

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: COLUMBIA TRUST STABLE HIGH QUALITY INCOME FUND
1b Three-digit plan number (PN): 036
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): 87-2295015
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, Date, and Name. Rows include plan administrator, 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 STABLE HIGH QUALITY INCOME FUND</u>	B Three-digit plan number (PN)	<u>036</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>87-2295015</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>CT GOVT MONEY MARKET FUND</u>		
b Name of sponsor of entity listed in (a):	<u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN	<u>87-2366141-015</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>133712496</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>CT SHORT DURATION US GOVT FUND</u>		
b Name of sponsor of entity listed in (a):	<u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN	<u>87-2249993-013</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>0</u>		
a Name of MTIA, CCT, PSA, or 103-12 IE:	<u>RVST GOVT INCOME FUND</u>		
b Name of sponsor of entity listed in (a):	<u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN	<u>87-2403217-014</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>0</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)			

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	99 CENTS ONLY STORES 401(K) PLAN	
b	Name of plan sponsor	99 CENT ONLY STORES, LLC	c EIN-PN 95-2411605-001
a	Plan name	A+ ENVIRONMENTAL RESTORATION 401K PLAN	
b	Name of plan sponsor	A+ ENVIROMENTAL RESTORATION	c EIN-PN 27-3169253-001
a	Plan name	AALCO DISTRIBUTING COMPANY INC. 401(K) PLAN	
b	Name of plan sponsor	AALCO DISTRIBUTING COMPANY, INC.	c EIN-PN 35-0951374-001
a	Plan name	ACACIA SAVINGS PLAN	
b	Name of plan sponsor	ACACIA CAPITAL CORPORATION	c EIN-PN 94-3307073-001
a	Plan name	ACADEMY MORTGAGE CORPORATION PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	ACADEMY MORTGAGE CORPORATION	c EIN-PN 87-0456373-001
a	Plan name	ACCUMET ENGINEERING INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACCUMET ENGINEERING INC.	c EIN-PN 20-8874256-001
a	Plan name	ACOLYTE INDUSTRIES INC 401K PLAN	
b	Name of plan sponsor	ACOLYTE INDUSTRIES INC	c EIN-PN 20-2913148-001
a	Plan name	ACSC 401(K) PARTNERSHIP PLAN	
b	Name of plan sponsor	AMERICAN CRYSTAL SUGAR COMPANY	c EIN-PN 84-0004720-010
a	Plan name	AFOGNAK NATIVE CORPORATION AND ALUTIIQ, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor	AFOGNAK NATIVE CORPORATION	c EIN-PN 92-0047145-001
a	Plan name	AG LEADER TECHNOLOGY, INC 401K PLAN	
b	Name of plan sponsor	AG LEADER TECHNOLOGY, INC.	c EIN-PN 42-1449254-002
a	Plan name	ALTER SERVICES, LLC SALARY SAVINGS & TRUST	
b	Name of plan sponsor	ALTER SERVICES, L.L.C.	c EIN-PN 36-4294403-001
a	Plan name	AMERICAN HOSPITALITY GROUP, INC. 401(K) PSP AND TRUST	
b	Name of plan sponsor	AMERICAN HOSPITALITY GROUP, INC.	c EIN-PN 34-1227832-001

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	AMERICAN LICORICE COMPANY SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN LICORICE COMPANY	c EIN-PN 36-0726900-002
a	Plan name	AMERIPRISE FINANCIAL 401(K) PLAN	
b	Name of plan sponsor	AMERIPRISE FINANCIAL, INC.	c EIN-PN 13-3180631-001
a	Plan name	ARCH VENTURE CORPORATION 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ARCH VENTURE CORPORATION	c EIN-PN 36-3555790-001
a	Plan name	ARGO INC. 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	ARGO INC.	c EIN-PN 36-4268649-002
a	Plan name	AXA EQUITABLE LIFE INSURANCE CO. SEPARATE ACCOUNT 65	
b	Name of plan sponsor	AXA EQUITABLE LIFE INSURANCE COMPANY	c EIN-PN 13-5570651-065
a	Plan name	B. M. JAVIER AND ASSOCIATES	
b	Name of plan sponsor	B. M. JAVIER AND ASSOCIATES	c EIN-PN 26-0248720-001
a	Plan name	BALLARD CLC, INC 401(K) PLAN	
b	Name of plan sponsor	BALLARD CLC, INC	c EIN-PN 72-0643217-001
a	Plan name	BAY SYSTEMS CONSULTING, INC. 401(K) PLAN	
b	Name of plan sponsor	BAY SYSTEMS CONSULTING, INC	c EIN-PN 94-3274830-001
a	Plan name	BC PARTNERS RETIREMENT PLAN	
b	Name of plan sponsor	BC PARTNERS ADVISORS L.P.	c EIN-PN 82-1523134-001
a	Plan name	BEARD IMPLEMENT CO., 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEARD IMPLEMENT CO., INC.	c EIN-PN 36-4151060-002
a	Plan name	BLUEGRASS IRRIGATION & LIGHTING, INC. 401K PLAN	
b	Name of plan sponsor	BLUEGRASS IRRIGATION & LIGHTING, INC.	c EIN-PN 34-1821870-001
a	Plan name	BOSTON SOFTWARE SYSTEMS INC. 401K PSP	
b	Name of plan sponsor	BOSTON SOFTWARE SYSTEMS INC.	c EIN-PN 20-1493882-002

