

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security
Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan: COLUMBIA TRUST DIVIDEND INCOME FUND
1b Three-digit plan number (PN): 090
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AMERIPRISE TRUST COMPANY
2b Employer Identification Number (EIN): 87-1854339
2c Plan Sponsor's telephone number: 612-671-2438
2d Business code (see instructions)

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

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

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

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

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 01/01/2024 and ending 12/31/2024

A Name of plan <u>COLUMBIA TRUST DIVIDEND INCOME FUND</u>	B Three-digit plan number (PN)	<u>090</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>AMERIPRISE TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>87-1854339</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>COLUMBIA TRUST MONEY MARKET FUND</u>	
b Name of sponsor of entity listed in (a):	<u>AMERIPRISE TRUST COMPANY</u>	
c EIN-PN <u>87-2209420-029</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>98403659</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)

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d Entity code

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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 AMERICAN MEDICAL RESPONSE HAWAII MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor AMR HOLDCO, INC.	c EIN-PN 20-2076468-017
a	Plan name ABT ASSOCIATES, INC. PROFIT SHARING AND SAVINGS PLAN	
b	Name of plan sponsor ABT ASSOCIATES, INC.	c EIN-PN 04-2347643-003
a	Plan name ACCRUEWISE POOLED EMPLOYER PLAN	
b	Name of plan sponsor PLAN PROFESSIONALS LLC	c EIN-PN 20-1816581-001
a	Plan name ADVANCED RADIOLOGY SERVICES, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ADVANCED RADIOLOGY SERVICES, P.C.	c EIN-PN 38-3380785-001
a	Plan name AFD CONTRACT FURNITURE, INC 401(K) PLAN	
b	Name of plan sponsor AFD CONTRACT FURNITURE, INC	c EIN-PN 13-3032681-002
a	Plan name AFFINITY FEDERAL CREDIT UNION 401K PLAN	
b	Name of plan sponsor AFFINITY FEDERAL CREDIT UNION	c EIN-PN 13-5562114-002
a	Plan name AG US GROUP SERVICES INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor AG US GROUP SERVICES INC.	c EIN-PN 30-0953494-001
a	Plan name AMALGAMATED TRANSIT UNION LOCAL UNION OFFICERS AND EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, ATU LOCAL UNION	c EIN-PN 52-2059293-333
a	Plan name AMALGAMATED TRANSIT UNION NATIONAL 401(K) PENSION PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES, AMALGAMATED TRANSIT UNION NATIONAL	c EIN-PN 52-2059290-001
a	Plan name AMALGAMATED TRANSIT UNION SECTION 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor AMALGAMATED TRANSIT UNION	c EIN-PN 90-0258323-001
a	Plan name AMENTUM 401K RETIREMENT PLAN	
b	Name of plan sponsor AMENTUM GOVERNMENT SERVICES PARENT HOLDINGS LLC	c EIN-PN 84-4015419-001
a	Plan name APEX SERVICE PARTNERS LLC 401(K) PLAN	
b	Name of plan sponsor APEX SERVICES PARTNERS LLC	c EIN-PN 84-2081770-001

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 ARES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ARES MANAGEMENT LLC	c EIN-PN 27-2078839-001
a	Plan name ARGON MEDICAL DEVICES, IND 401K PLAN	
b	Name of plan sponsor ARGON MEDICAL DEVICES, INC.	c EIN-PN 27-2147843-001
a	Plan name ATLANTIC CORPORATION OF WILMINGTON, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ATLANTIC CORPORATION OF WILMINGTON, INC.	c EIN-PN 56-0797402-001
a	Plan name BAIN CAPITAL, LP PROFIT SHARING PLAN	
b	Name of plan sponsor BAIN CAPITAL LP	c EIN-PN 04-3511291-001
a	Plan name BARONA EMPLOYEES 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BARONA BAND OF MISSION INDIANS	c EIN-PN 33-0687849-001
a	Plan name BELL, DAVIS & PITT, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BELL, DAVIS & PITT, P.A.	c EIN-PN 56-1305704-003
a	Plan name BENEFITSPUS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AEGIS MEDIA AMERICAS LLC	c EIN-PN 13-3906970-001
a	Plan name BENTLEY SYSTEMS, INCORPORATED PROFIT SHARING/401(K) PLAN	
b	Name of plan sponsor BENTLEY SYSTEMS, INC.	c EIN-PN 95-3936623-001
a	Plan name BETMGM 401(K) PLAN	
b	Name of plan sponsor BETMGM, LLC	c EIN-PN 83-1679867-001
a	Plan name BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA 401(K) PLAN	
b	Name of plan sponsor BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	c EIN-PN 56-0894904-003
a	Plan name BLUUM 401(K) PLAN	
b	Name of plan sponsor BLUUM USA, INC.	c EIN-PN 86-0716114-001
a	Plan name BMT AEROSPACE USA, INC. EMPLOYEE'S 401(K) PLAN	
b	Name of plan sponsor BMT AEROSPACE USA, INC.	c EIN-PN 26-0572921-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	BOART LONGYEAR COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BOART LONGYEAR COMPANY	c EIN-PN 87-0503343-005
a	Plan name	BOSE EMPLOYEES' RETIREMENT SAVINGS 401K PLAN	
b	Name of plan sponsor	BOSE CORPORATION	c EIN-PN 04-2655386-002
a	Plan name	BRANDMUSCLE HOLDINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	BRANDMUSCLE HOLDINGS, INC.	c EIN-PN 45-3032061-001
a	Plan name	BROOKHAVEN SCIENCE ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor	BROOKHAVEN SCIENCE ASSOCIATES LLC	c EIN-PN 11-3403915-002
a	Plan name	BROOKHAVEN SCIENCE ASSOCIATES, LLC RETIREMENT PLAN	
b	Name of plan sponsor	BROOKHAVEN SCIENCE ASSOCIATES LLC	c EIN-PN 11-3403915-001
a	Plan name	BUNGE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	BUNGE NORTH AMERICA, INC.	c EIN-PN 13-4977260-334
a	Plan name	BUNGE SAVINGS PLAN	
b	Name of plan sponsor	BUNGE NORTH AMERICA, INC.	c EIN-PN 13-4977260-019
a	Plan name	BUNGE SAVINGS PLAN - SUPPLEMENT PLAN A	
b	Name of plan sponsor	BUNGE NORTH AMERICA, INC.	c EIN-PN 13-4977260-219
a	Plan name	CAHILL GORDON & REINDEL LLP 401(K) PLAN	
b	Name of plan sponsor	CAHILL GORDON & REINDEL LLP	c EIN-PN 13-5510029-033
a	Plan name	CAHILL GORDON & REINDEL LLP DEFINED CONTRIBUTION PLAN FOR PARTNERS	
b	Name of plan sponsor	CAHILL GORDON & REINDEL LLP	c EIN-PN 13-5510029-048
a	Plan name	CAMBIUM LEARNING PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	CAMBIUM LEARNING GROUP	c EIN-PN 27-0587428-101
a	Plan name	CAMPBELL & COMPANY 401K PLAN	
b	Name of plan sponsor	CAMPBELL & COMPANY, LP	c EIN-PN 47-2473976-002

