

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>WESTERN ASSET CORE PLUS BOND CIF</u>	1b Three-digit plan number (PN) ▶ <u>113</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>HAND BENEFITS & TRUST COMPANY</u> <u>820 GESSNER ROAD</u> <u>SUITE 1250</u> <u>HOUSTON, TX 77024</u>	1c Effective date of plan <u>12/01/2013</u> 2b Employer Identification Number (EIN) <u>74-2008758</u> 2c Plan Sponsor's telephone number <u>713-460-1000</u> 2d Business code (see instructions) <u>525920</u>

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.

SIGN HERE	Filed with authorized/valid electronic signature.	08/19/2025	JONATHAN B. SALZBERG
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor HAND BENEFITS & TRUST CO., TTEE KELLI C HILL 820 GESSNER STE 1250 HOUSTON, TX 77024	3b Administrator's EIN 74-2008758 3c Administrator's telephone number 713-744-3813																				
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.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td></td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d		6e		6f		6g(1)		6g(2)		6h	
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6a(2)																					
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6e																					
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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 checked="" 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 checked="" 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 0

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>WESTERN ASSET CORE PLUS BOND CIF</u>	B Three-digit plan number (PN)	<u>113</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>74-2008758</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:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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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:

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d Entity code

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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 ADVANTAGE PLASTIC 401K PS PLANTRUST	
b	Name of plan sponsor ADVANTAGE ASTIC	c EIN-PN 02-0495257-001
a	Plan name JOSEPH MERRITT CO SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor JOSEPH MERRITT CO	c EIN-PN 06-0631091-001
a	Plan name K R INDUSTRIES INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor R INDUSIES INC	c EIN-PN 04-6172095-001
a	Plan name MASTER TRUST FOR THE TIMKEN COMPANY DEFINED CONTRIBUTION PLANS	
b	Name of plan sponsor MASTER FOR THE TIMEN COMPANY CONIBUTION S	c EIN-PN 04-3804445-001
a	Plan name MELENDEZ CONTRACTING RETIREMENT PLAN	
b	Name of plan sponsor MELENDEZ CONACTING	c EIN-PN 06-1828430-001
a	Plan name NORTHWEST COMMUNITY HEALTH RETIREMENT PLAN	
b	Name of plan sponsor NORTHWEST COMMUNITY HEALTH	c EIN-PN 05-0258811-001
a	Plan name PICHETTE BROS CONSTR CO 401K PLAN	
b	Name of plan sponsor PICHETTE BROS CONS CO	c EIN-PN 02-0409834-001
a	Plan name THE BEACON LIGHT SUPPLY COMPANY INC 401K PLAN	
b	Name of plan sponsor THE BEACON LIGHT SUPY COMPANY INC	c EIN-PN 06-0691805-001
a	Plan name 186 MEDIA 401K PLAN	
b	Name of plan sponsor 186 MEDIA	c EIN-PN 52-1431161-001
a	Plan name 2 MONKEY TRADING II LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor 2 ADING II LLC	c EIN-PN 47-3538152-001
a	Plan name 3 RIVERS WET WEATHER INC 401K PSP	
b	Name of plan sponsor 3 RIVERS WET WEATHER INC	c EIN-PN 25-1833280-001
a	Plan name 4 OF US LLC 401K PLAN	
b	Name of plan sponsor 4 OF US LLC	c EIN-PN 82-3573083-001