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	BP AIR CONDITIONING CORP. UNION 401K PLAN	
b Name of plan sponsor	BP AIR CONDITIONING CORP.	c EIN-PN 13-2958608-428
a Plan name	BRANDT CONSOLIDATED, INC. 401(K) AND PROFIT SHARING PLAN	
b Name of plan sponsor	BRANDT CONSOLIDATED, INC.	c EIN-PN 37-0795348-001
a Plan name	BREAKTHROUGH TECHNOLOGIES, LLC PROFIT SHARING PLAN	
b Name of plan sponsor	BREAKTHROUGH TECHNOLOGIES, LLC	c EIN-PN 36-4269276-002
a Plan name	BRININSTOOL KERWIN LYNCH 401K	
b Name of plan sponsor	MAGELLAN DEVELOPMENT GROUP	c EIN-PN 27-1746083-001
a Plan name	BRY-TECH DISTRIBUTORS 401(K) PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	BRY-TECH JACKSONVILLE, INC.	c EIN-PN 26-3143249-001
a Plan name	BUSINESSOLVER 401K PLAN	
b Name of plan sponsor	BUSINESSOLVER	c EIN-PN 42-1503807-001
a Plan name	CADELL CONSTRUCTION RETIREMENT PLAN	
b Name of plan sponsor	CADELL CONSTRUCTION CO. (DE), LLC	c EIN-PN 45-4363916-001
a Plan name	CADENCE, INC. 401(K) PLAN	
b Name of plan sponsor	CADENCE, INC.	c EIN-PN 54-1332357-001
a Plan name	CADILLAC CASTING, INC. 401(K) RETIREMENT PLAN	
b Name of plan sponsor	CADILLAC CASTING, INC.	c EIN-PN 38-0392940-001
a Plan name	CAPS VISUAL COMMUNICATIONS, LLC 401K PLAN	
b Name of plan sponsor	CAPS VISUAL COMMUNICATIONS, LLC	c EIN-PN 27-1498598-001
a Plan name	CARRERA GAS 401K PLAN	
b Name of plan sponsor	CARRERA GAS COMPANIES, LLC	c EIN-PN 73-1588426-001
a Plan name	CATALYST CORPORATE FEDERAL CREDIT UNION 401(K) /PROFIT SHARING PLAN AND TRUST	
b Name of plan sponsor	CATALYST CORPORATE FEDERAL CREDIT UNION	c EIN-PN 58-0501985-001

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 CELLMARK PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CELLMARK, INC.	c EIN-PN 68-0112735-001
a	Plan name CENLA FAMILY MEDICINE ASSOCIATES, LLC 401(K) PLAN	
b	Name of plan sponsor CENLA FAMILY MEDICINE ASSOCIATES, LLC	c EIN-PN 27-0322059-001
a	Plan name CENTRAL WIRE INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CENTRAL WIRE INC.	c EIN-PN 23-1426359-004
a	Plan name CHEHARDY, SHERMAN 401(K) PLAN	
b	Name of plan sponsor CHEHARDY, SHERMAN, WILLIAMS, MURRAY, RECILE, STAKELUM & HAYES	c EIN-PN 72-1135811-001
a	Plan name CHERRY HILL CROWN PLAZA 401K PLAN	
b	Name of plan sponsor CHERRY HILL CROWN PLAZA	c EIN-PN 13-5674085-001
a	Plan name CHOBANI GLOBAL HOLDINGS, LLC 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CHOBANI GLOBAL HOLDINGS, LLC	c EIN-PN 38-3860716-001
a	Plan name CHOICE! ENERGY SERVICES RETAIL LP 401(K) PLAN	
b	Name of plan sponsor CHOICE! ENERGY SERVICES RETAIL LP	c EIN-PN 20-1340233-001
a	Plan name CIMARRON ESCROW, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor CIMARRON ESCROW, INC.	c EIN-PN 33-0221194-001
a	Plan name CLASSIC BRASS INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CLASSIC BRASS INC.	c EIN-PN 16-1499243-001
a	Plan name CLERMONT CHILI COMPANY, INC. 401(K) AND PSP	
b	Name of plan sponsor CLERMONT CHILI COMPANY, INC.	c EIN-PN 31-1399123-001
a	Plan name CODONICS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor CODONICS, INC.	c EIN-PN 34-1367048-001
a	Plan name CONIFER SPECIALTIES, INC 401(K) PLAN	
b	Name of plan sponsor CONIFER SPECIALTIES, INC	c EIN-PN 90-0248064-001

