

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 0 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection.
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024

A Name of plan <u>COMERICA LARGE CAP EQUITY INDEX FUND</u>	B Three-digit plan number (PN)	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>COMERICA BANK & TRUST, NATIONAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>38-6555647</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>COMERICA SHORT-TERM FUND</u>	
b Name of sponsor of entity listed in (a):	<u>COMERICA BANK & TRUST, NATIONAL ASSOCIATION</u>	
c EIN-PN <u>47-7305132-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>428055</u>
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

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

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name ARKANSAS FOODBAN PUSD	
b	Name of plan sponsor ARKANSAS FOODBANK	c EIN-PN 82-1364595-001
a	Plan name AUTUMN ROAD FAMILY PRACTICE 401K	
b	Name of plan sponsor AUTUMN ROAD FAMILY PRACTICE P.A.	c EIN-PN 71-0412985-001
a	Plan name BC ENGINEERS INC. 401K PLAN PUSD	
b	Name of plan sponsor BC ENGINEERS, INC.	c EIN-PN 48-1098604-001
a	Plan name BRADLEY COUNTY MEDICAL CENTER PU	
b	Name of plan sponsor BRADLEY COUNTY MEDICAL CENTER	c EIN-PN 71-0797499-002
a	Plan name BRAZOS ELECTRIC - COMERICA S&P 5	
b	Name of plan sponsor BRAZOS ELECTRIC POWER COOPERATIV	c EIN-PN 74-0524729-001
a	Plan name BTC BANK 401(K) PROFIT SHARING P	
b	Name of plan sponsor BTC BANK	c EIN-PN 44-0170910-002
a	Plan name BUILDING LAB LCL 310 ANNUITY WAM	
b	Name of plan sponsor BUILDING LABORERS LOCAL 310	c EIN-PN 34-1800561-002
a	Plan name C & R MFG. PUSD	
b	Name of plan sponsor C & R MANUFACTURING INC	c EIN-PN 48-1034248-002
a	Plan name CENTRAL IOWA CARP MPP - S&P500&6	
b	Name of plan sponsor CENTRAL IOWA CARPENTERS	c EIN-PN 36-6066902-003
a	Plan name CENTRAL IOWA CARP PEN - S&P 500	
b	Name of plan sponsor CENTRAL IOWA CARPENTERS	c EIN-PN 36-6066902-002
a	Plan name CHRIST CHURCH G P LAY RET PLAN P	
b	Name of plan sponsor CHRIST CHURCH GROSSE PTE LAY EMP	c EIN-PN 38-6275933-001
a	Plan name CINGULATE THER PUSD	
b	Name of plan sponsor CINGULATE THERAPEUTICS	c EIN-PN 82-1364595-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	CMA ALL CAP COMPOSITE EQ INDEX F	
b	Name of plan sponsor	COMERICA BANK & TRUST NA	c EIN-PN 30-0216651-001
a	Plan name	COMMERCIAL STEEL TREATING UAW #2	
b	Name of plan sponsor	COMMERCIAL STEEL TREAT UAW RET	c EIN-PN 38-0437420-003
a	Plan name	COWELL ALT RISK SERVICES 401K PS	
