOURI THRIFT PLAN	
<b>b</b>	Name of plan sponsor	HOME BUILDERS ASSOC OF STL & E MISSOURI	<b>c</b> EIN-PN 43-0199685-001
<b>a</b>	Plan name	HOUSING AUTHORITY OF ST. LOUIS COUNTY DEFERRED COMPENSATION PLAN	
<b>b</b>	Name of plan sponsor	HOUSING AUTHORITY OF ST. LOUIS COUNTY	<b>c</b> EIN-PN 43-6003234-002
<b>a</b>	Plan name	HOUSING AUTHORITY OF ST. LOUIS COUNTY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	HOUSING AUTHORITY OF ST. LOUIS COUNTY	<b>c</b> EIN-PN 43-6003234-001
<b>a</b>	Plan name	HUSCH BLACKWELL STRATEGIES LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HUSCH BLACKWELL STRATEGIES LLC	<b>c</b> EIN-PN 35-2612034-001
<b>a</b>	Plan name	HYDROMAT, INC. OF ST. LOUIS MO 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HYDROMAT, INC.OF ST. LOUIS,MO	<b>c</b> EIN-PN 43-1177255-333

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	HYMAN LTD. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	HYMAN LTD	<b>c</b> EIN-PN 43-1535045-001
<b>a</b>	Plan name	IMPERIAL ANIMAL HOSPITAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IMPERIAL ANIMAL HOSPITAL 401(K) PLAN	<b>c</b> EIN-PN 43-1288267-002
<b>a</b>	Plan name	INTERIOR SYSTEMS CONTRACTING, INC. EMPLOYEE'S PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERIOR SYS CONTRACTING, INC. EMP PSP	<b>c</b> EIN-PN 43-1221525-001
<b>a</b>	Plan name	JAY HENGES ENTERPRISES, INC. EMPLOYEES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JAY HENGES ENTERPRISES INC	<b>c</b> EIN-PN 43-0916729-002
<b>a</b>	Plan name	JC PEDS LLC 401(K)	
<b>b</b>	Name of plan sponsor	JC PEDS LLC	<b>c</b> EIN-PN 86-2854010-001
<b>a</b>	Plan name	JEFFERSON CITY MEDICAL GROUP, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JEFFERSON CITY MEDGROUP, P.C. PSP	<b>c</b> EIN-PN 43-0954586-001
<b>a</b>	Plan name	K SQUARED HOLDINGS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	K SQUARED HOLDINGS, INC.	<b>c</b> EIN-PN 20-5586966-001
<b>a</b>	Plan name	KARSTEN, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	KARSTEN, INC.	<b>c</b> EIN-PN 43-1348893-001
<b>a</b>	Plan name	KEMCO TOOL & MACH CO INC. EMP SAVINGS & PROFIT SHARE PLAN & TRUST	
<b>b</b>	Name of plan sponsor	KEMCO TOOL & MACHINE CO. INC.	<b>c</b> EIN-PN 26-0480921-001
<b>a</b>	Plan name	KEYWAY CENTER FOR DIVERSION & REENTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYLE BRASHER LLC	<b>c</b> EIN-PN 90-0433777-002
<b>a</b>	Plan name	KOHNER PROPERTIES, INC. EMPLOYEE SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KOHNER PROPERTIES INC.	<b>c</b> EIN-PN 43-1259595-001
<b>a</b>	Plan name	LACINY BROS INC 401K PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	LACINY BROS INC	<b>c</b> EIN-PN 43-0367870-001