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 CONTRACTORS RETIREMENT PLAN MASTER TRUST	
b	Name of plan sponsor PLAN BENEFIT SERVICES, INC.	c EIN-PN 74-2485507-001
a	Plan name COOPER INVESTORS, INC. 401K PLAN	
b	Name of plan sponsor COOPER INVESTORS INC.	c EIN-PN 11-2807016-002
a	Plan name COVINGTON & BURLING LLP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor COVINGTON & BURLING LLP	c EIN-PN 53-0188411-001
a	Plan name CRANE RENTAL SERVICE PROFIT SHARING PLAN	
b	Name of plan sponsor CRANE RENTAL SERVICE INC.	c EIN-PN 86-0455086-001
a	Plan name CREST FURNITURE, INC. 401(K)	
b	Name of plan sponsor CREST FURNITURE, INC.	c EIN-PN 22-1915989-002
a	Plan name CROSSCHECK COMPLIANCE, LLC 401(K) PLAN	
b	Name of plan sponsor CROSSCHECK COMPLIANCE, LLC	c EIN-PN 26-1456042-001
a	Plan name CUT RATE GLASS, INC. 401(K) PLAN	
b	Name of plan sponsor CUT RATE GLASS, INC.	c EIN-PN 20-4874628-001
a	Plan name CWM ADVISORS, LLC DBA INSPIRE INVESTING 401(K) PLAN	
b	Name of plan sponsor CWM ADVISORS, LLC DBA INSPIRE INVESTING	c EIN-PN 47-1429142-001
a	Plan name DARDEN SAVINGS PLAN	
b	Name of plan sponsor DARDEN RESTAURANTS	c EIN-PN 59-3305903-044
a	Plan name DELLEN MANUFACTURING COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor DELLEN MANUFACTURING COMPANY, INC	c EIN-PN 43-0837245-001
a	Plan name DERANGO & CAIN, LLC 401(K) PSP	
b	Name of plan sponsor DERANGO & CAIN, LLC	c EIN-PN 82-3569110-001
a	Plan name DOMANITECH INC 401K PLAN	
b	Name of plan sponsor DOMANITECH INC	c EIN-PN 45-0404698-001

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	DORMIFY, INC. 401(K) PLAN	
b Name of plan sponsor	DORMIFY, INC.	c EIN-PN 27-4335123-001
a Plan name	DUER WAGNER III, INC. 401(K) PLAN	
b Name of plan sponsor	DUER WAGNER III, INC.	c EIN-PN 75-2509555-001
a Plan name	DUPLASS, ZWAIN, BOURGEOIS, PFISTER, WEINSTOCK & BOGART (APLC) 401(K)	
b Name of plan sponsor	DUPLASS, ZWAIN, BOURGEOIS, PFISTER, WEINSTOCK & BOGART	c EIN-PN 72-1087327-001
a Plan name	ELECTRONIC BUSINESS PRODUCTS 401K	
b Name of plan sponsor	ELECTRONIC BUSINESS PRODUCTS, INC.	c EIN-PN 14-1640393-001
a Plan name	EMPLOYEES 401(K) PLAN OF COBURN SUPPLY COMPANY, INC.	
b Name of plan sponsor	COBURN SUPPLY COMPANY, INC.	c EIN-PN 76-0700401-002
a Plan name	FAIRWAY MORTGAGE CORP. SAVINGS & INVESTMENT PLAN	
b Name of plan sponsor	FAIRWAY INDEPENDENT MORTGAGE CORPORATION	c EIN-PN 76-0503625-001
a Plan name	FALCON PLASTICS, INC. 401(K) SALARY SAVINGS PLAN	
b Name of plan sponsor	FALCON PLASTICS, INC.	c EIN-PN 46-0325450-001
a Plan name	FAMIGLIA-DEBARTOLO 401(K) PLAN	
b Name of plan sponsor	FAMIGLIA-DEBARTOLO, LLC	c EIN-PN 20-0413961-001
a Plan name	FARMERS ALLIANCE COMPANIES EMPLOYEES SAVINGS PLAN	
b Name of plan sponsor	FARMERS ALLIANCE MUTUAL INSURANCE COMPANY	c EIN-PN 48-0214040-002
a Plan name	FARNSWORTH GROUP, INC. 401(K) PLAN	
b Name of plan sponsor	FARNSWORTH GROUP, INC.	c EIN-PN 37-1123236-001
a Plan name	FLORIDA EYE CLINIC 401(K) PLAN	
b Name of plan sponsor	FLORIDA EYE CLINIC, PA	c EIN-PN 59-1493386-003
a Plan name	FOLK ENTERPRISES INC 401K & PROFIT SHARING PLAN	
b Name of plan sponsor	FOLK ENTERPRISES INC	c EIN-PN 88-0387928-001

