

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 INCOME FUND
1b Three-digit plan number (PN): 017
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): 87-2323648
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 STABLE INCOME FUND</u>	B Three-digit plan number (PN)	<u>017</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>87-2323648</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>110143255</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>CT SHORT TERM BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN <u>87-2344639-071</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>95200725</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>RVST INVESTMENT GRADE BOND FUND</u>		
b Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN <u>87-2530513-023</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)
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)	
<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	A WIDER CIRCLE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	A WIDER CIRCLE, INC.	c EIN-PN 52-2345144-001
a	Plan name	ABS 401(K) SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN BUREAU OF SHIPPING	c EIN-PN 13-4921556-003
a	Plan name	ADAPTIMUNE LLC RETIREMENT PLAN	
b	Name of plan sponsor	ADAPTIMUNE, LLC	c EIN-PN 27-4919915-001
a	Plan name	ADERAS, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	ADERAS, INC.	c EIN-PN 37-1494340-001
a	Plan name	AKERS PACKAGING SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	AKERS PACKAGING SERVICES, INC.	c EIN-PN 31-0671096-001
a	Plan name	AKERS PACKAGING SERVICE, INC. UNION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AKERS PACKAGING SERVICES, INC.	c EIN-PN 31-0671096-003
a	Plan name	ALPINE LUMBER COMPANY 401K PLAN	
b	Name of plan sponsor	ALPINE LUMBER COMPANY	c EIN-PN 04-2507163-002
a	Plan name	AMERICAN BEVERAGE ASSOCIATES TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN BEVERAGE ASSOCIATION	c EIN-PN 53-0025510-002
a	Plan name	AMERICAN ENGINEERING AND DEVELOPMENT CORPORATION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN ENGINEERING & DEVELOPMENT CORPORATION	c EIN-PN 59-1480029-001
a	Plan name	AMERICAN PETROLEUM INSTITUTE EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	AMERICAN PETROLEUM INSTITUTE	c EIN-PN 13-0433430-002
a	Plan name	ANTEA USA, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ANTEA USA, INC.	c EIN-PN 61-1785641-001
a	Plan name	APEX SYSTEMS 401(K) PLAN CLASS M	
b	Name of plan sponsor	APEX SYSTEMS	c EIN-PN 54-1773546-002

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	APEX SYSTEMS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	APEX SYSTEMS	c EIN-PN 54-1773546-001
a	Plan name	ARTERA SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ARTERA SERVICES, LLC	c EIN-PN 46-1505840-001
a	Plan name	ASGN, INCORPORATED 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ASGN INCORPORATED	c EIN-PN 95-4023433-001
a	Plan name	ASSOCIATES IN OBSTETRICS 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ASSOCIATES IN OBSTETRICS	c EIN-PN 20-0581774-001
a	Plan name	AUDIOLOGY BENEFITS 401(K) PLAN I	
b	Name of plan sponsor	AUDIOLOGY BENEFITS SERVICES, LLC	c EIN-PN 27-3201446-002
a	Plan name	AUDIOLOGY BENEFITS 401(K) PLAN III	
b	Name of plan sponsor	AUDIOLOGY BENEFITS SERVICES, LLC	c EIN-PN 27-3201446-003
a	Plan name	B&G WHOLESALE DISTRIBUTION, INC. 401K PLAN	
b	Name of plan sponsor	B&G WHOLESALE DISTRIBUTION, INC.	c EIN-PN 74-1811407-001
a	Plan name	BERKSHIRE PARTNERS LLC ADMINISTRATIVE PROFIT SHARING PLAN	
b	Name of plan sponsor	BERKSHIRE PARTNERS LLC	c EIN-PN 04-2911958-003
a	Plan name	BERKSHIRE PARTNERS LLC RETIREMENT PLAN	
b	Name of plan sponsor	BERKSHIRE PARTNERS LLC	c EIN-PN 04-2911958-002
a	Plan name	BIG LOTS INC., SAVINGS PLAN	
b	Name of plan sponsor	BIG LOTS, INC.	c EIN-PN 06-1119097-002
a	Plan name	BLACK ANGUS STEAKHOUSES, LLC SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	BLACK ANGUS STEAKHOUSES, LLC	c EIN-PN 26-4277525-001
a	Plan name	BRIDGETOWER MEDIA 401(K) PLAN	
b	Name of plan sponsor	BRIDGETOWER OPCO LLC	c EIN-PN 85-3333083-001