<b>Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>		
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)		
<b>a</b> Plan name	LAWSON SCREEN PRODUCTS, INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	LAWSON SCREEN DIGITAL PRODUCTS, INC.	<b>c</b> EIN-PN 43-0950416-002
<b>a</b> Plan name	LIN-KRIS PHARMACY 401(K) PLAN	
<b>b</b> Name of plan sponsor	LIN-KRIS PHARMACY INC	<b>c</b> EIN-PN 43-1180792-001
<b>a</b> Plan name	LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTATIVE THRIFT PLAN I	
<b>b</b> Name of plan sponsor	LI ELECTRIC UTILITY SERVCO LLC MASTER TRUST	<b>c</b> EIN-PN 45-4652143-002
<b>a</b> Plan name	LONG ISLAND ELECTRIC UTILITY SERVCO LLC INCENTATIVE THRIFT PLAN II	
<b>b</b> Name of plan sponsor	LI ELEC UTILITY SERVCO LLC MASTER TRUST	<b>c</b> EIN-PN 45-4652143-003
<b>a</b> Plan name	M.L.P. 401(K) PLAN	
<b>b</b> Name of plan sponsor	MLP MULTI-FAMILY CONSTRUCTION LLC	<b>c</b> EIN-PN 43-1852949-001
<b>a</b> Plan name	MARTY CANCILA EMPLOYEE 401(K) PLAN	
<b>b</b> Name of plan sponsor	FLORISSANT DODGE SALES, INC.	<b>c</b> EIN-PN 43-1050468-001
<b>a</b> Plan name	MARYVILLE CONSULTING GROUP, INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b> Name of plan sponsor	MARYVILLE CONSULTING GROUP, INC.	<b>c</b> EIN-PN 43-1669059-001
<b>a</b> Plan name	MATTHEWS BOOK COMPANY EMPLOYEE STOCK OWNERSHIP & SAVINGS PLAN	
<b>b</b> Name of plan sponsor	MATTHEWS BOOK COMPANY	<b>c</b> EIN-PN 43-0786384-001
<b>a</b> Plan name	MECHANICAL SUPPLY CO., INC. 401(K) PLAN	
<b>b</b> Name of plan sponsor	MECHANICAL SUPPLY COMPANY	<b>c</b> EIN-PN 43-0645850-002
<b>a</b> Plan name	MEDICAL VENTURES LLC 401(K) PLAN	
<b>b</b> Name of plan sponsor	MEDICAL VENTURES LLC	<b>c</b> EIN-PN 35-2776904-001
<b>a</b> Plan name	MHG 401K RETIREMENT PLAN	
<b>b</b> Name of plan sponsor	METRO HEART GROUP OF ST LOUIS, INC.	<b>c</b> EIN-PN 43-1659850-001
<b>a</b> Plan name	MHS LEGACY GROUP 401(K) PLAN	
<b>b</b> Name of plan sponsor	MHS LEGACY GROUP, INC.	<b>c</b> EIN-PN 26-4128041-001