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	FORD COMPONENT SALES GROUP, LLC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	FORD COMPONENT SALES GROUP	c EIN-PN 38-3384550-001
a	Plan name	FTI CONSULTING 401(K) PLAN	
b	Name of plan sponsor	FTI CONSULTING, INC.	c EIN-PN 52-1261113-001
a	Plan name	G WINTER'S SAILING CENTER INC 401K	
b	Name of plan sponsor	G WINTERS SAILING CENTER INC	c EIN-PN 22-2269515-001
a	Plan name	G2IT 401(K) PLAN	
b	Name of plan sponsor	G2IT LLC	c EIN-PN 47-1862200-001
a	Plan name	GABLE & GOTWALS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GABLE & GOTWALS	c EIN-PN 93-0018015-001
a	Plan name	GARDEN HOUSE SCHOOL OF NY 401K PLAN	
b	Name of plan sponsor	GARDEN HOUSE SCHOOL OF NY	c EIN-PN 23-7076772-001
a	Plan name	GENERON IGS INC., 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	GENERON IGS, INC.	c EIN-PN 23-2838551-001
a	Plan name	GM PROPERTIES 401K PLAN	
b	Name of plan sponsor	GM PROPERTIES, INC	c EIN-PN 95-4685667-001
a	Plan name	GVS FILTERATION, INC. NON-BARGAINED PLAN	
b	Name of plan sponsor	GVS FILTRATION, INC.	c EIN-PN 45-2676797-001
a	Plan name	GVS FILTRATION, INC. BARGAINED PLAN	
b	Name of plan sponsor	GVS FILTRATION, INC.	c EIN-PN 45-2676797-002
a	Plan name	HALA NAHHAS MD PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	HALA NAHHAS MD PLLC	c EIN-PN 26-0455011-001
a	Plan name	HELSINN THERAPEUTICS (U.S.), INC. 401K SAVINGS PLAN	
b	Name of plan sponsor	HELSINN THERAPEUTICS (U.S.), INC.	c EIN-PN 76-0640509-001

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	HENEGAN CONSTRUCTION CO., INC EMPLOYEE THRIFT & PROFIT SHARING PLAN	
b	Name of plan sponsor	HENEGAN CONSTRUCTION CO., INC.	c EIN-PN 13-1887071-005
a	Plan name	HLT 401(K) PLAN	
b	Name of plan sponsor	HEARING LAB TECHNOLOGY, LLC	c EIN-PN 26-0492223-001
a	Plan name	HOSTMARK/RAINTREE 401(K) PLAN	
b	Name of plan sponsor	HOSTMARK/RAINTREE	c EIN-PN 36-3914422-001
a	Plan name	HOWLAND PUMP & SUPPLY CO, INC	
b	Name of plan sponsor	HOWLAND PUMP & SUPPLY CO, INC.	c EIN-PN 15-0619472-001
a	Plan name	HUNTER DOUGLAS INC. EMPLOYEE SAVINGS 401(K) PLAN	
b	Name of plan sponsor	HUNTER DOUGLAS, INC.	c EIN-PN 13-2614416-004
a	Plan name	HUTCHISON ENGINEERING	
b	Name of plan sponsor	INC. 401K PLAN	c EIN-PN 37-1246952-002
a	Plan name	INTERNATIONAL SCHOOL OF BROOKLYN 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	INTERNATIONAL SCHOOL OF BROOKLYN	c EIN-PN 13-4303389-001
a	Plan name	INTL FCSTONE INC. 401(K) PLAN	
b	Name of plan sponsor	INTL FCSTONE INC.	c EIN-PN 59-2921318-004
a	Plan name	IRONWORKERS LOCAL 380 RETIREMENT AND SEVERANCE PLAN	
b	Name of plan sponsor	IRONWORKERS LOCAL 380	c EIN-PN 37-6122834-001
a	Plan name	JOHN MINI DISTINCTIVE LANDSCAPES 401K PLAN	
b	Name of plan sponsor	JOHN MINI DISTINCTIVE LANDSCAPES	c EIN-PN 13-2911865-499
a	Plan name	JUST A LITTLE HELP 401K PLAN	
b	Name of plan sponsor	JUST A LITTLE HELP, INC.	c EIN-PN 30-0808708-001
a	Plan name	KALAMAZOO OUTDOOR GOURMET, LLC 401(K) PLAN	
b	Name of plan sponsor	KALAMAZOO OUTDOOR GOURMET, LLC	c EIN-PN 20-2289781-001

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	KDM SIGNS, INC.	
b	Name of plan sponsor	KDM SIGNS, INC.	c EIN-PN 31-1120563-002
a	Plan name	KEISER LAW FIRM, PLC 401(K) PLAN	
b	Name of plan sponsor	KEISER LAW FIRM, PLC	c EIN-PN 72-1312904-001
a	Plan name	KEYSTONE SYMPOSIA 401K PSP & TRUST	
b	Name of plan sponsor	KEYSTONE SYMPOSIA	c EIN-PN 84-1326605-001
a	Plan name	KIMBERLY CLARK CORPORATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	KIMBERLY-CLARK CORPORATION	c EIN-PN 39-0394230-016
a	Plan name	KLUGER, KAPLAN, SILVERMAN, KATZEN & LEVINE, PL PLAN A	
b	Name of plan sponsor	KLUGER, KAPLAN, SILVERMAN, KATZEN & LEVINE, PL	c EIN-PN 26-4527913-001
a	Plan name	KRRC RETIREMENT PLAN	
b	Name of plan sponsor	KLAMATH RIVER RENEWAL CORPORATION	c EIN-PN 81-2761910-001
a	Plan name	LEVARE U.S.,INC. 401(K) PLAN	
b	Name of plan sponsor	BORETS U.S. INC.	c EIN-PN 26-1626794-001
a	Plan name	LOCAL NO. 1 RETIREMENT SAVINGS TRUST FUND	
b	Name of plan sponsor	BOARD OF TRUSTEES OF LOCAL NO. 1 RETIREMENT SAVINGS TRUST FUND	c EIN-PN 46-7241306-001
a	Plan name	LOGAN RIVER ACADEMY 401K PLAN	
b	Name of plan sponsor	LOGAN RIVER ACADEMY	c EIN-PN 87-0636931-001
a	Plan name	LOUISIANA FOREST SEED 401K PLAN	
b	Name of plan sponsor	LOUISIANA FOREST SEED CO., INC.	c EIN-PN 72-0972667-001
a	Plan name	M & O 401(K) PLAN & TRUST	
b	Name of plan sponsor	M & O INSULATION COMPANY	c EIN-PN 36-2733624-003
a	Plan name	M&A SUPPLY CO, INC PROFIT SHARING AND 401K PLAN	
b	Name of plan sponsor	M&A SUPPLY COMPANY, INC.	c EIN-PN 62-0802644-001