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	4B SERVICES INC 401K PLAN	
b	Name of plan sponsor	4B SERVICES INC	c EIN-PN 73-1668329-001
a	Plan name	ABC LEGAL SERVICES PUERTO RICO RETMT	
b	Name of plan sponsor	ABC LEGAL SERVICES PUERTO RICO MT	c EIN-PN 91-1153514-001
a	Plan name	ABLAK HOLDINGS LLC 401K PLAN	
b	Name of plan sponsor	ABLA HOLDINGS LLC	c EIN-PN 27-1320540-001
a	Plan name	ADS PROFIT SHARING PLAN	
b	Name of plan sponsor	ADS	c EIN-PN 46-4175006-001
a	Plan name	AERO BRIGHAM LLC 401K PLAN	
b	Name of plan sponsor	AERO BRIGHAM LLC	c EIN-PN 36-4789872-001
a	Plan name	AIR PRODUCTS CHEMICALS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	AIR PRODUCTS CHEMICALS INC	c EIN-PN 23-1274455-001
a	Plan name	ALPINE COMMUNICATION CORP 401K PLAN	
b	Name of plan sponsor	ALPINE COMMUNICATION CORP	c EIN-PN 59-2047310-001
a	Plan name	ALUMI TECH PRODUCTS INC 401K PLAN	
b	Name of plan sponsor	ALUMI TECH PRODUCTS INC	c EIN-PN 82-1526188-001
a	Plan name	AMC THEATERS	
b	Name of plan sponsor	AMC THEATERS	c EIN-PN 43-0908577-002
a	Plan name	AS HOLDINGS RETIREMENT PLAN	
b	Name of plan sponsor	AS HOLDINGS	c EIN-PN 81-2556636-001
a	Plan name	ASR HEALTH INC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ASR HEALTH INC	c EIN-PN 85-3347691-001
a	Plan name	AXA EQUITABLE 401K PLAN	
b	Name of plan sponsor	AXA EQUITABLE	c EIN-PN 13-5570651-005

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	BASIC ELECTRIC COMPANY INC 401K PLAN	
b	Name of plan sponsor	BASIC ELECIC COMPANY INC	c EIN-PN 56-0797951-001
a	Plan name	BEHLERYOUNG COMPANY PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	BEHLERYOUNG COMPANY	c EIN-PN 38-0338530-002
a	Plan name	BERGEN SMILES DENTAL CLINIC LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BERGEN SMILES DENTAL CLINIC LLC	c EIN-PN 47-4760819-001
a	Plan name	BLOUNT CONTRACTING INC 401K PLAN	
b	Name of plan sponsor	BLOUNT CONACTING INC	c EIN-PN 86-1007194-001
a	Plan name	BMW SAVINGS PLAN	
b	Name of plan sponsor	BMW	c EIN-PN 22-2139469-002
a	Plan name	BNY MELLON FIXED INCOME MULTISTRATEGY FUND CIF	
b	Name of plan sponsor	BNY MELLON FIXED INCOME MULTISATEGY FUND CIF	c EIN-PN 25-6078093-102
a	Plan name	BOUNDLESS NETWORK INC RETIREMENT PLAN	
b	Name of plan sponsor	BOUNDLESS NETWOR INC	c EIN-PN 20-2240417-001
a	Plan name	BPI 401K PLAN	
b	Name of plan sponsor	BPI	c EIN-PN 91-1305753-001
a	Plan name	BREADWORKS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BREADWORS INC	c EIN-PN 25-1877450-001
a	Plan name	BRENNAN MANNA DIAMOND LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BRENNAN MANNA DIAMOND LLC	c EIN-PN 34-1924544-001
a	Plan name	BROADVIEW EYE CENTER 401K PLAN	
b	Name of plan sponsor	BROADVIEW EYE CENTER	c EIN-PN 11-3653128-001
a	Plan name	BRUCE A JACKSON II DDS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	BRUCE A JACSON II DDS	c EIN-PN 38-3381688-001

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 BW CONSTRUCTION SAFE HARBOR 401K PLAN	
b	Name of plan sponsor BW CONSUCTION SAFE HARBOR	c EIN-PN 82-4513729-001
a	Plan name CAPITAL DENTAL GROUP 401K PLAN	
b	Name of plan sponsor CAPITAL DENTAL GROUP	c EIN-PN 82-1499815-001
a	Plan name CAROLINA BUILDING MATERIALS RETIREMENT PLAN	
b	Name of plan sponsor CAROLINA BUILDING MATERIALS	c EIN-PN 66-0803494-001
a	Plan name CENTURION INSURANCE SERVICES LLC 401K PLAN	
b	Name of plan sponsor CENTURION INSURANCE SERVICES LLC	c EIN-PN 82-2727102-001
a	Plan name CHARDON FAMILY EYECARE LLC 401K PSP	
b	Name of plan sponsor CHARDON FAMILY EYECARE LLC	c EIN-PN 47-1868087-001
a	Plan name CHASE INC 401K PLAN	
b	Name of plan sponsor CHASE INC	c EIN-PN 54-1206102-001
a	Plan name CHRISTIES INC PENSION PLAN	
b	Name of plan sponsor CHRISTIES INC	c EIN-PN 13-2869902-001
a	Plan name CITY OF BEEVILLE 457B PLAN	
b	Name of plan sponsor CITY OF BEEVILLE 457B	c EIN-PN 74-6000334-001
a	Plan name CLAIMS EVAL INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor CLAIMS EVAL INC	c EIN-PN 27-3331313-001
a	Plan name CLEVELAND CORPORATE CLEANING LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor CLEVELAND CORPORATE CLEANING LLC	c EIN-PN 84-3618668-001
a	Plan name COGNITUS CONSULTING LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor COGNITUS CONSULTING LLC	c EIN-PN 75-2975833-001
a	Plan name COGNITUS DIGITAL LLC 108101D PROFIT SHARING PLAN	
b	Name of plan sponsor COGNITUS DIGITAL LLC 108101D	c EIN-PN 66-0964282-001