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 CARLISLE, LLC EMPLOYEE INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor CARLISLE, LLC	c EIN-PN 23-0457510-019
a	Plan name CATTERTON MANAGEMENT COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor CATTERTON MANAGEMENT COMPANY, LLC	c EIN-PN 41-2066924-001
a	Plan name CEFCU DEFERRED COMPENSATION PLAN AND TRUST	
b	Name of plan sponsor CITIZENS EQUITY FIRST CREDIT UNION (CEFCU)	c EIN-PN 37-6028123-002
a	Plan name CJ 401(K) PLAN	
b	Name of plan sponsor CJ AMERICA INC	c EIN-PN 22-2501026-001
a	Plan name COASTAL FEDERAL CREDIT UNION 401(K) PLAN AND TRUST	
b	Name of plan sponsor COASTAL FEDERAL CREDIT UNION	c EIN-PN 56-0904243-002
a	Plan name COCA-COLA BEVERAGES NORTHEAST, INC INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor COCA-COLA BEVERAGES NORTHEAST, INC.	c EIN-PN 04-2614952-002
a	Plan name COGNIZANT TECHNOLOGY SOLUTIONS 401(K) SAVINGS PLAN	
b	Name of plan sponsor COGNIZANT TECHNOLOGY SOLUTIONS U.S.	c EIN-PN 13-3728359-001
a	Plan name COHN FAMILY CORPORATE PROFIT SHARING PLAN	
b	Name of plan sponsor ADVERTISING SPECIALTY INSTITUTE, INC.	c EIN-PN 23-1608621-001
a	Plan name COLUMBIA HELICOPTERS, INC. 401(K) PLAN	
b	Name of plan sponsor COLUMBIA HELICOPTERS INC.	c EIN-PN 93-0462482-001
a	Plan name COMPASS MINERALS INTERNATIONAL, INC. SAVINGS PLAN	
b	Name of plan sponsor COMPASS MINERALS INTERNATIONAL, INC.	c EIN-PN 36-3972986-001
a	Plan name CONSTELLATION SOFTWARE (U.S.A) INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRAPEZE SOFTWARE GROUP , INC	c EIN-PN 98-0358175-001
a	Plan name CONVATEC, INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor CONVATEC, INC.	c EIN-PN 26-2734330-001

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	CRITEO CORPORATION 401(K) PLAN	
b	Name of plan sponsor	CRITEO CORPORATION, INC.	c EIN-PN 27-0460745-001
a	Plan name	CTS CORPORATION RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CTS CORPORATION	c EIN-PN 35-0225010-009
a	Plan name	DANONE NORTH AMERICA US 401K PLAN	
b	Name of plan sponsor	DANONE NORTH AMERICA	c EIN-PN 11-2574007-004
a	Plan name	DELTA DENTAL OF NEW JERSEY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DELTA DENTAL OF NEW JERSEY, INC.	c EIN-PN 22-1896118-002
a	Plan name	DELTA EMPLOYEES 401(K) PROFIT SHARING PLAN AND SAVINGS PLAN	
b	Name of plan sponsor	DELTA GALIL USA INC	c EIN-PN 13-3272568-004
a	Plan name	DIGI INTERNATIONAL INC. 401K SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	DIGI INTERNATIONAL INC.	c EIN-PN 41-1532464-001
a	Plan name	DINSMORE & SHOHL SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	DINSMORE & SHOHL LLP	c EIN-PN 31-0263070-003
a	Plan name	DUCOMMUN INCORPORATED RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DUCOMMUN INCORPORATED	c EIN-PN 95-0693330-004
a	Plan name	ELECTRICAL WORKERS IBEW LOCAL 163 ANNUITY FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES, ELECTRICAL WORKERS IBEW LOCAL 163 ANNUITY FUND	c EIN-PN 23-6544827-001
a	Plan name	EMMI ROTH USA, INC. 401(K) PLAN	
b	Name of plan sponsor	EMMIE ROTH USA, INC.	c EIN-PN 39-1666423-001
a	Plan name	EMPLOYEE SAVINGS INCENTIVE THRIFT PLAN OF FORBES MEDIA LLC	
b	Name of plan sponsor	FORBES MEDIA LLC	c EIN-PN 34-2065766-001
a	Plan name	ENGINEERED ARRESTING SYSTEMS CORPORATION 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ENGINEERED ARRESTING SYSTEMS CORPORATION	c EIN-PN 22-3667589-001