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.)	
<b>a</b>	Plan name MID-MISSOURI ANESTHESIA CONSULTANTS, P.C. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MID-MISSOURI ANESTHESIA CONSULTANTS, P.C.	<b>c</b> EIN-PN 43-1383899-003
<b>a</b>	Plan name MIDWEST VALVE & CONTROLS, INC 401K PLANS	
<b>b</b>	Name of plan sponsor MIDWEST VALVE & CONTROLS, INC 401K PLANS	<b>c</b> EIN-PN 43-1611920-001
<b>a</b>	Plan name MII ASSOCIATES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MITEK USA, INC.	<b>c</b> EIN-PN 43-1531931-010
<b>a</b>	Plan name MISSIONWIRED 401(K) PLAN	
<b>b</b>	Name of plan sponsor ANNE LWEIS STRATEGIES, LLC	<b>c</b> EIN-PN 87-0784424-001
<b>a</b>	Plan name MONETA GROUP SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MONETA GROUP LLC	<b>c</b> EIN-PN 20-1903821-001
<b>a</b>	Plan name N.B. WEST CONTRACTING COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor N.B. WEST CONTRACTING COMPANY	<b>c</b> EIN-PN 43-0794720-001
<b>a</b>	Plan name NATIONAL SALES COMPANY PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NATIONAL SALES COMPANY	<b>c</b> EIN-PN 43-0658593-001
<b>a</b>	Plan name NEWGROUND RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NEWGROUND RESOURCES, INC.	<b>c</b> EIN-PN 36-4264767-001
<b>a</b>	Plan name NEWLEAF SYMBIOTICS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor NEWLEAF SYMBIOTICS	<b>c</b> EIN-PN 46-1650895-001
<b>a</b>	Plan name NIEHAUS BUILDING SERVICES PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor NEIHAUS SERVICES, LLC	<b>c</b> EIN-PN 46-4944873-001
<b>a</b>	Plan name NORRIS ELECTRIC COOPERATIVE PENSION PLAN	
<b>b</b>	Name of plan sponsor NORRIS ELECTRIC COOPERATIVE	<b>c</b> EIN-PN 37-0442695-001
<b>a</b>	Plan name NORTHSTAR MANAGEMENT COMPANY, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHSTAR MANAGEMENT CO. LLC	<b>c</b> EIN-PN 43-1832643-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	NORTHWEST INFECTIOUS DISEASE, LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NORTHWEST INFECTIOUS DISEASE, LLC	<b>c</b> EIN-PN 43-1700580-001
<b>a</b>	Plan name	O.J. LAUGHLIN PLUMBING CO., INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	O.J. LAUGHLIN PLUMBING CO., INC.	<b>c</b> EIN-PN 43-1243058-001
<b>a</b>	Plan name	OIL CHANGERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OIL CHANGERS	<b>c</b> EIN-PN 77-0197610-001
<b>a</b>	Plan name	ORHOPEDIC SPECIALISTS PC 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	ORTHOPEDIC SPECIALISTS PC	<b>c</b> EIN-PN 43-1853506-001
<b>a</b>	Plan name	P&A DRYWALL SUPPLY, INC. PROFIT SHARING/401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	P&A DRYWALL SUPPLY, INC	<b>c</b> EIN-PN 43-1034297-002
<b>a</b>	Plan name	PADBERG, CORRIGAN & APPELBAUM, P.C. PROFIT SHARING & 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PADBERG, CORRIGAN & APPELBAUM P.C.	<b>c</b> EIN-PN 43-1851527-001
<b>a</b>	Plan name	PARADOWSKI CREATIVE 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	WOODRUFF COMMUNICATIONS ST.LOUIS, LLC	<b>c</b> EIN-PN 45-5592818-002
<b>a</b>	Plan name	PARAMOUNT CONVENTION SERVICES, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PARAMOUNT CONVENTION SERVICES, INC	<b>c</b> EIN-PN 43-1592675-001
<b>a</b>	Plan name	PARIC CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PARIC CORPORATION	<b>c</b> EIN-PN 43-1165266-001
<b>a</b>	Plan name	PEDIATRIC DENTISTRY OF SUNSET HILLS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PEDIATRIC DENTISTRY OF SUNSET HILLS	<b>c</b> EIN-PN 43-1149019-001
<b>a</b>	Plan name	PERFICIENT INC. 401(K) EMPLOYEES SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PERFICIENT, INC.	<b>c</b> EIN-PN 74-2853258-001
<b>a</b>	Plan name	PHOENIX TEXTILE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PHOENIX TEXTILE CORPORATION	<b>c</b> EIN-PN 43-1291118-001