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	CONESTOGA EYE PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	CONESTOGA EYE	c EIN-PN 47-3373337-001
a	Plan name	CONSILIO WEALTH ADVISORS 401K PLAN	
b	Name of plan sponsor	CONSILIO WEALTH ADVISORS	c EIN-PN 84-3615946-001
a	Plan name	COSTREAM 401K PLAN	
b	Name of plan sponsor	COSEAM	c EIN-PN 87-1550200-001
a	Plan name	CRAIG LANDRETH CARS INC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAIG LH CARS INC	c EIN-PN 61-1382413-001
a	Plan name	CUSTOM MANAGEMENT GROUP LLC 401K PLAN TRUST	
b	Name of plan sponsor	CUSTOM MANAGEMENT GROUP LLC	c EIN-PN 54-2012886-002
a	Plan name	D BEACON SONS INC 401K PLAN	
b	Name of plan sponsor	D BEACON SONS INC	c EIN-PN 38-2218617-001
a	Plan name	DATUM FILING SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	DATUM FILING S INC	c EIN-PN 11-2156739-001
a	Plan name	DEBCO RETIREMENT PLAN	
b	Name of plan sponsor	DEBCO	c EIN-PN 82-0449929-001
a	Plan name	DELAWARE PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	DELAWARE PUERTO RICO	c EIN-PN 86-3692530-001
a	Plan name	DENTAL SOLUTIONS OF ENCINITAS 401K PSP	
b	Name of plan sponsor	DENTAL SOLUTIONS OF ENCINITAS	c EIN-PN 81-4418745-001
a	Plan name	DESCARTES INSURANCE SOLUTIONS 401K PLAN	
b	Name of plan sponsor	DESCARTES INSURANCE SOLUTIONS	c EIN-PN 85-3758244-001
a	Plan name	DESIGN SUPPLY CO INC 401K PLAN	
b	Name of plan sponsor	DESIGN SUPY CO INC	c EIN-PN 23-2010637-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	DLW MERIT HEATING AND PLUMBING 401K
b	Name of plan sponsor	DLW MERIT HEATING UMBING
c	EIN-PN	46-0956006-001
a	Plan name	DNATA USA 401K PER PA DNATA AVIATION 401K PLAN
b	Name of plan sponsor	DNATA USA PER PA DNATA AVIATION
c	EIN-PN	20-8137064-002
a	Plan name	DOGWOOD WEALTH ADVISORS 401K PROFIT SHARING PLAN
b	Name of plan sponsor	DOGWOOD WEALTH ADVISORS
c	EIN-PN	47-1513057-001
a	Plan name	EAGLE SURVEYING LLC 401K PLAN
b	Name of plan sponsor	EAGLE SURVEYING LLC
c	EIN-PN	81-0784572-001
a	Plan name	EMPLOYEE RETIREMENT PLAN OF SP GLOBAL INC ITS SUBSIDIARIES
b	Name of plan sponsor	EMOYEE OF SP GLOBAL INC ITS SUBSIDIARIES
c	EIN-PN	13-1026995-001
a	Plan name	ENTERCOM 401K SAVINGS AND RETIREMENT PLAN
b	Name of plan sponsor	ENTERCOM
c	EIN-PN	23-1701044-004
a	Plan name	EXPRESSTEK 401K PLAN E
b	Name of plan sponsor	EXPRESS TEK E
c	EIN-PN	45-0471633-002
a	Plan name	EXPRESSTEK 401K PLAN O
b	Name of plan sponsor	EXPRESS TEK O
c	EIN-PN	45-0471633-001
a	Plan name	FIRST TITLE ESCROW 401K PS PLAN
b	Name of plan sponsor	FIRST TITLE ESCROW
c	EIN-PN	52-2091563-001
a	Plan name	FIVE OAKS ACADEMY 401K PLAN
b	Name of plan sponsor	FIVE OAS ACADEMY
c	EIN-PN	54-2116609-001
a	Plan name	FORTUNEBUILDERS INC 401K PLAN
b	Name of plan sponsor	FORTUNEBUILDERS INC
c	EIN-PN	20-5196701-001
a	Plan name	FREELAND ASSOCIATES 401K PLAN
b	Name of plan sponsor	FREEL ASSOCIATES
c	EIN-PN	57-0699831-001