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	MAGELLAN DEVELOPMENT GROUP, LTD 401K PLAN	
b	Name of plan sponsor	MAGELLAN DEVELOPMENT GROUP	c EIN-PN 36-4304598-001
a	Plan name	MARTHA O'BRYAN CENTER 401(K) PLAN	
b	Name of plan sponsor	MARTHA OBRYAN CENTER	c EIN-PN 62-0477728-001
a	Plan name	MAXWAY 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	MAXWAY TRUCKING, INC.	c EIN-PN 87-0365392-001
a	Plan name	MEDICAL DATA SYSTEM, INC. 401(K) PLAN	
b	Name of plan sponsor	MEDICAL DATA SYSTEM, INC.	c EIN-PN 59-2926242-001
a	Plan name	MEDICAL INSIGHTS & CARE UNLIMITED, LP 401K PSP	
b	Name of plan sponsor	MEDICAL INSIGHTS & CARE UNLIMITED, LP	c EIN-PN 76-0458557-001
a	Plan name	MENDO MILL & LUMBER CO PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MENDO MILL & LUMBER CO	c EIN-PN 94-1577775-001
a	Plan name	MERCURY RADIO ARTS, INC. 401(K) PLAN	
b	Name of plan sponsor	MERCURY RADIO ARTS, INC.	c EIN-PN 02-0579272-002
a	Plan name	METALWORKS INC. PROFIT SHARING AND RETIREMENT PLAN	
b	Name of plan sponsor	METALWORKS INC.	c EIN-PN 38-1898020-002
a	Plan name	MEYER GROUP 401-K PLAN AND TRUST	
b	Name of plan sponsor	MEYER PROPERTIES	c EIN-PN 95-4242923-001
a	Plan name	MFO MANAGEMENT RETIREMENT PLAN	
b	Name of plan sponsor	MFO MANAGEMENT COMPANY	c EIN-PN 38-2134833-001
a	Plan name	MILESTONE THERAPY INC 401K PLAN	
b	Name of plan sponsor	MILESTONE THERAPY INC.	c EIN-PN 54-2115074-001
a	Plan name	MINGO MANUFACTURING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MINGO MANUFACTURING, INC.	c EIN-PN 73-1100845-001

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 MISSION PHARMACAL COMPANY RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor MISSION PHARMACAL COMPANY	c EIN-PN 74-1041775-001
a	Plan name MOBEX GLOBAL 401(K) PLAN	
b	Name of plan sponsor MOBEX GLOBAL	c EIN-PN 38-2257517-001
a	Plan name MOLDED PLASTIC INDUSTRIES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor MOLDED PLASTIC INDUSTRIES, INC.	c EIN-PN 38-2056068-002
a	Plan name MONROE MOXNESS BERG PA 401(K) PLAN	
b	Name of plan sponsor MONROE MOXNESS BERG PA	c EIN-PN 41-1228303-001
a	Plan name MY FUTURE 401K	
b	Name of plan sponsor FIDUCIARY DOCTORS	c EIN-PN 45-1427680-001
a	Plan name NATIONAL PIPE HANGER 401K PLAN	
b	Name of plan sponsor NATIONAL PIPE HANGER	c EIN-PN 22-2690869-001
a	Plan name NATIONAL PSORIASIS FOUNDATION 401(K) PLAN	
b	Name of plan sponsor NATIONAL PSORIASIS FOUNDATION	c EIN-PN 93-0571472-001
a	Plan name NCTA 401K PLAN	
b	Name of plan sponsor THE NATIONAL CABLE & TELECOMMUNICATIONS ASSOCIATION	c EIN-PN 53-0222396-002
a	Plan name NESTE US, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NESTE US, INC.	c EIN-PN 20-0850603-001
a	Plan name OB/GYN ASSOCIATES OF WACO 401(K) PLAN	
b	Name of plan sponsor OB/GYN ASSOCIATES OF WACO, PA	c EIN-PN 26-4030582-001
a	Plan name ONCOURSE SYSTEMS FOR EDUCATION 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ONCOURSE SYSTEMS FOR EDUCATION	c EIN-PN 22-3796310-001
a	Plan name ONWARD LLC 401(K) PLAN	
b	Name of plan sponsor ONWARD LLC	c EIN-PN 27-3259641-001