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	BRYANLGH HEALTH SYSTEMS RETIREMENT SAVINGS PLUS	
b	Name of plan sponsor	BRYANLGH HEALTH SYSTEM	c EIN-PN 36-3414823-001
a	Plan name	BUCKS COUNTY MEDICAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BUCKS COUNTY MEDICAL ASSOCIATES, P.C.	c EIN-PN 23-2148251-002
a	Plan name	BUTLER CHEMICALS INC EMPLOYEES SALARY SAVINGS PLAN	
b	Name of plan sponsor	BUTLER CHEMICALS, INC	c EIN-PN 33-0887267-001
a	Plan name	CAPITOL BROADCASTING COMPANY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CAPITOL BROADCASTING COMPANY, INC.	c EIN-PN 56-1426928-001
a	Plan name	CAPO BY THE SEA, INC. 401(K) PLAN	
b	Name of plan sponsor	CAPO BY THE SEA, INC.	c EIN-PN 20-2249823-001
a	Plan name	CATE EQUIPMENT COMPANY 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CATE EQUIPMENT COMPANY	c EIN-PN 87-0202960-001
a	Plan name	CBC SUNRISE 401(K) PLAN	
b	Name of plan sponsor	SUNRISE BROADCASTING LLC	c EIN-PN 26-3074100-001
a	Plan name	CELERION, INC 401(K) PLAN	
b	Name of plan sponsor	CELERION, INC.	c EIN-PN 36-4667250-001
a	Plan name	CENTRAL INDIANA CORPORATE PARTNERSHIP 401K RETIREMENT PLAN	
b	Name of plan sponsor	CENTRAL INDIANA CORPORATE PARTNERSHIP	c EIN-PN 35-2065459-001
a	Plan name	CHORD ENERGY RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CHORD ENERGY CORPORATION	c EIN-PN 20-8541479-001
a	Plan name	CITIZENS ENERGY GROUP THRIFT PLAN FOR BARGAINING UNIT EMPLOYEES	
b	Name of plan sponsor	CITIZEN ENERGY GROUP	c EIN-PN 35-6000930-002
a	Plan name	CITIZENS ENERGY GROUP THRIFT PLAN FOR NON-BARGAINING EMPLOYEES	
b	Name of plan sponsor	CITIZEN ENERGY GROUP	c EIN-PN 35-6000930-001

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 CLOSE TO MY HEART 401(K) PLAN	
b	Name of plan sponsor CLOSE TO MY HEART	c EIN-PN 88-0272691-001
a	Plan name CNB BANK EMPLOYEES' SAVINGS PLAN & PROFIT SHARING TRUST	
b	Name of plan sponsor CNB BANK	c EIN-PN 25-0422340-003
a	Plan name COLORTREE GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor COLORTREE GROUP, INC.	c EIN-PN 45-2886185-001
a	Plan name COMMON SECURITIZATION SOLUTIONS, LLC RETIREMENT SAVINGS PLAN FOR EMPLOYEES	
b	Name of plan sponsor COMMON SECURITIZATION SOLUTIONS, LLC	c EIN-PN 46-3967230-001
a	Plan name CONTRACT EMPLOYEE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor APEX SYSTEMS, LLC	c EIN-PN 54-1773546-002
a	Plan name CP KELCO NONUNION 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CP KELCO U.S., INC.	c EIN-PN 51-0400757-002
a	Plan name CRESTWOOD MIDSTREAM PARTNERS, LP 401(K) PLAN	
b	Name of plan sponsor CRESTWOOD OPERATIONS LLC	c EIN-PN 45-5233794-001
a	Plan name CRRC MA 401(K) PLAN	
b	Name of plan sponsor CRRC MA CORPORATION	c EIN-PN 37-1753780-001
a	Plan name CRUSADER PAPER CO., INC. 401(K) PLAN	
b	Name of plan sponsor CRUSADER PAPER COMPANY, INC.	c EIN-PN 04-2430509-003
a	Plan name CTCI AMERICAS 401(K) PLAN	
b	Name of plan sponsor CTCI AMERICAS, INC.	c EIN-PN 46-0524045-001
a	Plan name CUMBERLAND INSURANCE GROUP 401K SAVINGS PLAN	
b	Name of plan sponsor CUMBERLAND MUTUAL FIRE INSURANCE COMPANY	c EIN-PN 21-0434400-001
a	Plan name CUTI HECKER WANG LLP 401(K) SAVINGS PLAN	
b	Name of plan sponsor CUTI HECKER WANG LLP	c EIN-PN 27-4359875-001