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	FRIDGEWIZE INC 401K PLAN	
b Name of plan sponsor	FRIDGEWIZE INC	c EIN-PN 27-4519583-001
a Plan name	FRISCO WEST WATER CONTROL IMPROVEMENT DISTRICT OF DENTON COUNTY 457B	
b Name of plan sponsor	FRISCO WEST WATER CONOL IMPROVEMENT DISICT OF DENTON COUNTY 457B	c EIN-PN 47-0905074-001
a Plan name	GALLATIN VALLEY FURNITURE 401K PROFIT SHARING PLAN	
b Name of plan sponsor	GALLATIN VALLEY FURNITURE	c EIN-PN 81-0217476-001
a Plan name	GARY AMOTH TRUCKING INC 401K PLAN	
b Name of plan sponsor	GARY AMOTH UCING INC	c EIN-PN 82-0460477-001
a Plan name	GERSH ACADEMY PR RETIREMENT PLAN	
b Name of plan sponsor	GERSH ACADEMY PR	c EIN-PN 66-0790009-001
a Plan name	GI AVIATION LLC 401K PLAN	
b Name of plan sponsor	GI AVIATION LLC	c EIN-PN 84-2843639-001
a Plan name	GOODYEAR TIRE RUBBER COMPANY COMMINGLED TRUST	
b Name of plan sponsor	GOODYEAR TIRE RUBBER COMPANY COMMINGLED	c EIN-PN 34-0253240-001
a Plan name	GRAHAMS PIPING INC RETIREMENT SAVINGS PLAN	
b Name of plan sponsor	GRAHAMS PIPING INC	c EIN-PN 56-1209750-001
a Plan name	GRG USA LLC 401K PLAN	
b Name of plan sponsor	GRG USA LLC	c EIN-PN 98-0524008-001
a Plan name	HARPER COUNTY COMMUNITY HOSPITAL 401A PLAN	
b Name of plan sponsor	HARPER COUNTY COMMUNITY HOSPITAL A	c EIN-PN 73-1285460-001
a Plan name	HAWAIIAN AIRLINES INC 401K PLAN FOR FLIGHT ATTENDANTS	
b Name of plan sponsor	HAWAIIAN AIRLINES INC FOR FLIGHT ATTENDANTS	c EIN-PN 99-0042880-005
a Plan name	HAWAIIAN AIRLINES INC 401K SAVINGS PLAN	
b Name of plan sponsor	HAWAIIAN AIRLINES INC	c EIN-PN 99-0042880-008

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	HAWAIIAN AIRLINES INC PILOTS 401K PLAN	
b	Name of plan sponsor	HAWAIIAN AIRLINES INC PILOTS	c EIN-PN 99-0042880-007
a	Plan name	HIGHLINE PARTNERS LTD 401K PLAN	
b	Name of plan sponsor	HIGHLINE PARTNERS LTD	c EIN-PN 26-0483431-001
a	Plan name	HOFFMAN HANAFIN 401K PLAN	
b	Name of plan sponsor	HOFFMAN HANAFIN	c EIN-PN 46-2997252-001
a	Plan name	HOLLAND ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	HOLL ASSOCIATES LLC	c EIN-PN 20-8595877-001
a	Plan name	HOSPITALITY VENTURES 401K PLAN	
b	Name of plan sponsor	HOSPITALITY VENTURES	c EIN-PN 20-1103957-001
a	Plan name	HPGA RETIREMENT PLAN	
b	Name of plan sponsor	HPGA	c EIN-PN 66-0944016-001
a	Plan name	HSK INDUSTRIES INC 401K PLAN	
b	Name of plan sponsor	HS INDUSIES INC	c EIN-PN 13-2648900-001
a	Plan name	HSW INC 401K PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor	HSW INC	c EIN-PN 27-2691529-001
a	Plan name	HYAXIOM INC 401K PLAN	
b	Name of plan sponsor	HYAXIOM INC	c EIN-PN 47-1300816-001
a	Plan name	INNOVATIVE HEALING SYSTEMS RETIREMENT 401K	
b	Name of plan sponsor	INNOVATIVE HEALING S	c EIN-PN 47-2266807-001
a	Plan name	INTEGRATED MANAGEMENT SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	INTEGRATED MANAGEMENT SOLUTIONS INC	c EIN-PN 75-2251506-001
a	Plan name	IO TRAK INC 401K PLAN	
b	Name of plan sponsor	IO A INC	c EIN-PN 20-0344966-001