b	Name of plan sponsor	COWELL INSURANCE GROUP INC	c EIN-PN 43-1526751-001
a	Plan name	DIAMOND BANK 401(K) PLAN PUSD	
b	Name of plan sponsor	DIAMOND BANK	c EIN-PN 71-0141380-001
a	Plan name	DIAMOND LAKES PUSD	
b	Name of plan sponsor	DIAMOND LAKES FED CREDIT UNION	c EIN-PN 82-1364595-001
a	Plan name	DUBLIN GENERAL STORE LTD PUSD	
b	Name of plan sponsor	DUBLIN GENERAL STORE LTD	c EIN-PN 38-2555965-001
a	Plan name	EMPLOYER-TEAMSTERS LCL 175 & 505	
b	Name of plan sponsor	EMPLOYER-TEAMSTERS LOC 175 & 505	c EIN-PN 55-6021850-001
a	Plan name	ENGINES, INC. PUSD	
b	Name of plan sponsor	ENGINES, INC.	c EIN-PN 71-0518555-002
a	Plan name	FIDUCIARY INVESTMENT TR AGGRESSI	
b	Name of plan sponsor	COMERICA BANK & TRUST NA	c EIN-PN 47-6646422-001
a	Plan name	FIDUCIARY INVESTMENT TR BALANCED	
b	Name of plan sponsor	COMERICA BANK & TRUST NA	c EIN-PN 47-6652256-001
a	Plan name	FIDUCIARY INVESTMENT TR CONSERVA	
b	Name of plan sponsor	COMERICA BANK & TRUST NA	c EIN-PN 47-6658632-001
a	Plan name	FIDUCIARY INVESTMENT TR GROWTH P	
b	Name of plan sponsor	COMERICA BANK & TRUST NA	c EIN-PN 47-6649174-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name FIDUCIARY INVESTMENT TR MOD CONS	
b	Name of plan sponsor COMERICA BANK & TRUST NA	c EIN-PN 47-6655437-001
a	Plan name FIVE RIVERS MEDICAL CENTER 401K	
b	Name of plan sponsor FIVE RIVERS MEDICAL CENTER	c EIN-PN 27-3970823-001
a	Plan name FIVE STAR TRUCKING 401K PUSD	
b	Name of plan sponsor FIVE STAR TRUCKING, INC.	c EIN-PN 34-1683435-001
a	Plan name GJ & COMPANY PUSD	
b	Name of plan sponsor GJ & COMPANY LLC	c EIN-PN 82-1364595-001
a	Plan name GRAPHIC ARTS IND JPT - CASH PUSD	
b	Name of plan sponsor GRAPHIC ARTS INDUSTRY JPT	c EIN-PN 52-1074215-001
a	Plan name GRAPHIC ARTS IND JPT - INDEX PBG	
b	Name of plan sponsor GRAPHIC ARTS INDUSTRY JPT	c EIN-PN 52-1074215-001
a	Plan name HEAD START CHILD & FAMILY PUSD	
b	Name of plan sponsor HEAD START CHILD AND FAMILY SER	c EIN-PN 71-0540188-002
a	Plan name HERSHEWE LAW FIRM PC 401K PLAN P	
b	Name of plan sponsor THE HERSHEWE LAW FIRM PC	c EIN-PN 43-1700982-002
a	Plan name HILLSIDE MEDICAL OFFICE, LLC PUS	
b	Name of plan sponsor HILLSIDE MEDICAL OFFICE, LLC	c EIN-PN 48-0539451-002
a	Plan name INT'L PRECISION MACHINING RETIRE	
b	Name of plan sponsor INTERNATIONAL PRECISION MACHINE	c EIN-PN 41-1712183-002
a	Plan name IRONWORKERS LCL 340 401(H) - IND	
b	Name of plan sponsor IRONWORKERS LCL 340 RET INC PLAN	c EIN-PN 38-6233975-001
a	Plan name JACK TYLER ENGINEERING 401K PSP	
b	Name of plan sponsor JACK TYLER ENGINEERING INC.	c EIN-PN 71-0833610-002