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	DAVIS DEFENSE GROUP, INC. 401(K)	
b	Name of plan sponsor	DAVIS DEFENSE GROUP INC.	c EIN-PN 32-0000601-001
a	Plan name	DE LANGE, HUDSPETH, MCCONNELL & TIBBETS, L.L.P. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DE LANGE, HUDSPETH, MCCONNELL & TIBBETS, L.L.P.	c EIN-PN 74-1598532-001
a	Plan name	DEWBERRY 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor	DEWBERRY & DAVIS LLC	c EIN-PN 54-0604420-001
a	Plan name	DISTINCTIVE APPAREL, INC. 401(K) PLAN	
b	Name of plan sponsor	DISTINCTIVE APPAREL, INC	c EIN-PN 42-0127290-001
a	Plan name	DOLE FOOD COMPANY MASTER RETIREMENT SAVINGS TRUST	
b	Name of plan sponsor	DOLE FOOD COMPANY, INC.	c EIN-PN 04-3523567-001
a	Plan name	DOLE FOOD COMPANY MASTER RETIREMENT SAVINGS TRUST	
b	Name of plan sponsor	DOLE FOOD COMPANY, INC.	c EIN-PN 36-1561816-001
a	Plan name	DOLLAR SHAVE CLUB 401(K) PLAN	
b	Name of plan sponsor	DOLLAR SHAVE CLUB	c EIN-PN 45-4200533-001
a	Plan name	DWYER INSTRUMENTS, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	DWYER INSTRUMENTS, INC.	c EIN-PN 35-0961454-001
a	Plan name	EAST NORRITON WOMEN'S HEALTH CARE, P.C. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	EAST NORRITON WOMENS HEALTH CARE, P.C.	c EIN-PN 23-2902569-001
a	Plan name	EASTHAM ENTERPRISES, INC 401K PLAN	
b	Name of plan sponsor	EASTHAM ENTERPRISES	c EIN-PN 74-0504870-001
a	Plan name	ECONOMICAL SUPERMARKET, INC. EMPLOYEE PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ECONOMICAL SUPERMARKET, INC.	c EIN-PN 72-0394474-001
a	Plan name	ECS FEDERAL ENHANCED BENEFIT PLAN	
b	Name of plan sponsor	ECS FEDERAL, LLC	c EIN-PN 59-3176720-002

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	ECS FEDERAL LLC, 401K RETIREMENT PLAN	
b	Name of plan sponsor	ECS FEDERAL, LLC	c EIN-PN 59-3176720-001
a	Plan name	ELEMETAL, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ELEMETAL, LLC	c EIN-PN 45-5210875-001
a	Plan name	ENGINEERING TECHNOLOGY ASSOCIATES, INC PROFIT SHARING PLAN	
b	Name of plan sponsor	ENGINEERING TECHNOLOGY ASSOCIATES, INC.	c EIN-PN 38-2448573-001
a	Plan name	EQUUS CAPITAL PARTNERS, LTD. 401K SAVINGS PLAN	
b	Name of plan sponsor	EQUUS CAPITAL PARTNERS, LTD.	c EIN-PN 20-0971206-001
a	Plan name	FEDERATED WIRELESS, INC. 401(K) PLAN	
b	Name of plan sponsor	FEDERATED WIRELESS, INC.	c EIN-PN 45-5077072-001
a	Plan name	FIREMON, LLC 401(K) PLAN	
b	Name of plan sponsor	FIREMON, LLC 401(K) PLAN	c EIN-PN 20-0351769-001
a	Plan name	FIRSTUP, INC. 401(K) PLAN	
b	Name of plan sponsor	FIRSTUP, INC.	c EIN-PN 27-3839152-002
a	Plan name	FOLEY FAMILY WINES 401(K) PLAN	
b	Name of plan sponsor	FOLEY FAMILY WINES, LLC	c EIN-PN 26-0823176-001
a	Plan name	FPL FOOD, LLC 401(K) PLAN	
b	Name of plan sponsor	FPL FOOD, LLC	c EIN-PN 27-0100391-021
a	Plan name	GENERATIONS COMMUNITY FEDERAL CREDIT UNION 401(K) PLAN	
b	Name of plan sponsor	GENERATIONS COMMUNITY FEDERAL CREDIT UNION	c EIN-PN 74-1117333-001
a	Plan name	GOLD RUSH KETTLE KORN, LLC DBA KETTLEPOP 401(K) PLAN	
b	Name of plan sponsor	GOLD RUSH KETTLE KORN, LLC DBA KETTLEPOP	c EIN-PN 61-1797518-001
a	Plan name	GRANGETTO'S FARM & GARDEN SUPPLY 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	GRANGETTOS FARM & GARDEN SUPPLY	c EIN-PN 95-2561657-001