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)		
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>		
a	Plan name	JAIN CHEM LTDCPJ TECHNOLOGIES 401K PLAN
b	Name of plan sponsor	JAIN CHEM LTDCPJ TECHNOLOGIES
c	EIN-PN	57-0627031-001
a	Plan name	JAMAR TECHNOLOGIES INC 401K PLAN
b	Name of plan sponsor	JAMAR TECHNOLOGIES INC
c	EIN-PN	23-2075789-001
a	Plan name	JOEC 401K PLAN
b	Name of plan sponsor	JOEC
c	EIN-PN	26-0153957-001
a	Plan name	JOLIET CABINET COMPANY 401K PROFIT SHARING PLAN
b	Name of plan sponsor	JOLIET CABINET COMPANY
c	EIN-PN	36-2464983-002
a	Plan name	JOY R BOYNE MD PA RETIREMENT PLAN
b	Name of plan sponsor	JOY R BOYNE MD PA
c	EIN-PN	59-3554140-001
a	Plan name	KB 401K PROFIT SHARING PLAN
b	Name of plan sponsor	B
c	EIN-PN	20-3218211-001
a	Plan name	KGS STEEL INC 401K PLAN
b	Name of plan sponsor	GS STEEL INC
c	EIN-PN	63-0917944-001
a	Plan name	KINGBIRD INVESTMENT MANAGEMENT RETIREMENT 401K PLAN
b	Name of plan sponsor	INGBIRD MANAGEMENT
c	EIN-PN	82-3569810-001
a	Plan name	LEXINGTON PLASTIC SURGERY PLLC 401K PLAN
b	Name of plan sponsor	LEXINGTON ASTIC SURGERY LC
c	EIN-PN	46-5715349-001
a	Plan name	MARICOPA ORCHARDS LLC 401K PLAN
b	Name of plan sponsor	MARICOPA ORCHARDS LLC
c	EIN-PN	20-0271473-001
a	Plan name	MARKETSMITH INC 401K PLAN
b	Name of plan sponsor	MASMITH INC
c	EIN-PN	22-3660693-001
a	Plan name	MCCUTCHANS HEATING COOLING 401K PROFIT SHARING PLAN
b	Name of plan sponsor	MCCUTCHANS HEATING COOLING
c	EIN-PN	55-0753327-001

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 MERRILL LYNCH PIERCE FENNER SMITH FOR THE SOLE BENEFIT OF ITS CUSTOMERS	
b	Name of plan sponsor MERRILL LYNCH PIERCE FENNER SMITH FOR THE SOLE OF ITS CUSTOMERS	c EIN-PN 13-5674085-001
a	Plan name MIDWEST SPRING 401K PLAN	
b	Name of plan sponsor MIDWEST SPRING	c EIN-PN 93-1012656-002
a	Plan name MIXON SEED SERVICE INC 401K PLAN	
b	Name of plan sponsor MIXON SEED SERVICE INC	c EIN-PN 84-3210066-001
a	Plan name MOBILE IV MEDICS LLC 401K PLAN	
b	Name of plan sponsor MOBILE IV MEDICS LLC	c EIN-PN 83-3401489-001
a	Plan name MONEY METALS 401K PLAN	
b	Name of plan sponsor METALS	c EIN-PN 11-3843565-001
a	Plan name MORGAN COUNTY HEALTH CENTER 457B PLAN	
b	Name of plan sponsor MORGAN COUNTY HEALTH CENTER 457B	c EIN-PN 43-1269318-001
a	Plan name MORGAN LEWIS BOCKIUS DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor MORGAN LEWIS BOCIUS CONIBUTION	c EIN-PN 23-0891050-009
a	Plan name MORGAN LEWIS BOCKIUS TAXSAVER RETIREMENT PLAN	
b	Name of plan sponsor MORGAN LEWIS BOCIUS TAXER	c EIN-PN 23-0891050-005
a	Plan name MST INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor MST INC	c EIN-PN 20-1508983-001
a	Plan name NEW ENGLAND HOME MAGAZINE 401K PLAN	
b	Name of plan sponsor NEW ENGL HOME MAGAZINE	c EIN-PN 47-2030386-001
a	Plan name NISOURCE INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor NISOURCE INC	c EIN-PN 35-2108964-005
a	Plan name NORTHBRIDGE MANAGEMENT CONSULTING LLC 401K PLAN	
b	Name of plan sponsor NORTHBRIDGE MANAGEMENT CONSULTING LLC	c EIN-PN 47-2981727-001