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 ENHANCE THERAPIES 401(K) PLAN	
b	Name of plan sponsor ENHANCE THERAPIES OPCO, LLC	c EIN-PN 22-3321058-001
a	Plan name EULER HERMES NORTH AMERICA INSURANCE COMPANY RETIREMENT PLAN	
b	Name of plan sponsor EULER HERMES NORTH AMERICA INSURANCE COMPANY	c EIN-PN 52-0222226-001
a	Plan name EVIDENT SCIENTIFIC 401K PLAN	
b	Name of plan sponsor OLYMPUS SCIENTIFIC SOLUTIONS AMERICAS CORP.	c EIN-PN 56-2538906-001
a	Plan name FERNDALE PHARMA GROUP, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor FERNDALE PHARMA GROUP, INC.	c EIN-PN 20-1162450-001
a	Plan name FIRSTENERGY CORP. SAVINGS PLAN	
b	Name of plan sponsor FIRSTENERGY CORP	c EIN-PN 34-1843785-002
a	Plan name FIVES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FIVES INC.	c EIN-PN 38-3503183-001
a	Plan name FLEXSTEEL INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor FLEXSTEEL INDUSTRIES, INC.	c EIN-PN 42-0442319-501
a	Plan name FREDERICK COUNTY EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor FREDERICK COUNTY MARYLAND	c EIN-PN 52-1831882-001
a	Plan name GARVER RETIREMENT PLAN	
b	Name of plan sponsor GARVER, LLC	c EIN-PN 01-0733400-002
a	Plan name GC AMERICA INC. 401(K) PLAN	
b	Name of plan sponsor GC AMERICA INC.	c EIN-PN 36-0929190-002
a	Plan name GELLERT GLOBAL GROUP RETIREMENT PLAN	
b	Name of plan sponsor GELLERT GLOBAL GROUP LLC	c EIN-PN 26-0722578-001
a	Plan name GENERAL ATLANTIC SERVICE COMPANY, LP PROFIT SHARING PLAN	
b	Name of plan sponsor GENERAL ATLANTIC SERVICE COMPANY, L.P.	c EIN-PN 13-3491941-001

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 GENESIS ADMINISTRATIVE SERVICES 401 (K) PLAN #1	
b	Name of plan sponsor GENESIS ADMINISTRATIVE SERVICES, LLC	c EIN-PN 30-0847166-006
a	Plan name GENESIS ADMINISTRATIVE SERVICES 401 (K) PLAN #2	
b	Name of plan sponsor GENESIS ADMINISTRATIVE SERVICES, LLC	c EIN-PN 30-0847166-007
a	Plan name GENON ENERGY, INC. EMPLOYEES SAVINGS PLAN	
b	Name of plan sponsor GENON SERVICES, LLC	c EIN-PN 56-2368220-010
a	Plan name GLACIER BANCORP INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor GLACIER BANCORP, INC.	c EIN-PN 81-0519541-002
a	Plan name GLOBAL MEDICAL RESPONSE, INC. 401(K) PLAN	
b	Name of plan sponsor GLOBAL MEDICAL RESPONSE, INC.	c EIN-PN 20-1305023-001
a	Plan name GLOBAL PARTNERS LP 401(K) SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor GLOBAL PARTNERS LP	c EIN-PN 14-1924242-002
a	Plan name GNUTTI CARLO USA, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor GNUTTI CARLO USA, INC.	c EIN-PN 46-1469504-002
a	Plan name GRANITE TELECOMMUNICATIONS 401(K) PLAN	
b	Name of plan sponsor GRANITE TELECOMMUNICATIONS, LLC	c EIN-PN 04-3643290-001
a	Plan name GREENBERG TRAURIG 401(K) PLAN	
b	Name of plan sponsor GREENBERG TRAURIG, P.A.	c EIN-PN 59-1270754-004
a	Plan name GREENE, TWEED & CO. INC. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor GREENE, TWEED & CO., INC.	c EIN-PN 46-4212973-003
a	Plan name GREENE, TWEED & CO. INC. UNION EMPLOYEES 401(K) SAVINGS PLAN	
b	Name of plan sponsor GREENE, TWEED & CO., INC.	c EIN-PN 46-4212973-001
a	Plan name GROCERY OUTLET INC. RETIREMENT PLAN	
b	Name of plan sponsor GROCERY OUTLET INC.	c EIN-PN 94-1513561-001