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 HAAG ENGINEERING CO. EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor HAAG ENGINEERING COMPANY	c EIN-PN 75-6044241-001
a	Plan name HALEY & ALDRICH, INC. DISCRETIONARY PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor HALEY & ALDRICH, INC.	c EIN-PN 04-2295689-001
a	Plan name HARRIS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ONEHARRIS, INC	c EIN-PN 26-2555561-001
a	Plan name HARTFORD LIFE STABLE PORTFOLIO ONE	
b	Name of plan sponsor HARTFORD LIFE	c EIN-PN 06-0974148-001
a	Plan name HATHAWAY DINWIDDIE CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor HATHAWAY DINWIDDIE CONSTRUCTION COMPANY	c EIN-PN 94-3253608-001
a	Plan name HEALTHTEXAS MEDICAL GROUP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor PHYSICIAN PRIME CARE DBA HEALTH TEXAS MEDICAL GROUP OF SAN ANTONIO	c EIN-PN 74-2727562-001
a	Plan name HEATH CONSULTANTS INCORPORATED RETIREMENT PLAN	
b	Name of plan sponsor HEATH CONSULTANTS INCORPORATED	c EIN-PN 04-2144731-002
a	Plan name HIGHER LOGIC RETIREMENT PLAN	
b	Name of plan sponsor HIGHER LOGIC, LLC	c EIN-PN 81-3810775-001
a	Plan name IMAGINABLE FUTURES 401(K) PLAN	
b	Name of plan sponsor OMI DYAR NETWORK EDUCATION SERVICES, LLC	c EIN-PN 84-3062644-001
a	Plan name INDEX FRESH INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor INDEX FRESH INC.	c EIN-PN 33-0862019-001
a	Plan name INNOVITAL SYSTEMS, INC. 401K PLAN	
b	Name of plan sponsor INNOVITAL SYSTEMS, INC.	c EIN-PN 46-1700627-001
a	Plan name INTERNATIONAL COFFEE CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor INTERNATIONAL COFFEE CORPORATION	c EIN-PN 72-0898501-001

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 INTERNATIONAL E-Z UP, INC. 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL E-Z UP INC.	c EIN-PN 95-4104156-001
a	Plan name IVC 401(K) PLAN	
b	Name of plan sponsor INTERNATIONAL VITAMIN CORPORATION	c EIN-PN 27-1354354-001
a	Plan name JETCO DELIVERY, LLC. EMPLOYEES PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor JETCO DELIVERY, LLC	c EIN-PN 20-4272510-001
a	Plan name JRACK HOLDINGS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor HILL MECHANICAL GROUP	c EIN-PN 36-1334975-001
a	Plan name KENNING OUTSOURCE GROUP, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor KENNING OUTSOURCE GROUP, INC.	c EIN-PN 41-1876574-001
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 KIMBRELL'S EMPLOYEE PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor FURNITURE DISTRIBUTORS, INC.	c EIN-PN 56-0526767-001
a	Plan name KNOWLES CORPORATION 401(K) PLAN	
b	Name of plan sponsor KNOWLES CORPORATION	c EIN-PN 90-1002689-001
a	Plan name KOUSSAN HAMOOD, PLC	
b	Name of plan sponsor KOUSSAN HAMOOD, PLC	c EIN-PN 61-1847734-001
a	Plan name L&R OF CHESTERFIELD, LLC 401(K) PLAN	
b	Name of plan sponsor L&R OF CHESTERFIELD, LLC	c EIN-PN 46-1859606-001
a	Plan name L3 PARTNERS, L.L.C. 401(K) PLAN	
b	Name of plan sponsor L3 PARTNERS, LLC	c EIN-PN 90-0428141-001
a	Plan name LENTZCAPING INC. 401(K) PLAN	
b	Name of plan sponsor LENTZCAPING INC.	c EIN-PN 23-2549336-001