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	NUTRITION INC 401K PLAN	
b	Name of plan sponsor	NUTION INC	c EIN-PN 25-1272788-001
a	Plan name	OLD NATIONAL BANCORP ESOP PLAN	
b	Name of plan sponsor	OLD NATIONAL BANCORP	c EIN-PN 35-1539838-002
a	Plan name	OLSEN CONSTRUCTION SERVICES LLC 401K PLAN	
b	Name of plan sponsor	OLSEN CONSUCTION SERVICES LLC	c EIN-PN 84-1455663-001
a	Plan name	ONE TRUEACCORD 401K PLAN	
b	Name of plan sponsor	ONE UEACCORD	c EIN-PN 46-2914847-001
a	Plan name	PELHAM OAKS DENTAL PARTNERSHIP RETIREMENT PLAN TRUST	
b	Name of plan sponsor	PELHAM OAS DENTAL PARTNERSHIP	c EIN-PN 57-1134282-001
a	Plan name	PETER KIEWIT SONS INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PETER IEWIT SONS INC	c EIN-PN 91-1842817-333
a	Plan name	PIVNET 401K PLAN	
b	Name of plan sponsor	PIVNET	c EIN-PN 52-2109239-001
a	Plan name	POINTIL SYSTEMS INC 401K PLAN	
b	Name of plan sponsor	POINTIL S INC	c EIN-PN 93-1104543-001
a	Plan name	PRECISION DIAGNOSTICS 401K PROGIT SHARING PLAN	
b	Name of plan sponsor	PRECISION DIAGNOSTICS PROGIT	c EIN-PN 45-3717894-001
a	Plan name	PRESTONWOOD COUNTRY CLUB INC 401K PLAN	
b	Name of plan sponsor	PRESTONWOOD COUNY CLUB INC	c EIN-PN 56-1750016-001
a	Plan name	PRIMANTI CORPORATION 401K PLAN	
b	Name of plan sponsor	PRIMANTI CORPORATION	c EIN-PN 90-0916427-001
a	Plan name	PRIVATE WEALTH ASSET MANAGEMENT 401K PLAN	
b	Name of plan sponsor	PRIVATE WEALTH ASSET MANAGEMENT	c EIN-PN 87-0935275-001