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 GT SERVICES LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor GT SERVICES LLC	c EIN-PN 46-4085232-002
a	Plan name HARRIS BEACH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HARRIS BEACH PLLC	c EIN-PN 84-1623836-003
a	Plan name HEALTHCOMP, INC. 401(K) PLAN	
b	Name of plan sponsor HEALTHCOMP, INC.	c EIN-PN 34-1607331-001
a	Plan name HEI HOTELS AND RESORTS 401(K) PLAN	
b	Name of plan sponsor MERRITT HOSPITALITY, LLC	c EIN-PN 52-2352526-001
a	Plan name HELEN OF TROY 401(K) PLAN	
b	Name of plan sponsor HELEN OF TROY NEVADA CORPORATION	c EIN-PN 74-2804062-001
a	Plan name HORIZON ORGANIC DAIRY, LLC	
b	Name of plan sponsor HORIZON ORGANIC DAIRY	c EIN-PN 20-5289672-001
a	Plan name HOURIGAN, KLUGER & QUINN, P.C. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor HOURIGAN, KLUGER & QUINN, P.C.	c EIN-PN 20-5486052-001
a	Plan name HUMANGOOD 401(K) PLAN	
b	Name of plan sponsor HUMANGOOD NORCAL	c EIN-PN 94-1225374-002
a	Plan name IBEW AFL-CIO LOCAL UNION 743 NECA PENN-DEL_JERSEY CHAPTER READING DIVISION RETIR	
b	Name of plan sponsor IBEW AFL-CIO LOCAL UNION 743 NECA PENN-DEL_JERSEY CHAPTER READING DIVI	c EIN-PN 23-2177602-002
a	Plan name IBEW LOCAL UNION 375 ELECTRICIANS RETIREMENT PLAN	
b	Name of plan sponsor BOARD OF TRUSTEES OF THE IBEW LOCAL UNION 375 ELECTRICIANS RETIREMENT	c EIN-PN 23-2055388-001
a	Plan name ICSO 401K SAVINGS PLAN	
b	Name of plan sponsor ICSO	c EIN-PN 20-8540369-001
a	Plan name IES HOLDINGS, INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor IES HOLDINGS, INC	c EIN-PN 76-0542208-001

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	INSIGHT VENTURE PARTNERS 401(K) PLAN	
b Name of plan sponsor	INSIGHT VENTURE MANAGEMENT, LLC	c EIN-PN 13-4172507-001
a Plan name	INTELLICENTS AGGRESSIVE CIF	
b Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 87-0860881-001
a Plan name	INTELLICENTS CONSERVATIVE CIF	
b Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 86-3974282-001
a Plan name	INTELLICENTS MODERATE CIF	
b Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 86-3956341-001
a Plan name	INTELLICENTS MODERATELY AGGRESSIVE CIF	
b Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 86-3914399-001
a Plan name	INTELLICENTS MODERATELY CONSERVATIVE CIF	
b Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 86-3883297-001
a Plan name	INTELLICENTS PRESERVATION CIF	
b Name of plan sponsor	ALTA TRUST COMPANY	c EIN-PN 86-3712906-001
a Plan name	IRELL & MANELLA ASSOCIATES 401(K) PLAN	
b Name of plan sponsor	IRELL & MANELLA LLP	c EIN-PN 95-1946111-002
a Plan name	IRELL & MANELLA PROFIT SHARING PLAN	
b Name of plan sponsor	IRELL & MANELLA LLP	c EIN-PN 95-1946111-001
a Plan name	IRON BOW TECHNOLOGIES, LLC. 401(K) SAVINGS PLAN	
b Name of plan sponsor	IRON BOW TECHNOLOGIES, LLC.	c EIN-PN 26-1691512-001
a Plan name	IRON POINT PARTNERS 401 (K) PLAN	
b Name of plan sponsor	IRON POINT PARTNERS, LLC	c EIN-PN 26-0310489-001
a Plan name	IVY HILL RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	IVY HILL ASSET MANAGEMENT L.P.	c EIN-PN 26-1468377-001