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	LGI HOMES, INC. INC. 401(K) PLAN	
b	Name of plan sponsor	LGI HOMES	c EIN-PN 46-3088013-001
a	Plan name	LIBERTY PLUMBING SUPPLIES COMPANY 401K PLAN	
b	Name of plan sponsor	LIBERTY PLUMBING SUPPLIES COMPANY	c EIN-PN 61-1805164-002
a	Plan name	LIFELINK FOUNDATION, INC. RETIREMENT PLAN	
b	Name of plan sponsor	LIFELINK FOUNDATION, INC.	c EIN-PN 59-2193032-001
a	Plan name	LINCARE EMPLOYEES 401(K) PLAN	
b	Name of plan sponsor	LINCARE, INC.	c EIN-PN 59-2852900-001
a	Plan name	LINCOLN PROPERTY COMPANY 401(K) RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	LPC SERVICES, INC.	c EIN-PN 75-2356213-333
a	Plan name	LINCOLN RESIDENTIAL 401K RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	LINCOLN PROPERTY COMPANY LLC	c EIN-PN 75-1979005-001
a	Plan name	LONG COMPANIES 401K PLAN AND TRUST	
b	Name of plan sponsor	LONG PAINTING COMPANY	c EIN-PN 91-0856060-001
a	Plan name	LP STATILE INC. 401(K) PLAN	
b	Name of plan sponsor	MAGELLAN DEVELOPMENT GROUP	c EIN-PN 22-2022039-001
a	Plan name	M&W HEATING AND AIR 401(K) PLAN	
b	Name of plan sponsor	M&W HEATING AND AIR, LLC	c EIN-PN 61-1907511-001
a	Plan name	MAGUIRE/MAGUIRE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MAGUIRE/MAGUIRE, INC.	c EIN-PN 68-0355122-001
a	Plan name	MAHLUM ARCHITECTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	MAHLUM ARCHITECTS, INC.	c EIN-PN 91-0939210-001
a	Plan name	MEADOWLARK BUILDERS, LLC 401(K) PLAN	
b	Name of plan sponsor	MEADOWLARK BUILDERS, LLC	c EIN-PN 61-1847735-001

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	MEIER CLINICS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MEIER CLINICS FOUNDATION	c EIN-PN 75-2845878-001
a	Plan name	METROPOLITAN NEPHROLOGY ASSOCIATES PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	METROPOLITAN NEPHROLOGY ASSOCIATES	c EIN-PN 23-1881388-003
a	Plan name	MICHIGAN HEALTHCARE PROFESSIONALS 401(K) PLAN	
b	Name of plan sponsor	MICHIGAN HEALTHCARE PROFESSIONALS	c EIN-PN 45-1674932-001
a	Plan name	MICHIGAN HEALTHCARE PROFESSIONALS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MICHIGAN HEALTHCARE PROFESSIONALS	c EIN-PN 45-1674932-002
a	Plan name	MUELLER INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor	MUELLER INDUSTRIES, INC.	c EIN-PN 25-0790410-015
a	Plan name	MUELLER RETIREMENT SAVINGS 401(K) PLAN	
b	Name of plan sponsor	MUELLER INDUSTRIES, INC.	c EIN-PN 48-1100985-003
a	Plan name	MUSTANG EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	MUSTANG CAT	c EIN-PN 20-0421611-002
a	Plan name	NANCE INTERNATIONAL, INC. 401K PLAN	
b	Name of plan sponsor	NANCE INTERNATIONAL, INC.	c EIN-PN 76-0528225-001
a	Plan name	NCS MULTISTAGE 401K PLAN	
b	Name of plan sponsor	NCS MULTISTAGE, LLC	c EIN-PN 46-2128877-001
a	Plan name	NEBRASKA PUBLIC POWER DISTRICT 457(B) PLAN	
b	Name of plan sponsor	NEBRASKA PUBLIC POWER DISTRICT	c EIN-PN 47-6000102-002
a	Plan name	NEWCO WOMENS MEDICAL CENTER, LLC 401K PLAN	
b	Name of plan sponsor	NEWCO WOMENS MEDICAL CENTER, LLC	c EIN-PN 72-1490076-001
a	Plan name	NEXOM (US), INC. 401(K) PLAN	
b	Name of plan sponsor	NEXOM (US), INC.	c EIN-PN 81-1013474-001

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	NORTHERN FRUIT CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NORTHERN FRUIT COMPANY	c EIN-PN 91-0339680-001
a	Plan name	NORTHSTAR BEHAVIORAL HEALTH MN 401L PLAN	
b	Name of plan sponsor	NORTHSTAR BEHAVIORAL HEALTH MN 401L PLAN	c EIN-PN 47-4645876-001
a	Plan name	NORTHVIEW HOTELS & RESORTS 401(K) PLAN	
b	Name of plan sponsor	NORTHVIEW HOTELS & RESORTS, LLC	c EIN-PN 37-1872812-001
a	Plan name	NT CONCEPTS 401K PLAN	
b	Name of plan sponsor	NEXT TIER CONCEPTS, INC	c EIN-PN 54-1909584-001
a	Plan name	ON ASSIGNMENT, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ON ASSIGNMENT, INC.	c EIN-PN 95-4023433-001
a	Plan name	ORTHO DEVELOPMENT CORPORATION 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	ORTHO DEVELOPMENT CORPORATION	c EIN-PN 87-0529573-001
a	Plan name	P/S/L GROUP AMERICA 401(K) PLAN	
b	Name of plan sponsor	P/S/L GROUP AMERICA	c EIN-PN 52-2124029-001
a	Plan name	PAINTERS AND ALLIED TRADES DISTRICT COUNCIL 82 DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES OF PAINTERS AND ALLIED TRADES DISTRICT COUNCIL 82	c EIN-PN 81-2748532-001
a	Plan name	PERFECT TRADING, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	PERFECT TRADING, INC.	c EIN-PN 26-1274776-001
a	Plan name	PERFORMANCE ELECTRIC, L.P. 401(K) PLAN	
b	Name of plan sponsor	PERFORMANCE ELECTRIC, L.P.	c EIN-PN 76-0680667-001
a	Plan name	PETROLEUM WHOLESale, L.P. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PETROLEUM WHOLESale, L. P.	c EIN-PN 73-0956836-001
a	Plan name	PIERRE'S ICE CREAM CO UNION EMPLOYEE INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	PIERRES ICE CREAM COMPANY, INC.	c EIN-PN 88-1756600-003