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.)	
<b>a</b>	Plan name PROGRESSIVE VOICE & DATA, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PROGRESSIVE VOICE & DATA, INC.	<b>c</b> EIN-PN 37-1349983-002
<b>a</b>	Plan name PROVISION LIVING ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor PROVISION LIVING ASSOCIATES, LLC	<b>c</b> EIN-PN 27-1418924-001
<b>a</b>	Plan name RAUCKMAN HIGH VOLTAGE SALES, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RAUCKMAN HIGH VOLTAGE SALES, LLC	<b>c</b> EIN-PN 43-1857972-001
<b>a</b>	Plan name RBO PRINTLOGISTIX, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor RBO PRINTLOGISTIX, INC	<b>c</b> EIN-PN 43-1384444-001
<b>a</b>	Plan name REIFERS, HOLMES & PETERS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor CENTER FOR WOMEN IN TRANSITION, INC	<b>c</b> EIN-PN 43-1799627-001
<b>a</b>	Plan name RENSA FILTRATION RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor RENSA FILTRATION INC	<b>c</b> EIN-PN 82-1253707-001
<b>a</b>	Plan name RENT ONE 401(K) PLAN	
<b>b</b>	Name of plan sponsor SKC ENTERPRISES, INC. DBA RENT ONE	<b>c</b> EIN-PN 37-1211032-001
<b>a</b>	Plan name REVITALIFE WELLNESS CENTER 401(K) PLAN	
<b>b</b>	Name of plan sponsor REVITALIFE WELLNEXX CENTER, LLC	<b>c</b> EIN-PN 45-5181819-001
<b>a</b>	Plan name RITE-A-WAY LAWN CARE LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RITE-A-WAY LAWN CARE, LLC	<b>c</b> EIN-PN 57-1200137-001
<b>a</b>	Plan name ROANOKE CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROANOKE CONSTRUCTION COMPANY	<b>c</b> EIN-PN 46-0630334-001
<b>a</b>	Plan name ROESLEIN & ASSOCIATES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ROESLEIN REAL ESTATE LP	<b>c</b> EIN-PN 20-4355970-001
<b>a</b>	Plan name S&R EMPLOYEES RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor SINCLAIR AND RUSH, INC.	<b>c</b> EIN-PN 43-1153069-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SALINA VORTEX EMPLOYEES' RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SALINA VORTEX CORPORATION	<b>c</b> EIN-PN 48-0864772-001
<b>a</b>	Plan name	SAVINGS AND INVESTMENT 401K PLAN OF WHITE & CASE LLP	
<b>b</b>	Name of plan sponsor	WHITE & CASE LLP	<b>c</b> EIN-PN 13-5605970-004
<b>a</b>	Plan name	SCHROEDER & TREMAYNE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SCHROEDER & TREMAYNE, INC.	<b>c</b> EIN-PN 43-0507020-002
<b>a</b>	Plan name	SEMI-BULK SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SEMI-BULK SYSTEMS INC	<b>c</b> EIN-PN 43-1051970-001
<b>a</b>	Plan name	SHAPIRO SALES COMPANY EMPLOYEES' SAVINGS PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	SHAPIRO SALES COMPANY	<b>c</b> EIN-PN 43-0836237-003
<b>a</b>	Plan name	SHARON YOUNG, INC. 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SHARON YOUNG, INC	<b>c</b> EIN-PN 75-2122740-001
<b>a</b>	Plan name	SHELTER WORKS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SWITZER INDUSTRIES INC DBA SHELTER WORKS	<b>c</b> EIN-PN 38-3260486-001
<b>a</b>	Plan name	SLINGSHOT ECOMMERCE 401(K) PROFIT	
<b>b</b>	Name of plan sponsor	123 SLINGSHOT LLC DVA SLINGSHOT ECOMMERCE	<b>c</b> EIN-PN 81-0985795-001
<b>a</b>	Plan name	SNYDER ENGINEERING RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	SNYDER ENGINEERING INC.	<b>c</b> EIN-PN 43-1802354-001
<b>a</b>	Plan name	SPELLMAN BRADY & COMPANY 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SPELLMAN, BRADY, AND COMPANY	<b>c</b> EIN-PN 43-1701829-001
<b>a</b>	Plan name	SPIRTAS COMPANY 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	SPIRTAS COMPANY	<b>c</b> EIN-PN 43-0978974-001
<b>a</b>	Plan name	ST. LOUIS CREMATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ST. LOUIS CREMATION SERVICE, INC.	<b>c</b> EIN-PN 43-1769392-001

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.)	
<b>a</b>	Plan name ST. LOUIS PEDIADTRIC ASSOCIATES INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ST. LOUIS PEDIATRIC ASSOCIATES INC.	<b>c</b> EIN-PN 43-1695193-001
<b>a</b>	Plan name STOKES DISTRIBUTION 401(K) ADMIN PLAN	
<b>b</b>	Name of plan sponsor STOKES DISTRIBUTION LLC	<b>c</b> EIN-PN 46-0664106-001
<b>a</b>	Plan name SUMMERS COMPTON WELLS 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUMMERS COMPTON WELLS LLC	<b>c</b> EIN-PN 43-1134350-001
<b>a</b>	Plan name SUNNEN EMPLOYEES' PROFIT-SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor SUNNEN PRODUCTS COMPANY	<b>c</b> EIN-PN 43-0543500-001
<b>a</b>	Plan name TACONY CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor TACONY CORPORATION	<b>c</b> EIN-PN 43-0742269-002
<b>a</b>	Plan name TARLTON CORPORATION PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TARLTON CORPORATION	<b>c</b> EIN-PN 43-0613116-001
<b>a</b>	Plan name TARLTON CORPORATION TEAMSTERS LOCAL 682 401(K) PLAN TRUST	
<b>b</b>	Name of plan sponsor TARLTON CORPORATION	<b>c</b> EIN-PN 43-0613116-002
<b>a</b>	Plan name TAYLOR LAW OFFICES, P.C. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor TAYLOR LAW OFFICES, P.C.	<b>c</b> EIN-PN 37-1075744-002
<b>a</b>	Plan name TD AMERITRADE TRUST CO RETIREMENT ADV MOD CONSERVATIVE FUND	
<b>b</b>	Name of plan sponsor TD AMERITRADE TRUST COMPANY	<b>c</b> EIN-PN 20-0937408-219
<b>a</b>	Plan name TD AMERITRADE TRUST CO RETIREMENT ADVOCATE MOD AGGRESSIVE FD	
<b>b</b>	Name of plan sponsor TD AMERITRADE TRUST COMPANY	<b>c</b> EIN-PN 20-0937408-221
<b>a</b>	Plan name TD AMERITRADE TRUST COMPANY RETIREMENT ADVOCATE CONSERVATIVE FUND	
<b>b</b>	Name of plan sponsor TD AMERITRADE TRUST COMPANY	<b>c</b> EIN-PN 20-0937408-218
<b>a</b>	Plan name TD AMERITRADE TRUST COMPANY RETIREMENT ADVOCATE MODERATE FUND	
<b>b</b>	Name of plan sponsor TD AMERITRADE TRUST COMPANY	<b>c</b> EIN-PN 20-0937408-220