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name JOBBERS AUTOMOTIVE WAREHOUSE INC	
b	Name of plan sponsor JOBBERS AUTOMOTIVE WAREHOUSE	c EIN-PN 48-0624822-001
a	Plan name KISSICK CONSTRUCTION, CO., INC.	
b	Name of plan sponsor KISSICK CONSTRUCTION, CO., INC.	c EIN-PN 43-1684835-001
a	Plan name K-TER IMAGINEERING, INC. PUSD	
b	Name of plan sponsor K-TER IMAGINEERING INC	c EIN-PN 43-1287728-001
a	Plan name MCCLELLAND CONSULTING ENGINEERS	
b	Name of plan sponsor MCCLELLAND CONSULTING ENGRS INC	c EIN-PN 71-0414415-002
a	Plan name MESQUITE MINERALS INC 401K PLAN	
b	Name of plan sponsor MESQUITE MINERALS, INC.	c EIN-PN 73-0430790-001
a	Plan name MINNESOTA LIFE INS CO SEPARATE A	
b	Name of plan sponsor MINNESOTA LIFE INSURANCE COMPANY	c EIN-PN 41-0417830-900
a	Plan name PAINTERS LCL 1052 WAM PUSD	
b	Name of plan sponsor PAINTERS LOCAL 1052 PENSION	c EIN-PN 38-6082383-001
a	Plan name PAUL-WERTENBERGER CONSTRUCTION 4	
b	Name of plan sponsor PAUL-WERTENBERGER CONSTRUCTION	c EIN-PN 48-1075537-001
a	Plan name POOLE FIRE PROTECTION INC 401K P	
b	Name of plan sponsor POOLE FIRE PROTECTION INC 401K	c EIN-PN 48-1101994-001
a	Plan name POWERS MSC RETIREMENT PUSD	
b	Name of plan sponsor POWERS OF ARKANSAS, INC.	c EIN-PN 20-0651556-001
a	Plan name POWERS OF ARKANSAS, INC. PUSD	
b	Name of plan sponsor POWERS OF ARKANSAS INC	c EIN-PN 71-0606308-001
a	Plan name PRIME - INSPIRED HOMES LLC 401(K)	
b	Name of plan sponsor INSPIRED HOMES, LLC	c EIN-PN 46-2845693-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	RAILROAD MATERIALS SALVAGE, INC.	
b	Name of plan sponsor	RAILROAD MATERIALS SALVAGE INC.	c EIN-PN 43-1347150-001
a	Plan name	SAGINAW PRODUCTS PENSION PUSD	
b	Name of plan sponsor	SAGINAW PRODUCTS CORPORATION	c EIN-PN 38-0996020-001
a	Plan name	SCHERZER & ASSOC. 401K PLAN PUSD	
b	Name of plan sponsor	SCHERZER & ASSOCIATES, INC.	c EIN-PN 48-1130514-001
a	Plan name	SIGNAL MEDIA CORP 401K PSP PUSD	
b	Name of plan sponsor	SIGNAL MEDIA OF ARKANSAS, INC.	c EIN-PN 75-1731131-001
a	Plan name	SOUTHERN BANCORP RETIREMENT PUSD	
b	Name of plan sponsor	SOUTHERN BANCORP	c EIN-PN 71-0646525-002
a	Plan name	SUPERIOR GEARBOX CO 401K PLAN PU	
b	Name of plan sponsor	SUPERIOR GEARBOX COMPANY	c EIN-PN 43-1078035-001
a	Plan name	TEAMS 727 PEN - COMERICA (INDX)	
b	Name of plan sponsor	LOCAL UNION NO 727 IBT PENSION	c EIN-PN 36-6102397-001
a	Plan name	THE KORTH COMPANIES, INC. PUSD	
b	Name of plan sponsor	THE KORTH COMPANIES INC	c EIN-PN 52-1258384-001
a	Plan name	UNITE HERE HEALTH STAFF PEN PUSD	
b	Name of plan sponsor	UNITE HERE HEALTH STAFF PENSION	c EIN-PN 23-7385560-001
a	Plan name	VALLEY VIEW AGRI, LLC 401K PLAN	
b	Name of plan sponsor	VALLEY VIEW AGRI, LLC	c EIN-PN 46-1007888-001
a	Plan name	WEBER REFRIGERATION PUSD	
b	Name of plan sponsor	WEBER REFRIGERATION & HEATING	c EIN-PN 48-0902732-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 10/01/2023 and ending 09/30/2024	
A Name of plan COMERICA LARGE CAP EQUITY INDEX FUND	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 COMERICA BANK & TRUST, NATIONAL ASSOCIATION	D Employer Identification Number (EIN) 38-6555647

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	2012	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	720817	537654
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1046481945	1065278539
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	1826039	428055
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	157679	0

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	1049188492	1066244248
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	275064	143227
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	275064	143227
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1048913428	1066101021

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	15276262	
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	511374094	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	321622983	
(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)	115407067	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		35054
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		53232
d Total income. Add all income amounts in column (b) and enter total	2d		320522726

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)	12067	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	14425	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	130306	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		156798
j Total expenses. Add all expense amounts in column (b) and enter total	2j		156798

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		320365928
l Transfers of assets:			
(1) To this plan	2l(1)		73396998
(2) From this plan	2l(2)		376575333

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) Unmodified (2) Qualified (3) Disclaimer (4) Adverse

b Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1) DOL Regulation 2520.103-8 (2) DOL Regulation 2520.103-12(d) (3) neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

c Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

d The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1) This form is filed for a CCT, PSA, DCG or MTIA. (2) It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

4 CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
e Was this plan covered by a fidelity bond?			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
l Has the plan failed to provide any benefit when due under the plan?			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? Yes No
If "Yes," enter the amount of any plan assets that reverted to the employer this year _____.

5b If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

5c Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) Yes No Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year _____.