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	PLAZA CONSTRUCTION LLC EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	PLAZA CONSTRUCTION LLC	c EIN-PN 46-5046902-001
a	Plan name	PMT GROUP, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PMT GROUP, INC.	c EIN-PN 06-0500150-003
a	Plan name	POWERHOUSE RETAIL SERVICES 401(K) PLAN	
b	Name of plan sponsor	POWERHOUSE RETAIL SERVICES, LLC	c EIN-PN 26-0761398-001
a	Plan name	PRECISION METAL PRODUCT, INC. 401(K)/ PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION METAL PRODUCTS, INC.	c EIN-PN 34-0893837-001
a	Plan name	PRIMIANT GRAIN RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRIMARY PRODUCTS GRAIN, LLC	c EIN-PN 37-1010427-004
a	Plan name	PRIMIANT HOURLY COMPREHENSIVE RETIREMENT PLAN	
b	Name of plan sponsor	PRIMARY PRODUCTS INGREDIENTS AMERICAS, LLC	c EIN-PN 37-1168475-003
a	Plan name	PRIMIANT HOURLY SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	PRIMARY PRODUCTS INGREDIENTS AMERICAS, LLC	c EIN-PN 37-1168475-002
a	Plan name	PRIMIANT SALARIED COMPREHENSIVE RETIREMENT PLAN	
b	Name of plan sponsor	PRIMARY PRODUCTS INGREDIENTS AMERICAS, LLC	c EIN-PN 37-1168475-001
a	Plan name	QUORUM BUSINESS SOLUTIONS (USA), INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUORUM BUSINESS SOLUTIONS (USA), INC.	c EIN-PN 76-0571260-001
a	Plan name	REALTY MANAGEMENT SERVICES, INC. 401K PLAN	
b	Name of plan sponsor	REALTY MANAGEMENT SERVICES, INC.	c EIN-PN 52-1568244-001
a	Plan name	RHF INVESTMENTS, INC. 401(K) PLAN	
b	Name of plan sponsor	RHF INVESTMENTS, INC.	c EIN-PN 46-2232330-001
a	Plan name	RIDECELL INC. 401K PLAN	
b	Name of plan sponsor	RIDECELL INC.	c EIN-PN 26-3425928-001

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	RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RIVERSIDE RADIOLOGY AND INTERVENTIONAL ASSOCIATES, INC.	c EIN-PN 31-0983140-001
a	Plan name	ROTORCRAFT LEASING 401K PLAN	
b	Name of plan sponsor	ROTORCRAFT LEASING COMPANY, LLC	c EIN-PN 72-1281944-001
a	Plan name	SALAS O'BRIEN RETIREMENT PLAN	
b	Name of plan sponsor	SALAS OBRIEN, INC.	c EIN-PN 95-2037468-002
a	Plan name	SATAKE USA, INC. 401(K) PLAN	
b	Name of plan sponsor	SATAKE USA, INC.	c EIN-PN 51-0277211-001
a	Plan name	SEALY 401(K) SAVINGS PLAN	
b	Name of plan sponsor	SEALY CORPORATION	c EIN-PN 36-3284147-013
a	Plan name	SELF FINANCIAL, INC 401(K) PLAN	
b	Name of plan sponsor	SELF FINANCIAL, INC.	c EIN-PN 47-3596202-001
a	Plan name	SHAFFER DISTRIBUTING CO. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	SHAFFER SERVICES, INC.	c EIN-PN 31-4304446-001
a	Plan name	SHANAHAN LAW OFFICE 401(K) PLAN	
b	Name of plan sponsor	SHANAHAN LAW OFFICES	c EIN-PN 46-4793519-001
a	Plan name	SHEEDY DRAYAGE CO. 401(K) PSP PLAN	
b	Name of plan sponsor	SHEEDY DRAYAGE CO.	c EIN-PN 94-1399700-002
a	Plan name	SMA TECHNOLOGIES 401(K) PLAN	
b	Name of plan sponsor	UNISOFT INTERNATIONAL, INC.	c EIN-PN 76-0231315-001
a	Plan name	SOUTHWEST NEPHROLOGY ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	SOUTHWEST NEPHROLOGY ASSOCIATES, LLP.	c EIN-PN 76-0224461-001
a	Plan name	SPIN MASTER 401(K) PLAN	
b	Name of plan sponsor	SPIN MASTER, INC.	c EIN-PN 52-2275356-001