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 PRIVE MED SPA 401K PLAN	
b	Name of plan sponsor PRIVE MED SPA	c EIN-PN 45-3034261-001
a	Plan name PRODIGY HVAC LLC 401K PLAN	
b	Name of plan sponsor PRODIGY HVAC LLC	c EIN-PN 93-0566404-001
a	Plan name PROJECT HEALTH INC DBA LANGLEY HEALTH SERVICES 401K PLAN	
b	Name of plan sponsor PROJECT HEALTH INC DBA LANGLEY HEALTH SERVICES	c EIN-PN 59-1664577-001
a	Plan name PROPERTY MANAGEMENT ASSOCIATES INC 401K PSP	
b	Name of plan sponsor PROPERTY MANAGEMENT ASSOCIATES INC	c EIN-PN 95-4335109-001
a	Plan name PROVIDENCE ONE OPERATING COMPANY 401K PLAN	
b	Name of plan sponsor PROVIDENCE ONE OPERATING COMPANY	c EIN-PN 26-2720571-001
a	Plan name PUBLISHERS CLEARING HOUSE 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor PUBLISHERS CLEARING HOUSE	c EIN-PN 11-1730276-002
a	Plan name REALTY NETWORK GROUP 401K PLAN	
b	Name of plan sponsor REALTY NETWORK GROUP	c EIN-PN 46-1752639-001
a	Plan name RECROMAX LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor RECROMAX LLC	c EIN-PN 90-0827860-001
a	Plan name REFCOTEC INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor REFCOTEC INC	c EIN-PN 34-1623961-001
a	Plan name RESURGE INTERNATIONAL 401K PROFIT SHARING PLAN	
b	Name of plan sponsor RESURGE INTERNATIONAL	c EIN-PN 23-7297770-001
a	Plan name RICHARD J TANANIS DDS LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor RICHARD J TANANIS DDS LLC	c EIN-PN 20-3455344-001
a	Plan name RIVER PODIATRY 401K PROFIT SHARING PLAN	
b	Name of plan sponsor RIVER PODIATRY	c EIN-PN 81-5255260-001

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	ROSATIKAIN ACADEMY 403B PLAN
b	Name of plan sponsor	ROSATIAIN ACADEMY 403B
c	EIN-PN	92-0677719-001
a	Plan name	SAS RETIREMENT PLAN
b	Name of plan sponsor	SAS
c	EIN-PN	56-1133017-001
a	Plan name	SEASONS HOSPICE INC 401K PLAN
b	Name of plan sponsor	SEASONS HOSPICE INC
c	EIN-PN	20-0414191-001
a	Plan name	SHARED HOPE 401K PLAN
b	Name of plan sponsor	ED HOPE
c	EIN-PN	91-1938635-001
a	Plan name	SITEK PROCESS SOLUTIONS 401K PLAN
b	Name of plan sponsor	SITE PROCESS SOLUTIONS
c	EIN-PN	41-2070891-001
a	Plan name	SOUTH JERSEY GASTROENTEROLOGY PA PS PLAN
b	Name of plan sponsor	SOUTH JERSEY GASOENTEROLOGY PA
c	EIN-PN	22-2370863-001
a	Plan name	SP GLOBAL INC SAVINGS PLAN COLLECTIVE INVESTMENT TRUST
b	Name of plan sponsor	SP GLOBAL INC COLLECTIVE
c	EIN-PN	26-0821335-001
a	Plan name	STACK HEATING AND COOLING LLC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	STAC HEATING COOLING LLC
c	EIN-PN	34-1629348-001
a	Plan name	STANTON PUBLIC RELATIONS MARKETING LLC 401K PLAN
b	Name of plan sponsor	STANTON PUBLIC RELATIONS MAING LLC
c	EIN-PN	26-4745720-001
a	Plan name	STEAMROLLER STUDIOS
b	Name of plan sponsor	STEAMROLLER STUDIOS
c	EIN-PN	46-4220932-001
a	Plan name	STERLING PROPERTY TAX SPECIALISTS INC 401K PLAN
b	Name of plan sponsor	STERLING PROPERTY TAX SPECIALISTS INC
c	EIN-PN	84-0895739-001
a	Plan name	THE ALBERT M HIGLEY COMPANY EMPLOYEE RETIREMENT PLAN TRUST
b	Name of plan sponsor	THE ALBERT M HIGLEY COMPANY EMOYEE
c	EIN-PN	27-0657807-001