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	JACKSON LEWIS P.C. PROFIT SHARING PLAN	
b	Name of plan sponsor	JACKSON LEWIS P.C.	c EIN-PN 46-3862389-003
a	Plan name	JACKSON LEWIS P.C.. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	JACKSON LEWIS P.C.	c EIN-PN 46-3862389-001
a	Plan name	JACKSON LEWIS PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	JACKSON LEWIS P.C.	c EIN-PN 66-0814310-001
a	Plan name	JAKKS PACIFIC, INC. 401K PLAN	
b	Name of plan sponsor	JAKKS PACIFIC, INC.	c EIN-PN 95-4527222-001
a	Plan name	JH KELLY HOLDINGS LLC NON-UNION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	JH KELLY HOLDINGS LLC	c EIN-PN 91-1704136-003
a	Plan name	JH KELLY HOLDINGS LLC UNION 401(K) PLAN	
b	Name of plan sponsor	JH KELLY HOLDINGS LLC	c EIN-PN 91-1704136-002
a	Plan name	KANSAS ORTHOPAEDIC CENTER, P.A. 401 (K) PLAN	
b	Name of plan sponsor	KANSAS ORTHOPAEDIC CENTER, P.A.	c EIN-PN 48-1098300-001
a	Plan name	KELLEY DRYE & WARREN LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KELLEY DRYE & WARREN LLP	c EIN-PN 13-5335107-002
a	Plan name	KENVUE SAVINGS PLANS MASTER TRUST (PR PLAN)	
b	Name of plan sponsor	KENVUE INC.	c EIN-PN 92-0769133-001
a	Plan name	KENVUE SAVINGS PLANS MASTER TRUST (US PLAN)	
b	Name of plan sponsor	KENVUE INC.	c EIN-PN 92-0769133-002
a	Plan name	KROLL RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	KROLL, LLC	c EIN-PN 36-4090666-001
a	Plan name	KUBOTA MANUFACTURING OF AMERICA CORPORATION 401(K) PLAN & TRUST	
b	Name of plan sponsor	KUBOTA MANUFACTURING OF AMERICA CORPORATION	c EIN-PN 58-1781948-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	LAKESHORE BONE & JOINT INSTITUTE RETIREMENT PLAN	
b	Name of plan sponsor	LAKESHORE BONE AND JOINT INSTITUTE	c EIN-PN 35-1151025-007
a	Plan name	LANDS' END, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LANDS END, INC.	c EIN-PN 36-2512786-001
a	Plan name	LENNAR CORPORATION 401(K) PLAN	
b	Name of plan sponsor	LENNAR CORPORATION	c EIN-PN 95-4337490-002
a	Plan name	LEONI WIRING SYSTEMS, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	LEONI WIRING SYSTEMS, INC.	c EIN-PN 35-1928511-001
a	Plan name	LIFE CARE COMPANIES LLC RETIREMENT AND 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LIFE CARE COMPANIES LLC	c EIN-PN 27-2258399-001
a	Plan name	LOCKTON, INC. 401K PLAN	
b	Name of plan sponsor	LOCKTON, INC	c EIN-PN 90-0007886-002
a	Plan name	LOWENSTEIN SANDLER 1992 401(K) PLAN	
b	Name of plan sponsor	LOWENSTEIN SANDLER LLP	c EIN-PN 46-0920520-006
a	Plan name	LOWENSTEIN SANDLER 2016 PROFIT SHARING PLAN	
b	Name of plan sponsor	LOWENSTEIN SANDLER LLP	c EIN-PN 46-0920520-009
a	Plan name	LOWENSTEIN SANDLER 401(K) PLAN	
b	Name of plan sponsor	LOWENSTEIN SANDLER LLP	c EIN-PN 46-0920520-005
a	Plan name	LOWENSTEIN SANDLER PROFIT SHARING PLAN	
b	Name of plan sponsor	LOWENSTEIN SANDLER LLP	c EIN-PN 46-0920520-007
a	Plan name	LUNA INNOVATIONS, INC. 401K PLAN	
b	Name of plan sponsor	LUNA INNOVATIONS, INC.	c EIN-PN 54-1560050-001
a	Plan name	MACK INDUSTRIES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	MACK INDUSTRIES, INC.	c EIN-PN 34-0934842-002

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
a	Plan name	MASONICARE CORPORATION 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MASONICARE CORPORATION	c EIN-PN 06-1435919-002
a	Plan name	MEDI USA, L.P. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	MEDI USA	c EIN-PN 36-3615477-001
a	Plan name	MINNEAPOLIS CLINIC SHARING & 401K PLAN	
b	Name of plan sponsor	MINNEAPOLIS CLINIC OF NEUROLOGY LTD	c EIN-PN 41-0999094-001
a	Plan name	MORRISON COHEN RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	MORRISON COHEN LLP	c EIN-PN 13-3205994-002
a	Plan name	NATIONAL SCHOOL BOARDS ASSOCIATION PENSION PLAN	
b	Name of plan sponsor	NATIONAL SCHOOL BOARDS ASSOCIATION	c EIN-PN 36-2210015-001
a	Plan name	NETRIX, LLC. 401 (K) PLAN AND TRUST	
b	Name of plan sponsor	NETRIX, LLC.	c EIN-PN 36-4413678-001
a	Plan name	NIAGARA WATER RETIREMENT PLAN	
b	Name of plan sponsor	NIAGARA BOTTLING, LLC	c EIN-PN 33-0843510-003
a	Plan name	NJM 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NEW JERSEY MANUFACTURERS INSURANCE COMPANY	c EIN-PN 21-0524225-001
a	Plan name	NRG AFFILIATES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	NRG AFFILIATE SERVICES, INC.	c EIN-PN 41-1960764-001
a	Plan name	NUMERICA CREDIT UNION RETIREMENT PLAN	
b	Name of plan sponsor	NUMERICA CREDIT UNION	c EIN-PN 91-0863377-002
a	Plan name	OAK HILL CAPITAL 401(K) PLAN	
b	Name of plan sponsor	OAK HILL CAPITAL MANAGEMENT, LLC	c EIN-PN 43-2059713-001
a	Plan name	OERLIKON METCO (US) 401K PLAN	
b	Name of plan sponsor	OERLIKON METCO (US) INC.	c EIN-PN 38-2654206-001