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 STEIN IP, LLC 401(K) SAVINGS PLAN	
b	Name of plan sponsor STEIN IP, LLC	c EIN-PN 33-1102420-001
a	Plan name STRUCTURAL GROUP, INC. 401(K) SAVINGS PLAN AND TRUST	
b	Name of plan sponsor STRUCTURAL GROUP, INC.	c EIN-PN 52-1071818-001
a	Plan name SUSTAINABLE SOLUTIONS CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor SUSTAINABLE SOLUTIONS CORPORATION	c EIN-PN 31-1765947-001
a	Plan name SWIMLANE, INC. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor SWIMLANE INC.	c EIN-PN 47-1554434-001
a	Plan name T.L. JAMES & COMPANY, INC. 401K SAVINGS-RETIREMENT PLAN	
b	Name of plan sponsor T.L. JAMES & COMPANY, INC	c EIN-PN 72-0221900-007
a	Plan name TASTEFUL SELECTIONS 401(K) PLAN	
b	Name of plan sponsor TASTEFUL SELECTIONS LLC	c EIN-PN 27-1564219-001
a	Plan name TATE & LYLE GRAIN INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TATE & LYLE GRAIN, INC.	c EIN-PN 37-1010427-002
a	Plan name TATE & LYLE HOURLY COMPREHENSIVE RETIREMENT PLAN	
b	Name of plan sponsor TATE & LYLE AMERICAS LLC	c EIN-PN 36-4165865-050
a	Plan name TATE & LYLE HOURLY SAVINGS AND INVESTMENTS PLAN	
b	Name of plan sponsor TATE & LYLE AMERICAS LLC	c EIN-PN 36-4165865-040
a	Plan name TATE & LYLE SALARIED COMPREHENSIVE RETIREMENT PLAN	
b	Name of plan sponsor TATE & LYLE AMERICAS LLC	c EIN-PN 36-4165865-045
a	Plan name TEMPUR SEALY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor TEMPUR-PEDIC MANAGEMENT, LLC	c EIN-PN 26-2807648-001
a	Plan name TENABLE INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor TENABLE, INC.	c EIN-PN 03-0486428-001

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 ELECTROLOCK, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ELECTROLOCK, INC.	c EIN-PN 34-0818807-001
a	Plan name THE INSTANTWHIP COMPANIES PROFIT SHARING PLAN	
b	Name of plan sponsor INSTANTWHIP FOODS, INC.	c EIN-PN 31-4113290-002
a	Plan name THE MALISH CORPORATION 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor THE MALISH CORPORATION	c EIN-PN 34-0690321-002
a	Plan name THE MYRON STRATTON HOME 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE MYRON STRATTON HOME	c EIN-PN 45-0404698-002
a	Plan name THE OSBORN 401(K) PLAN AND TRUST	
b	Name of plan sponsor THE OSBORN ENGINEERING COMPANY	c EIN-PN 34-0445030-001
a	Plan name THE STERLING GROUP, L.P. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor THE STERLING GROUP, L.P.	c EIN-PN 80-0112320-001
a	Plan name TL FINANCIAL GROUP 401K PLAN	
b	Name of plan sponsor TL FINANCIAL GROUP	c EIN-PN 20-0861898-001
a	Plan name T.L. JAMES & COMPANY, INC. 401K SAVINGS-RETIREMENT PLAN	
b	Name of plan sponsor T.L. JAMES & COMPANY, INC	c EIN-PN 72-0221900-007
a	Plan name TPC GROUP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TPC GROUP LLC	c EIN-PN 74-1778313-001
a	Plan name TULALIP TRIBES OF WASHINGTON TBC DIVISION EMPLOYEES' RETIREMENT PLAN	
b	Name of plan sponsor THE TULALIP TRIBES OF WASHINGTON	c EIN-PN 91-0557816-003
a	Plan name TULSAIR BEEHCRAFT, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor TULSAIR BEEHCRAFT INC.	c EIN-PN 73-0552883-003
a	Plan name U.S. ZINC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor U.S. ZINC CORPORATION	c EIN-PN 76-0264925-001