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	OTC GLOBAL HOLDINGS LP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	OTC GLOBAL HOLDINGS, LP	c EIN-PN 20-8675090-001
a	Plan name	PACIFIC SOUTHWEST ADMINISTRATORS 401(K) PLAN	
b	Name of plan sponsor	PACIFIC SOUTHWEST ADMINISTRATORS, LLC	c EIN-PN 46-4942970-001
a	Plan name	PACIFIC SOUTHWEST ADMINISTRATORS UNION 401(K) PLAN	
b	Name of plan sponsor	PACIFIC SOUTHWEST ADMINISTRATORS, LLC	c EIN-PN 46-4942970-002
a	Plan name	PARAMOUNT GROUP MANAGEMENT 401(K) PLAN	
b	Name of plan sponsor	PARAMOUNT GROUP MANAGEMENT LP	c EIN-PN 47-1887984-001
a	Plan name	PARAMOUNT SOLUTIONS & GLOBAL SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PARAMOUNT SOLUTIONS & GLOBAL SERVICES, INC.	c EIN-PN 20-1530342-001
a	Plan name	PATTON WINGS, INC. 401(K) PLAN	
b	Name of plan sponsor	PATTON WINGS INTERMEDIATE HOLDINGS, LLC	c EIN-PN 38-3326097-001
a	Plan name	PHOENIX ART MUSEUM 401(K) PLAN	
b	Name of plan sponsor	PHOENIX ART MUSEUM	c EIN-PN 86-0072608-002
a	Plan name	PINK SUMMIT LLC 401(K) PLAN	
b	Name of plan sponsor	PINK SUMMIT LLC	c EIN-PN 47-4856405-001
a	Plan name	PRESTON PIPELINES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	PRESTON PIPELINES, INC.	c EIN-PN 94-2508467-002
a	Plan name	PROCTOR SALES, INC. 401(K) PLAN	
b	Name of plan sponsor	PROCTOR SALES, INC.	c EIN-PN 91-0854278-001
a	Plan name	REALIZATION TECHNOLOGIES, INC 401K PLAN	
b	Name of plan sponsor	INC 401K PLAN	c EIN-PN 77-0519630-001
a	Plan name	REGENERATIVE ORTHOPEDICS AND SPORTS MEDICINE 401(K) PROFIT SHARING	
b	Name of plan sponsor	REGENERATIVE ORTHOPEDICS AND SPORTS MEDICINE	c EIN-PN 46-4749599-001

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	RESOURCE MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	RESOURCE MANAGEMENT, INC.	c EIN-PN 87-0499948-333
a	Plan name	ROCKY RUN FAMILY MEDICINE 401K PLAN	
b	Name of plan sponsor	ROCKY RUN FAMILY MEDICINE, INC.	c EIN-PN 54-2028546-002
a	Plan name	ROTH CAPITAL PARTNERS LLC 401K PLAN	
b	Name of plan sponsor	ROTH CAPITAL	c EIN-PN 33-0947643-001
a	Plan name	SAK CONSTRUCTION, LLC AND SUBSIDIARIES 401(K) PLAN	
b	Name of plan sponsor	SAK CONSTRUCTION, LLC	c EIN-PN 20-4193988-001
a	Plan name	SANDY HOOK YACHTS SALES INC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SANDY HOOK YACHT SALES INC	c EIN-PN 22-2542787-001
a	Plan name	SCHAUMBURG TOYOTA, INC. PROFIT SHARING AND 401(K)	
b	Name of plan sponsor	SCHAUMBURG TOYOTA, INC.	c EIN-PN 36-2945116-001
a	Plan name	SCHERPING WESTPHAL RETIREMENT PLAN	
b	Name of plan sponsor	SCHERPING WESTPHAL	c EIN-PN 26-0354413-001
a	Plan name	SCHNUCK MARKETS, INC. PAY DEFERRAL PLAN	
b	Name of plan sponsor	SCHNUCK MARKETS, INC.	c EIN-PN 43-0726776-002
a	Plan name	SCHNUCK MARKETS, INC. PAY DEFERRAL PLAN 30	
b	Name of plan sponsor	SCHNUCK MARKETS, INC.	c EIN-PN 43-0726776-004
a	Plan name	SECURITY PROPERTIES 401(K) SALARY DEFERRAL AND PROFIT-SHARING PLAN	
b	Name of plan sponsor	SP PERSONNEL SERVICES LLC	c EIN-PN 91-0918015-001
a	Plan name	SEREN IPS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	SEREN IPS	c EIN-PN 22-3398909-001
a	Plan name	SEVEN BRIDGE GENOMICS INC. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	SEVEN BRIDGES GENOMICS INC.	c EIN-PN 45-3415885-001