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	OLYMPUS CORPORATION OF THE AMERICAS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	OLYMPUS CORPORATION OF THE AMERICAS	c EIN-PN 11-3046497-001
a	Plan name	PALOMAR HEALTH DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	PALOMAR HEALTH	c EIN-PN 95-6003843-002
a	Plan name	PALOMAR HEALTH MONEY PURCHASE PENSION PLAN	
b	Name of plan sponsor	PALOMAR HEALTH	c EIN-PN 95-6003843-001
a	Plan name	PARTNERS NATIONAL HEALTH PLANS OF NORTH CAROLINA, INC. TARGET BENEFIT PENSION PLAN	
b	Name of plan sponsor	BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA	c EIN-PN 56-0894094-004
a	Plan name	PAYCHEX, INC. 401(K) INCENTIVE RETIREMENT PLAN	
b	Name of plan sponsor	PAYCHEX, INC.	c EIN-PN 16-1124166-001
a	Plan name	PENSION PLAN OF SUBARU OF AMERICA, INC.	
b	Name of plan sponsor	SUBARU OF AMERICA, INC.	c EIN-PN 23-1693419-003
a	Plan name	PHARMACISTS MUTUAL INSURANCE CO. SALARY SAVINGS PLAN	
b	Name of plan sponsor	PHARMACISTS MUTUAL INSURANCE COMPANY	c EIN-PN 42-0223390-002
a	Plan name	PHILIPS NORTH AMERICA LLC 401K PLAN	
b	Name of plan sponsor	PHILIPS NORTH AMERICA LLC	c EIN-PN 13-3429115-005
a	Plan name	PHILIPS NORTH AMERICA LLC 401K PLAN FOR PUERTO RICO EMPLOYEES	
b	Name of plan sponsor	PHILIPS NORTH AMERICA LLC	c EIN-PN 13-3429115-004
a	Plan name	PHILLIPS LYTLE LLP ASSOCIATE RETIREMENT PLAN	
b	Name of plan sponsor	PHILLIPS LYTLE LLP	c EIN-PN 16-0505790-003
a	Plan name	PHILLIPS LYTLE LLP RETIREMENT PLAN	
b	Name of plan sponsor	PHILLIPS LYTLE LLP	c EIN-PN 16-0505790-002
a	Plan name	PHOEBE-DEVITT HOMES 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PHOEBE-DEVITT HOMES	c EIN-PN 23-1396838-003

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 PHYSICIANS CLINIC OF IOWA, P.C. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PHYSICIANS CLINIC OF IOWA, P.C.	c EIN-PN 42-1462899-013
a	Plan name PHYSICIANS EAST, P.A. PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor PHYSICIANS EAST, P.A.	c EIN-PN 56-1968491-001
a	Plan name PITTSBURGH PAINT COMPANY, INC. EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor PITTSBURGH PAINTS CO.	c EIN-PN 25-1612585-001
a	Plan name PITTSBURGH PAINTS COMPANY, INC. PUERTO RICO EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor PITTSBURGH PAINTS CO.	c EIN-PN 25-1612585-002
a	Plan name PLAIN ALL AMERICAN 401K PLAN	
b	Name of plan sponsor PLAIN ALL AMERICAN GP LLC	c EIN-PN 76-0680801-001
a	Plan name PO LIGHTING USA 401(K) PLAN	
b	Name of plan sponsor PO LIGHTING USA INC.	c EIN-PN 61-1683186-001
a	Plan name POND & COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor POND & COMPANY	c EIN-PN 58-1639128-001
a	Plan name PROFORMA 401K PLAN	
b	Name of plan sponsor PFG VENTURES L.P. DBA PROFORMA	c EIN-PN 34-1761487-001
a	Plan name PROVIDENT BANK 401(K) PLAN	
b	Name of plan sponsor PROVIDENT BANK	c EIN-PN 22-1211130-004
a	Plan name PROVIDENT BANK PENSION PLAN	
b	Name of plan sponsor PROVIDENT BANK	c EIN-PN 22-1211130-001
a	Plan name PURE FISHING, INC. RETIREMENT PLAN	
b	Name of plan sponsor PURE FISHING, INC.	c EIN-PN 42-0784220-001
a	Plan name RAYMOND JAMES FINANCIAL INC. PROFIT SHARING PLAN	
b	Name of plan sponsor RAYMOND JAMES FINANCIAL INC.	c EIN-PN 59-1517485-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	RETIREMENT AND SAVINGS PLAN OF SUBARU OF AMERICA, INC.
b	Name of plan sponsor	SUBARU OF AMERICA, INC.
c	EIN-PN	23-1693419-001
a	Plan name	RETIREMENT PLAN FOR OCEANFIRST BANK
b	Name of plan sponsor	OCEANFIRST BANK
c	EIN-PN	21-0607451-002
a	Plan name	RICHARDS MANUFACTURING 401K PLAN
b	Name of plan sponsor	RICHARDS MANUFACTURING, INC.
c	EIN-PN	22-2830972-001
a	Plan name	RICH'S 401(K) HOURLY PLAN
b	Name of plan sponsor	RICH PRODUCTS CORPORATION
c	EIN-PN	31-1387980-004
a	Plan name	RICH'S 401(K) PLAN
b	Name of plan sponsor	RICH PRODUCTS CORPORATION
c	EIN-PN	31-1387980-010
a	Plan name	RIRRC 401(A) PROFIT SHARING PLAN
b	Name of plan sponsor	RHODE ISLAND RESOURCE RECOVERY CORPORATION
c	EIN-PN	05-0366883-001
a	Plan name	SAMSUNG 401(K) PLAN
b	Name of plan sponsor	SAMSUNG ELECTRONICS AMERICA, INC.
c	EIN-PN	13-2951153-001
a	Plan name	SCHNEIDER NATIONAL, INC. 401(K) SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	SCHNEIDER NATIONAL, INC
c	EIN-PN	39-1258315-002
a	Plan name	SERVICETITAN 401(K) PLAN
b	Name of plan sponsor	SERVICETITAN, INC
c	EIN-PN	26-0331862-001
a	Plan name	SHARPLINE CONVERTING, INC. SALARY DEFERRAL 401(K) PLAN
b	Name of plan sponsor	SHARPLINE CONVERTING, INC.
c	EIN-PN	48-0838432-001
a	Plan name	SHEETZ, INC. 401(K) RETIREMENT PLAN
b	Name of plan sponsor	SHEETZ, INC.
c	EIN-PN	25-1202108-002
a	Plan name	SHORT-ELLIOTT-HENDRICKSON, INC. PROFIT SHARING AND 401(K) PLAN
b	Name of plan sponsor	SHORT-ELLIOTT-HENDRICKSON, INC.
c	EIN-PN	41-1251208-001