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	TECHNOLOGY PARTNERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TECHNOLOGY PARTNERS, INC.	<b>c</b> EIN-PN 43-1680520-001
<b>a</b>	Plan name	TELLE TIRE RETIREMENT SAVINGS & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TELLE TIRE	<b>c</b> EIN-PN 43-0783301-001
<b>a</b>	Plan name	THE 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF CHILDREN'S MERCY	
<b>b</b>	Name of plan sponsor	CHILDRENS MERCY - PEDIATRIC CARE SPECIALISTS	<b>c</b> EIN-PN 81-4753049-001
<b>a</b>	Plan name	THE BANK OF HERRIN EMPLOYEES' 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BANK OF HERRIN	<b>c</b> EIN-PN 37-0207950-001
<b>a</b>	Plan name	THE DANIEL AND HENRY CO. SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	THE DANIEL AND HENRY COMPANY	<b>c</b> EIN-PN 43-0634945-003
<b>a</b>	Plan name	THE FNB COMMUNITY BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE FIRST NATIONAL BANK	<b>c</b> EIN-PN 37-0562445-001
<b>a</b>	Plan name	THE HERRING IMPACT GROUP EMPLOYEES 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE HERRING IMPACT GROUP LLC	<b>c</b> EIN-PN 26-0392325-001
<b>a</b>	Plan name	THE MAGIC HOUSE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE MAGIC HOUSE	<b>c</b> EIN-PN 51-0138441-001
<b>a</b>	Plan name	THE NEWBERRY GROUP INC., 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THE NEWBERRY GROUP, INC.	<b>c</b> EIN-PN 43-1755637-001
<b>a</b>	Plan name	THE PROFIT SHARING PLAN & TRUST OF CARDIAC, T & V SURGERY	
<b>b</b>	Name of plan sponsor	CTV, INC	<b>c</b> EIN-PN 43-1294141-002
<b>a</b>	Plan name	THE WATERWAYS JOURNAL, INC	
<b>b</b>	Name of plan sponsor	THE WATERWAYS JOURNAL, INC	<b>c</b> EIN-PN 43-0833503-002
<b>a</b>	Plan name	THOMPSON COBURN LLP 401K PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	THOMPSON COBURN	<b>c</b> EIN-PN 43-0666662-002