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 TECHNOLOGY HOUSE LTD 401K PSP AND TRUST	
b	Name of plan sponsor	THE TECHNOLOGY HOUSE LTD	c EIN-PN 34-1836169-001
a	Plan name	THE TIMKEN AURORA SAVINGS INVESTMENT RETIREMENT PLAN	
b	Name of plan sponsor	THE TIMEN AURORA	c EIN-PN 85-3165356-001
a	Plan name	THE TIMKEN BELTS SAVINGS AND INVESTMENT RETIREMENT PLAN FOR BARGAINING ASSOCIATES SEPARATE TRUST	
b	Name of plan sponsor	THE TIMEN BELTS FOR BARGAINING ASSOCIATES SEPARATE	c EIN-PN 32-0422708-002
a	Plan name	THE TIMKEN COMPANY SAVINGS AND INVESTMENT RETIREMENT PLANMSTR TST	
b	Name of plan sponsor	THE TIMKEN COMPANY	c EIN-PN 34-0577130-011
a	Plan name	THE TOOTHARIUM INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	THE TOOTHARIUM INC	c EIN-PN 46-2640768-001
a	Plan name	THOMPSON ALUMINUM CASTING CO PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	THOMON ALUMINUM CASTING CO	c EIN-PN 34-1133512-001
a	Plan name	TIMKEN DIAMOND CHAIN SAVINGS INVESTMENT RETIREMENT PLAN FOR BARGAINING ASSOCIATES	
b	Name of plan sponsor	TIMEN DIAMOND CHAIN FOR BARGAINING ASSOCIATES	c EIN-PN 20-3340356-007
a	Plan name	TIMKENSTEEL CORPORATION BARGAINING SAVINGS AND INVESTMENT PENSION PLAN	
b	Name of plan sponsor	TIMENSTEEL CORPORATION BARGAINING	c EIN-PN 46-4024951-009
a	Plan name	TINSLEY FAMILY CONCESSIONS INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	TINSLEY FAMILY CONCESSIONS INC	c EIN-PN 57-1180485-001
a	Plan name	TM CAPITAL CORPORATION 401K PLAN	
b	Name of plan sponsor	TM CAPITAL CORPORATION	c EIN-PN 13-3530307-001
a	Plan name	TRANSPERFECT PUERTO RICO RETIREMENT PLAN	
b	Name of plan sponsor	ANSPERFECT PUERTO RICO	c EIN-PN 66-0925062-001
a	Plan name	TRUE NORTH DENTAL 401K PS PLAN	
b	Name of plan sponsor	UE NORTH DENTAL	c EIN-PN 81-1947784-001

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	TULA CONSULTING LLC 401K PLAN	
b	Name of plan sponsor	TULA CONSULTING LLC	c EIN-PN 27-1254350-001
a	Plan name	TURNER CHARITABLE TRUST 401K PLAN	
b	Name of plan sponsor	TURNER CHARITABLE	c EIN-PN 31-1711190-001
a	Plan name	TYSON SCHWAB SHORT WEISS PSC PSP	
b	Name of plan sponsor	TYSON SCHWAB SHORT WEISS C	c EIN-PN 61-0878231-001
a	Plan name	UNITED FIBERGLASS OF AMERICA INC	
b	Name of plan sponsor	UNITED FIBERGLASS OF AMERICA INC	c EIN-PN 34-1402318-001
a	Plan name	US DEFINED CONTRIBUTION PLAN TRUST MARS	
b	Name of plan sponsor	US CONIBUTION MARS	c EIN-PN 22-1594774-005
a	Plan name	VALLEY ORCHARD MANAGEMENT LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	VALLEY ORCHARD MANAGEMENT LLC	c EIN-PN 20-2579215-001
a	Plan name	VICTIM ASSISTANCE PROGRAM EMPLOYEE 401K PLAN	
b	Name of plan sponsor	VICTIM ASSISTANCE PROGRAM EMOYEE	c EIN-PN 38-3142753-001
a	Plan name	VILLAGE SQUARE 401K PLAN	
b	Name of plan sponsor	VILLAGE SQUARE	c EIN-PN 23-1702523-102
a	Plan name	ZINK INVESTMENT SOLUTIONS 401K PLAN	
b	Name of plan sponsor	ZIN SOLUTIONS	c EIN-PN 86-3221215-001
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

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 WESTERN ASSET CORE PLUS BOND CIF	B Three-digit plan number (PN) ▶ 113
C Plan sponsor's name as shown on line 2a of Form 5500 HAND BENEFITS & TRUST COMPANY	D Employer Identification Number (EIN) 74-2008758

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	89271	11690990
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	75235011	77170357
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11837066	6130678
(2) U.S. Government securities	1c(2)	82014099	8251551
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	609706558	295003919
(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)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	39732431	14245836

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	818614436	412493331
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	69325753	96023923
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	69325753	96023923
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	749288683	316469408

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)	32347954	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		32347954
(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)	1297845963	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	1342925287	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		-45079324
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	12506428	
(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)		
(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		-224942

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses	2i(11)	1895302	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		1895302
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1895302

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-2120244
l Transfers of assets:			
(1) To this plan	2l(1)		139895181
(2) From this plan	2l(2)		570594212

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 _____.