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 SI GROUP, INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor SI GROUP, INC.	c EIN-PN 14-1041790-002
a	Plan name SOFTWARE AG USA, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SOFTWARE AG USA, INC.	c EIN-PN 54-1807654-001
a	Plan name SONEPAR USA 401(K) PLAN	
b	Name of plan sponsor SONEPAR MANAGEMENT U.S. INC.	c EIN-PN 23-2975775-001
a	Plan name SOUTHEASTERN GROCERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor SOUTHEASTERN GROCERS	c EIN-PN 52-2260130-001
a	Plan name SP GENERAL SERVICES LLC 401(K) PLAN	
b	Name of plan sponsor SP GENERAL LLC	c EIN-PN 30-0705557-001
a	Plan name STARION BANCORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor STARION BANCORPORATION	c EIN-PN 45-0368824-001
a	Plan name STEEL PARTNERS 401(K) SAVINGS PLAN	
b	Name of plan sponsor STEEL SERVICES LTD	c EIN-PN 45-3811142-010
a	Plan name STMICROELECTRONICS, INC. 401K SAVINGS PLAN	
b	Name of plan sponsor STMICROELECTRONICS, INC.	c EIN-PN 04-2495946-001
a	Plan name SUEZ WATER RESOURCES LLC 401(K) PLAN	
b	Name of plan sponsor SUEZ WATER RESOURCES LLC	c EIN-PN 71-0005226-003
a	Plan name SUEZ WATER RESOURCES LLC COLLECTIVELY BARGAINED 401(K) PLAN	
b	Name of plan sponsor SUEZ WATER RESOURCES LLC	c EIN-PN 71-0005226-004
a	Plan name SURA/JEFFERSON SCIENCE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor SOUTHEASTERN UNIVERSITIES RESEARCH ASSOCIATION, INC. (SURA)	c EIN-PN 54-1156453-003
a	Plan name SUTTER NORTH MEDICAL GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SUTTER NORTH MEDICAL GROUP	c EIN-PN 68-0288405-001

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 TALEN ENERGY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TALEN ENERGY SUPPLY, LLC	c EIN-PN 23-3074920-005
a	Plan name TALEN MONTANA LEGACY PLAN	
b	Name of plan sponsor TALEN ENERGY SUPPLY, LLC	c EIN-PN 23-3074920-005
a	Plan name TALEN MONTANA SAVINGS PLAN	
b	Name of plan sponsor TALEN MONTANA, LLC	c EIN-PN 54-1928759-002
a	Plan name TEAMHEALTH 401(K) PLAN	
b	Name of plan sponsor AMERITEAM SERVICES, LLC	c EIN-PN 47-2129748-002
a	Plan name TECHNICOLOR USA, INC. PENSION PLAN FOR EMPLOYEES	
b	Name of plan sponsor TECHNICOLOR USA, INC.	c EIN-PN 35-1724835-002
a	Plan name TECHNIPFMC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor FMC TECHNOLOGIES, INC.	c EIN-PN 36-4412642-002
a	Plan name TENET HEALTHCARE CORPORATION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TENET HEALTHCARE CORPORATION	c EIN-PN 95-2557091-335
a	Plan name THE ALAMO GROUP (USA) INC. 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor ALAMO GROUP INC.	c EIN-PN 72-2149829-001
a	Plan name THE ATLAS AIR, INC. RETIREMENT PLAN	
b	Name of plan sponsor THE ATLAS AIR, INC.	c EIN-PN 84-1207329-001
a	Plan name THE BANK OF EAST ASIA, LIMITED SAVINGS PLAN	
b	Name of plan sponsor THE BANK OF EAST ASIA, LIMITED	c EIN-PN 13-3195867-001
a	Plan name THE BRADBURY CO., INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor THE BRADBURY CO., INC.	c EIN-PN 48-0679015-001
a	Plan name THE BROADSTREET 401(K) PLAN	
b	Name of plan sponsor BROADSTREET PARTNERS, INC.	c EIN-PN 31-0982037-001

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	THE CENTRAL SERVICE CORPORATION THRIFT INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	CENTRAL SERVICE CORPORATION	c EIN-PN 73-0779939-001
a	Plan name	THE CLEMENS FAMILY SHARING PLAN	
b	Name of plan sponsor	CLEMENS FAMILY CORPORATION	c EIN-PN 75-2990486-001
a	Plan name	THE PEP BOYS 401(K) PLAN	
b	Name of plan sponsor	THE PEP BOYS - MANNY, MOE & JACK LLC	c EIN-PN 85-4254017-003
a	Plan name	THE PEP BOYS SAVINGS PLAN - PUERTO RICO	
b	Name of plan sponsor	PEP BOYS - MANNY, MOE & JACK OF PUERTO RICO, INC.	c EIN-PN 51-0363784-001
a	Plan name	THE QUARTERRA SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	QUARTERRA SERVICES LLC	c EIN-PN 88-0658257-001
a	Plan name	THE SOUTH METRO FIRE RESCUE AUTHORITY 457(B) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	SOUTH METRO FIRE RESCUE AUTHORITY	c EIN-PN 84-0529916-001
a	Plan name	THE SOUTH METRO FIRE RESCUE AUTHORITY MONEY PURCHASE PLAN	
b	Name of plan sponsor	SOUTH METRO FIRE RESCUE AUTHORITY	c EIN-PN 84-0529916-001
a	Plan name	TOYOTA OF ORANGE 401(K) PLAN AND TRUST	
b	Name of plan sponsor	TOYOTA OF ORANGE	c EIN-PN 95-2746122-002
a	Plan name	UBER FREIGHT RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	UBER FREIGHT US LLC	c EIN-PN 75-2949425-001
a	Plan name	UDA 401(K) PLAN	
b	Name of plan sponsor	UNITED DAIRYMEN OF ARIZONA	c EIN-PN 86-0098125-001
a	Plan name	UTILITY SERVICE CO., INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	UTILITY SERVICE CO., INC.	c EIN-PN 58-1920989-001
a	Plan name	VALLEN DISTRIBUTION, INC. 401K PLAN	
b	Name of plan sponsor	VALLEN DISTRIBUTION, INC.	c EIN-PN 56-2281578-001