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	TIERPOINT 401K PLAN	
<b>b</b>	Name of plan sponsor	TIERPOINT LLC	<b>c</b> EIN-PN 32-0356624-001
<b>a</b>	Plan name	TRANSPORTATION MAINTENANCE SERVICES, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRANSPORTATION MAINTENANCE SERVICES	<b>c</b> EIN-PN 43-1722125-001
<b>a</b>	Plan name	TRIAD BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIAD BANK	<b>c</b> EIN-PN 34-2033556-001
<b>a</b>	Plan name	TROPHY PROPERTIES AND AUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TROPHY PROPERTIES AND AUCTION,LLC	<b>c</b> EIN-PN 45-5269913-001
<b>a</b>	Plan name	TRUE FITNESS TECHNOLOGY, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRUE FITNESS TECHNOLOGY INC	<b>c</b> EIN-PN 43-1240135-001
<b>a</b>	Plan name	TRUE MANUFACTURING COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRUE MFG.CO, INC.	<b>c</b> EIN-PN 43-0709967-002
<b>a</b>	Plan name	TUETH, KEENEY, COOPER, MOHAN & JACKSTADT, P.C. 401K PSP	
<b>b</b>	Name of plan sponsor	TUETH KEENEY COOPER MOHAN & JACKSTADT PC	<b>c</b> EIN-PN 43-1879275-001
<b>a</b>	Plan name	USSEC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	U.S. SOYBEAN EXPORT COUNCIL, INC	<b>c</b> EIN-PN 20-2462213-001
<b>a</b>	Plan name	W. SCHILLER & CO., INC. 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	W. SCHILLER & CO., INC.	<b>c</b> EIN-PN 43-0503560-002
<b>a</b>	Plan name	WALSH & ASSOCIATES INC. EMPLOYEES PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WALSH & ASSOCIATES, INC.	<b>c</b> EIN-PN 43-0907728-002
<b>a</b>	Plan name	WALTERS METAL FABRICATION, INC. 401(K) SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WALTERS METAL FABRICATION, INC.	<b>c</b> EIN-PN 37-1170212-001
<b>a</b>	Plan name	WEISSMAN DESIGNS FOR DANCE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WEISSMAN DESIGNS FOR DANCE	<b>c</b> EIN-PN 43-0764447-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	WILLIAM J. KOWALSKI DMD LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILLIAM J. KOWALSKI DMD LLC	<b>c</b> EIN-PN 20-1240513-001
<b>a</b>	Plan name	WISCONSIN LIFT TRUCK CORPORATION SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	WISCONSIN LIFT TRUCK CORPORATION	<b>c</b> EIN-PN 39-1052980-005
<b>a</b>	Plan name	WOMAN'S CARE CONSULT SAFE HARBOR 401K PROF SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WOMAN'S CARE CONSULTANTS, LLC	<b>c</b> EIN-PN 43-1800826-001
<b>a</b>	Plan name	WOODARD CLEANING & RESTORATION, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WOODARD CLEANING & RESTORATION, INC.	<b>c</b> EIN-PN 43-1072204-002
<b>a</b>	Plan name	CERTIFIED NETS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CERTIFIED NETS, INC.	<b>c</b> EIN-PN 43-1776919-001
<b>a</b>	Plan name	DEMOULIN BROTHERS & COMPANY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	DEMOULIN BROTHERS & COMPANY	<b>c</b> EIN-PN 37-0244250-003
<b>a</b>	Plan name	FIRE TECH, LLC 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	FIRE TECH, LLC	<b>c</b> EIN-PN 20-0544010-001
<b>a</b>	Plan name	AUTOMATIVE MACHINISTS PENSION PLAN	
<b>b</b>	Name of plan sponsor	AUTOMATIVE MACHINISTS PENSION TRUST	<b>c</b> EIN-PN 91-6123687-001
<b>a</b>	Plan name	DUPONT SPECIALTY PRODUCTS & RELATED CO. SAVINGS PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	DUPONT DE NEMOURS, INC.	<b>c</b> EIN-PN 83-3846995-001
<b>a</b>	Plan name	EMPLOYEE RETIREMENT PLAN OF S&P GLOBAL INC AND ITS SUBSIDIARES	
<b>b</b>	Name of plan sponsor	S&P GLOBAL INC.	<b>c</b> EIN-PN 13-1026995-001
<b>a</b>	Plan name	EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION	
<b>b</b>	Name of plan sponsor	BOSE CORPORATION	<b>c</b> EIN-PN 04-2655386-001
<b>a</b>	Plan name	WILSON'S STRUCTURAL STEEL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	WILSON'S STRUCTURAL STEEL, LLC	<b>c</b> EIN-PN 90-0989438-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>IR&amp;M CORE BOND COLLECTIVE FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>001</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>GLOBAL TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>37-6567224</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	247247	0
<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>	7648287	9269116
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	11125071	11840546
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	467127437	494642921
<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>	256181284	307751659
<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>		
<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>	148038613	191524831

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	890367939	1015029073
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	8901644	9308063
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	8901644	9308063
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	881466295	1005721010

**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: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	42915825	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		42915825
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	661729	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
(3) Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	413455434	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	418380408	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	-16675171	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		827
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		21978236

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	30140	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1425313	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	182224	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>	277801	
(11) Other expenses.....	<b>2i(11)</b>	48760	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1964238
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1964238

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		20013998
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		311509516
(2) From this plan .....	<b>2l(2)</b>		207268799

**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
<b>a</b> 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>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.)			
<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.)			
<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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<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?			
<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?			
<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?			
<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.)			
<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.)			
<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?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<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.			

**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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.