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	SIERRA-CEDAR COMPANIES, LLC 401(K) PLAN	
b	Name of plan sponsor	SIERRA-CEDAR COMPANIES, LLC	c EIN-PN 90-0898204-001
a	Plan name	SIGNIFY HEALTH, LLC 401(K) PLAN	
b	Name of plan sponsor	SIGNIFY HEALTH, LLC	c EIN-PN 82-3563982-001
a	Plan name	SILICON MOTION, INC. 401(K) PLAN	
b	Name of plan sponsor	SILICON MOTION, INC.	c EIN-PN 77-0414057-001
a	Plan name	SOUTHERN PIPE AND SUPPLY COMPANY INCORPORATED 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SOUTHERN PIPE AND SUPPLY CO, INC.	c EIN-PN 64-0291778-002
a	Plan name	SOUTHWESTERN ENERGY COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SOUTHWESTERN ENERGY COMPANY	c EIN-PN 71-0205415-003
a	Plan name	ST. LUCIE COUNTY 457(B) PLAN	
b	Name of plan sponsor	ST. LUCIE COUNTY	c EIN-PN 59-6000835-001
a	Plan name	ST. NICHOLAS NEIGHBORHOOD PRESERVATION CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ST. NICHOLAS NEIGHBORHOOD PRESERVATION CORPORATION	c EIN-PN 51-0192170-001
a	Plan name	STANDARDAERO 401K PLAN	
b	Name of plan sponsor	STANDARDAERO	c EIN-PN 52-1956503-001
a	Plan name	STEIMLING & SONS 401K PLAN	
b	Name of plan sponsor	STEIMLING & SONS	c EIN-PN 22-2813374-001
a	Plan name	STILLMAN BANCORP PROFIT SHARING AND RETIREMENT	
b	Name of plan sponsor	STILLMAN BANCORP, INC.	c EIN-PN 36-3337365-001
a	Plan name	SUNSOURCE SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	SUNSOURCE	c EIN-PN 38-3145535-001
a	Plan name	TATA CHEMICALS (SODA ASH) PARTNERS HOURLY EMPLOYEE'S SAVINGS PLAN	
b	Name of plan sponsor	TATA CHEMICALS (SODA ASH) PARTNERS	c EIN-PN 22-2802279-004

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 TATA CHEMICALS (SODA ASH) SALARIED EMPLOYEE'S SAVINGS PLAN	
b	Name of plan sponsor TATA CHEMICALS (SODA ASH) PARTNERS	c EIN-PN 22-2802279-002
a	Plan name TAX SAVINGS THRIFT PLAN AND PAYROLL-BASED EMPLOYEE STOCK OWNERSHIP PLANS OF CSX CORP	
b	Name of plan sponsor CSX CORPORATION MANAGEMENT	c EIN-PN 62-1051971-003
a	Plan name TAYLOR MORRISON 401(K) SAVINGS PLAN	
b	Name of plan sponsor TAYLOR MORRISON	c EIN-PN 58-1426890-001
a	Plan name TEXTAINER EQUIPMENT MANAGEMENT 401K PROFIT SHARING PLAN	
b	Name of plan sponsor TEXTAINER EQUIPMENT MANAGEMENT	c EIN-PN 94-3060366-001
a	Plan name THE 401(K) PLAN OF UNITED GENERATIONS, LLC	
b	Name of plan sponsor UNITED GENERATIONS, LLC	c EIN-PN 47-4041847-001
a	Plan name THE ADAM CORPORATION/GROUP 401(K) PLAN	
b	Name of plan sponsor THE ADAM CORPORATION/GROUP	c EIN-PN 74-2270146-002
a	Plan name THE ARMADA GROUP 401(K) PLAN	
b	Name of plan sponsor THE ARMADA GROUP	c EIN-PN 38-3571801-001
a	Plan name THE CALDWELL FOUNDATION 401(K) PLAN	
b	Name of plan sponsor THE CALDWELL FOUNDATION	c EIN-PN 75-6004080-002
a	Plan name THE MASTEC, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor MASTEC, INC.	c EIN-PN 65-0829355-002
a	Plan name THE PANGBORN SAVINGS PLAN	
b	Name of plan sponsor PANGBORN LLC	c EIN-PN 52-1456658-004
a	Plan name THE RETIREMENT SAVINGS PLAN OF SUNBEAM TELEVISION CORPORATION	
b	Name of plan sponsor SUNBEAM TELEVISION CORPORATION	c EIN-PN 59-6071944-002
a	Plan name THE WESTERN SUGAR COOPERATIVE SALARIED SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor THE WESTERN SUGAR COOPERATIVE	c EIN-PN 87-0658226-001

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 THOMPSON PETROLEUM CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor THOMPSON PETROLEUM CORPORATION	c EIN-PN 75-1625969-002
a	Plan name TIREWORLD 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor BMLC INVESTMENTS LLC DBA TIRE WORLD	c EIN-PN 45-5461280-001
a	Plan name TOHOPEKALIGA WATER AUTHORITY 401(A) QUALIFIED PLAN	
b	Name of plan sponsor TOHOPEKALIGA WATER AUTHORITY	c EIN-PN 56-2378950-002
a	Plan name TOHOPEKALIGA WATER AUTHORITY 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor TOHOPEKALIGA WATER AUTHORITY	c EIN-PN 56-2378950-001
a	Plan name TRANSDEV ON DEMAND 401(K) PLAN	
b	Name of plan sponsor TRANSDEV ON DEMAND	c EIN-PN 36-4592824-001
a	Plan name TRANSDEV ON DEMAND NCBE 401K PLAN	
b	Name of plan sponsor TRANSDEV ON DEMAND	c EIN-PN 36-4592824-001
a	Plan name UNARCO MATERIAL HANDLING 401(K) PLAN	
b	Name of plan sponsor UNARCO MATERIAL HANDLING INC.	c EIN-PN 62-1593382-001
a	Plan name UNA'S NONPROFIT RETIREMENT SOLUTIONS	
b	Name of plan sponsor UNITED 401(K) PLANS, INC. DBA ELEVATE401(K) (POOLED PLAN PROVIDER)	c EIN-PN 20-5321813-002
a	Plan name UNIRAC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor UNIRAC, INC.	c EIN-PN 85-0464711-001
a	Plan name UNITED STATES SERVCIES GROUP 401(K) PLAN	
b	Name of plan sponsor UNITED STATES SERVICES GROUP	c EIN-PN 72-1334322-001
a	Plan name UPSTAGING, INC. 401K SAVINGS PLAN	
b	Name of plan sponsor UPSTAGING, INC.	c EIN-PN 36-2790019-001
a	Plan name UROLOGY CONSULTANTS, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UROLOGY CONSULTANTS, LTD	c EIN-PN 43-0835090-002