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	VEOLIA NORTH AMERICA 401(K) SAVINGS PLAN	
b	Name of plan sponsor	VEOLIA NORTH AMERICA, LLC	c EIN-PN 04-6568107-001
a	Plan name	VERICEL CORPORATION 401K PLAN	
b	Name of plan sponsor	VERICEL CORPORATION	c EIN-PN 94-3096597-001
a	Plan name	VERSITI INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	VERSITI, INC.	c EIN-PN 45-4675354-001
a	Plan name	VIBRA HEALTHCARE RETIREMENT PLAN	
b	Name of plan sponsor	VIBRA HEALTHCARE, LLC	c EIN-PN 05-0602943-001
a	Plan name	VIZO FINANCIAL CORPORATE CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	VIZO FINANCIAL CORPORATE CREDIT UNION	c EIN-PN 56-1295697-002
a	Plan name	VOXX INTERNATIONAL CORPORATION PROFIT SHARING PLAN AND 401(K) PLAN	
b	Name of plan sponsor	VOXX INTERNATIONAL CORPORATION	c EIN-PN 13-1964841-001
a	Plan name	WAUSAU SUPPLY COMPANY 401(K) PLAN	
b	Name of plan sponsor	WAUSAU SUPPLY COMPANY	c EIN-PN 43-1080077-001
a	Plan name	WEIS MARKETS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	WEIS MARKETS, INC.	c EIN-PN 24-0755415-001
a	Plan name	WIELAND 401(K) PLAN	
b	Name of plan sponsor	WIELAND CORPORATION	c EIN-PN 38-1781457-001
a	Plan name	WILLISTON FINANCIAL GROUP LLC 401(K) PLAN	
b	Name of plan sponsor	WILLISTON FINANCIAL GROUP, LLC	c EIN-PN 27-1434397-001
a	Plan name	WIPRO LIMITED 401(K) PLAN	
b	Name of plan sponsor	WIPRO LIMITED	c EIN-PN 98-0154401-001
a	Plan name	WISK AERO LLC 401(K) PLAN	
b	Name of plan sponsor	WISK AERO LLC	c EIN-PN 83-4654304-001

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	XPERI INC. 401(K) PLAN	
b Name of plan sponsor	XPERI INC.	c EIN-PN 83-4470363-001

a Plan name	YASKAWA AMERICA, INC. 401(K) PLAN	
b Name of plan sponsor	YASKAWA AMERICA, INC.	c EIN-PN 36-2639378-001

a Plan name	ZOETIS SAVINGS PLAN	
b Name of plan sponsor	ZOETIS INC.	c EIN-PN 46-0696167-001

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

a Plan name		
b Name of plan sponsor		c EIN-PN

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.	OMB No. 1210-0110 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan COLUMBIA TRUST DIVIDEND INCOME FUND	B Three-digit plan number (PN) ▶ 090
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIPRISE TRUST COMPANY	D Employer Identification Number (EIN) 87-1854339

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3360848	5518187
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)	1869894865	2731805207
(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)	52483544	98403659
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	1925739257	2835727053
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	47783
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2258566	24385188
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2258566	24432971
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1923480691	2811294082

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)	57259321	
(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)	484072880	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	398548351	
(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)	192096134	
(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)	3638283
(7) Net investment gain (loss) from pooled separate accounts	2b(7)	
(8) Net investment gain (loss) from master trust investment accounts	2b(8)	
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)	
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)	
c Other income	2c	
d Total income. Add all income amounts in column (b) and enter total	2d	338518267

Expenses

e Benefit payment and payments to provide benefits:		
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	
(2) To insurance carriers for the provision of benefits	2e(2)	
(3) Other	2e(3)	
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)	0
f Corrective distributions (see instructions)	2f	
g Certain deemed distributions of participant loans (see instructions)	2g	
h Interest expense	2h	
i Administrative expenses:		
(1) Salaries and allowances	2i(1)	
(2) Contract administrator fees	2i(2)	
(3) Recordkeeping fees	2i(3)	
(4) IQPA audit fees	2i(4)	
(5) Investment advisory and investment management fees	2i(5)	20925
(6) Bank or trust company trustee/custodial fees	2i(6)	7459608
(7) Actuarial fees	2i(7)	
(8) Legal fees	2i(8)	2979
(9) Valuation/appraisal fees	2i(9)	
(10) Other trustee fees and expenses	2i(10)	
(11) Other expenses	2i(11)	2792
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	7486304
j Total expenses. Add all expense amounts in column (b) and enter total	2j	7486304

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k	331031963
l Transfers of assets:		
(1) To this plan	2l(1)	1123455380
(2) From this plan	2l(2)	566673952

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 _____.