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 UNITED AUBURN INDIAN COMMUNITY 401K PLAN	
b	Name of plan sponsor UNITED AUBURN INDIAN COMMUNITY	c EIN-PN 68-0356979-001
a	Plan name UNITED EDUCATORS MANAGEMENT COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UNITED EDUCATORS MANAGEMENT COMPANY	c EIN-PN 52-1751521-001
a	Plan name UNITED VISION LOGISTICS 401(K) PLAN	
b	Name of plan sponsor UV LOGISTICS, LLC	c EIN-PN 26-1727767-001
a	Plan name UNIVAIR AIRCRAFT RETIREMENT PLAN	
b	Name of plan sponsor UNIVAIR AIRCRAFT CORPORATION	c EIN-PN 84-0564891-001
a	Plan name VALDESE WEAVERS 401(K) PLAN	
b	Name of plan sponsor VALDESE WEAVERS, LLC	c EIN-PN 20-0551086-002
a	Plan name VALID MANAGEMENT LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VALID MANAGEMENT LLC	c EIN-PN 76-0555224-001
a	Plan name VECELLIO GROUP, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor VECELLIO GROUP, INC.	c EIN-PN 55-0345840-001
a	Plan name VEEAM SOFTWARE CORPORATION 401(K) PLAN	
b	Name of plan sponsor VEEAM SOFTWARE CORPORATION	c EIN-PN 26-0530135-001
a	Plan name VENTUREDYNE, LTD SALARY DEFERRAL INVESTMENT PLAN	
b	Name of plan sponsor VENTUREDYNE, LTD	c EIN-PN 39-1568252-010
a	Plan name VERNON SUMMIT PARTNERS LLC 401(K)	
b	Name of plan sponsor VERNON SUMMIT PARTNERS LLC	c EIN-PN 61-1671292-001
a	Plan name W D PARTNERS PROFIT SHARING PLAN	
b	Name of plan sponsor WD PARTNERS, INC.	c EIN-PN 31-1455869-002
a	Plan name WEBB STOKES AND SPARKS 401K PRETAX SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor WEBB STOKES AND SPARKS	c EIN-PN 75-1106251-001

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	WEST TEXAS HEALTH PLLC RETIRMENT AND SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	WEST TEXAS HEALTH PLLC	c	EIN-PN	75-2624216-001
a	Plan name	WESTERN STATES LODGING AND MANAGEMENT LLC EMPLOYEE SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	WESTERN STATES LODGING AND MANAGEMENT	c	EIN-PN	87-0520716-001
a	Plan name	WESTPAK, INC. 401K PSP AND TRUST	c	EIN-PN	
b	Name of plan sponsor	WESTPAK, INC.	c	EIN-PN	77-0124169-001
a	Plan name	WINTER SPORTS, INC. RETIREMENT PLAN & TRUST	c	EIN-PN	
b	Name of plan sponsor	WINTER SPORTS, INC.	c	EIN-PN	81-0221770-001
a	Plan name	WS EMPLOYEES' INCENTIVE SAVINGS TRUST	c	EIN-PN	
b	Name of plan sponsor	WS EMPLOYEES INCENTIVE SAVINGS TRUST	c	EIN-PN	74-2181616-002
a	Plan name	YORKE PRINTE SHOPPE, INC. SALARY SAVINGS PLAN	c	EIN-PN	
b	Name of plan sponsor	YORKE PRINTE SHOPPE, INC.	c	EIN-PN	36-2701081-001
a	Plan name	ZENTECH TECHNICAL SERVICES, INC. EMPLOYEES 401K PLAN	c	EIN-PN	
b	Name of plan sponsor	ZENTECH TECHNICAL SERVICES, INC.	c	EIN-PN	22-2522625-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
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 INCOME FUND	B Three-digit plan number (PN) ▶ 017
C Plan sponsor's name as shown on line 2a of Form 5500 AMERIPRISE TRUST COMPANY	D Employer Identification Number (EIN) 87-2323648

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
a Total noninterest-bearing cash	1a	-99594155	2335
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	2993423	17200726
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)	186570725	205070448
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	259904276	265540150
(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)	411970152	205343980
(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)	43749176	32892
(15) Other.....	1c(15)	1353680	51354593

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	806947277	744545124
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	0	53487
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	778805	100038284
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	778805	100091771
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	806168472	644453353

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)	18652809	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		18652809
(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)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1992505
(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		20645314

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)	184606	
(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)	1259489	
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)	1054	
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	1032995	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		2527644
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2527644

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		18117670
l Transfers of assets:			
(1) To this plan.....	2l(1)		109611726
(2) From this plan	2l(2)		289444515

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 _____.