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 UROLOGY PARTNERS OF NORTH TEXAS, PLLC 401(K) PLAN	
b	Name of plan sponsor UROLOGY PARTNERS OF NORTH TEXAS, PLLC	c EIN-PN 83-2235275-001
a	Plan name US SPECIALISTS MANAGEMENT, LLC 401(K) PLAN	
b	Name of plan sponsor US SPECIALISTS MANAGEMENT, LLC	c EIN-PN 82-4956567-001
a	Plan name UTILITY DYNAMICS CORP. 401K PLAN	
b	Name of plan sponsor UTILITY DYNAMICS CORP.	c EIN-PN 36-2776022-001
a	Plan name VALLEY SALES, INC. RETIREMENT PLAN	
b	Name of plan sponsor VALLEY SALES, INC.	c EIN-PN 41-1492158-001
a	Plan name VANDA PHARMACEUTICALS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VANDA PHARMACEUTICALS, INC.	c EIN-PN 03-0491827-001
a	Plan name VELSERA 401(K) PLAN	
b	Name of plan sponsor M51 BIDCO, INC.	c EIN-PN 88-2567400-001
a	Plan name VENSURE RETIREMENT PLAN	
b	Name of plan sponsor SLAVIC INTERGRATED ADMINISTRATION	c EIN-PN 65-0608221-333
a	Plan name WADECO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor WADECO, INC.	c EIN-PN 93-0304960-004
a	Plan name WAGNER OIL COMPANY 401(K)	
b	Name of plan sponsor WAGNER OIL COMPANY	c EIN-PN 75-1371490-001
a	Plan name WASHINGTON SQUARE HOTEL 401K PLAN	
b	Name of plan sponsor WASHINGTON SQUARE HOTEL	c EIN-PN 45-0404698-001
a	Plan name WHOLE HEALTH, LLC 401K PLAN AND TRUST	
b	Name of plan sponsor WHOLE HEALTH LLC	c EIN-PN 20-3173905-001
a	Plan name WILKINS CREWS & ASSOCIATES PC 401K PLAN	
b	Name of plan sponsor WILKINS CREWS & ASSOCIATES	c EIN-PN 20-3250784-001

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	WINDOWRAMA 401(K) PLAN	
b Name of plan sponsor	WINDOWRAMA ENTERPRISES, INC.	c EIN-PN 11-2479299-002
a Plan name	WISCON CORP 401K PLAN	
b Name of plan sponsor	WISCON CORP	c EIN-PN 36-3969390-001
a Plan name	WLS 401K PLAN	
b Name of plan sponsor	WHITE LODGING SERVICES CORP.	c EIN-PN 35-1656847-001
a Plan name	WORKIVA 401(K) PLAN	
b Name of plan sponsor	WORKIVA LLC	c EIN-PN 26-3147209-001
a Plan name	WORLD OIL SAVINGS AND RETIREMENT PLAN	
b Name of plan sponsor	WORLD OIL CORP.	c EIN-PN 95-2803817-001
a Plan name	XCEL MEDIA GROUP, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	XCEL MEDIA GROUP, INC.	c EIN-PN 26-4533365-001
a Plan name	ZAYO GROUP HOLDINGS, INC. 401(K) PLAN	
b Name of plan sponsor	ZAYO GROUP HOLDINGS, INC	c EIN-PN 26-1398293-002
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
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 01/01/2024 and ending 12/31/2024	
A Name of plan COLUMBIA TRUST STABLE HIGH QUALITY INCOME FUND	B Three-digit plan number (PN) ▶ 036
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIPRISE TRUST COMPANY	D Employer Identification Number (EIN) 87-2295015

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	-24112800	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	3562054	3884333
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	173736140	349808810
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	250563652
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	478153206	133712496
(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)	0	244564
(15) Other	1c(15)	80711	536420

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	631419311	738750275
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	93155
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	787045	127018190
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	787045	127111345
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	630632266	611638930

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)	13532050	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		13532050
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1871803
(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		15403853

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)	49500	
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)	1471626	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1020	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1013808	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2535954
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2535954

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		12867899
l Transfers of assets:			
(1) To this plan	2l(1)		350461930
(2) From this plan	2l(2)		382323165

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 _____.