

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

Department of the Treasury Internal Revenue Service

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).

2024

Department of Labor Employee Benefits Security Administration

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

Pension Benefit Guaranty Corporation

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, 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: STADION CORE INCOME ETF FUND
1b Three-digit plan number (PN): 063
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): BENEFIT TRUST COMPANY
2b Employer Identification Number (EIN): 81-6274538
2c Plan Sponsor's telephone number: 913-319-0380
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.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BENEFIT TRUST COMPANY 5901 COLLEGE BLVD SUITE 100 OVERLAND PARK, KS 66211	3b Administrator's EIN 43-1971558 3c Administrator's telephone number 913-319-0380
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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
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5 Total number of participants at the beginning of the plan year	5	
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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	6a(1)
a(2) Total number of active participants at the end of the plan year	6a(2)
b Retired or separated participants receiving benefits.....	6b
c Other retired or separated participants entitled to future benefits	6c
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e
f Total. Add lines 6d and 6e	6f
g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item)	6g(1)
g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g(2)
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
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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 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>STADION CORE INCOME ETF FUND</u>	B Three-digit plan number (PN) ▶	<u>063</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>81-6274538</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: STADION LONG DUR FIX INCOME ETF

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>81-6274538-064</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>23194504</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: STADION SHORT DUR FIXED INCOME ETF

b Name of sponsor of entity listed in (a): BENEFIT TRUST COMPANY

c EIN-PN <u>81-6274538-065</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>69575670</u>
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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)
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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)
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d Entity code

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

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

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d Entity code

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

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 LINCOLN NATIONAL LIFE INSURANCE COMPANY SEPARATE ACCOUNT	
b	Name of plan sponsor THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	c EIN-PN 35-0472300-001
a	Plan name THE LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK SEPARATE ACCOUNT	
b	Name of plan sponsor THE LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK	c EIN-PN 22-0832760-001
a	Plan name FLEMING SALES COMPANY, INC. PS 401(K) PLAN	
b	Name of plan sponsor ROBERT GRADY/CARYN GRADY	c EIN-PN 36-2254002-001
a	Plan name O & R PRECISION GRINDING, INC. 401(K) SALARY	
b	Name of plan sponsor BRAD BERTSCH/MIKE BERTSCH	c EIN-PN 35-1465644-002
a	Plan name WICK PIES, INC. 401K SALARY REDUCTION PLAN	
b	Name of plan sponsor CLARK LONEY	c EIN-PN 35-1121515-002
a	Plan name SPARKONE MANAGEMENT LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor KEITH J HARRISON	c EIN-PN 87-3658435-001
a	Plan name LYNN VETERINARY HOSPITAL, INC. 401(K) SALARY	
b	Name of plan sponsor STACY HINES	c EIN-PN 61-1561285-001
a	Plan name KOROTKIN INSURANCE GROUP, INC. 401(K) SRP	
b	Name of plan sponsor BOB CAMPBELL/ROBERT CAMPBELL/SANDY ZURCHER	c EIN-PN 38-2022737-001
a	Plan name BANKS HARDWOODS, INC. 401(K) PS PLAN & TRUST	
b	Name of plan sponsor JAMES F CLARKE	c EIN-PN 35-1641369-001
a	Plan name LAGRANGE COUNTY EDC 401(K) PLAN	
b	Name of plan sponsor MARK EAGLESON/S JOHNSTON	c EIN-PN 80-0309463-001
a	Plan name SANDHILL ENVIRONMENTAL SERVICES LLC 401K PLAN	
b	Name of plan sponsor WESLEY HAWKINS/NATALIE BRAMEL/NATALIE MCGILL	c EIN-PN 45-3860432-001
a	Plan name ROCKY VISTA UNIVERSITY, LLC 401(K) RETIREMENT	
b	Name of plan sponsor DAVID IRONS	c EIN-PN 20-4761077-001

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	THE FEDERAL SAVINGS BANK RETIREMENT PLAN	
b	Name of plan sponsor	J.MELNITSKAYA/K ZAK	c EIN-PN 43-1883419-001
a	Plan name	AMJ INSURANCE INC. 401(K) PLAN	
b	Name of plan sponsor	MICHAEL S. GEORGE	c EIN-PN 35-2066916-001
a	Plan name	ICRB 401(K) PLAN	
b	Name of plan sponsor	JENNIFER COX/MATTHEW TEWS/PAUL KEATHLEY	c EIN-PN 35-0837318-002
a	Plan name	SURPLUS INSURANCE BROKERS AGENCY INC 401K PLA	
b	Name of plan sponsor	CINDY YOUNG	c EIN-PN 35-1372423-001
a	Plan name	DAHM BROTHERS, INC 401K SALARY REDUCTION PLAN	
b	Name of plan sponsor	ALESIA STIMER/THOMAS J DAHM	c EIN-PN 35-0259100-001
a	Plan name	AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G	
b	Name of plan sponsor	AMERITAS LIFE INSURANCE CORP.	c EIN-PN 47-0098400-003
a	Plan name	AMERITAS LIFE INSURANCE CORP. OF NEW YORK SEPARATE ACCOUNT G	
b	Name of plan sponsor	AMERITAS LIFE INSURANCE CORP.	c EIN-PN 13-3758127-003
a	Plan name	AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G-2	
b	Name of plan sponsor	AMERITAS LIFE INSURANCE CORP.	c EIN-PN 47-0098400-500
a	Plan name	AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G-2	
b	Name of plan sponsor	AMERITAS LIFE INSURANCE CORP.	c EIN-PN 13-3758127-500
a	Plan name	AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G-3	
b	Name of plan sponsor	AMERITAS LIFE INSURANCE CORP.	c EIN-PN 47-0098400-004
a	Plan name	AMERITAS LIFE INSURANCE CORP. OF NEW YORK SEPARATE ACCOUNT G-3	
b	Name of plan sponsor	AMERITAS LIFE INSURANCE CORP.	c EIN-PN 13-3758127-004
a	Plan name	AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G	
b	Name of plan sponsor	AMERITAS LIFE INSURANCE CORP.	c EIN-PN 47-0098400-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name AMERITAS LIFE INSURANCE CORP. OF NEW YORK SEPARATE ACCOUNT G	
b	Name of plan sponsor AMERITAS LIFE INSURANCE CORP.	c EIN-PN 13-3758127-003
a	Plan name ANOKA EQUINE RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor ANOKA EQUINE	c EIN-PN 41-1746944-001
a	Plan name APPLIED INTELLIGENCE CORP 401(K) PLAN	
b	Name of plan sponsor APPLIED INTELLIGENCE CORP	c EIN-PN 27-3607041-001
a	Plan name ARC MCDEL INC. DBA GULF COAST UNDERWRITERS 401(K) PLAN	
b	Name of plan sponsor ARC MCDEL INC. DBA GULF COAST UNDERWRITERS	c EIN-PN 59-3380348-001
a	Plan name BEAR DEFENSE 401(K) PLAN	
b	Name of plan sponsor BEAR DEFENSE	c EIN-PN 27-2717837-001
a	Plan name BENEFIT INNOVATIONS, LLC RETIREMENT PLAN	
b	Name of plan sponsor BENEFIT INNOVATIONS, LLC	c EIN-PN 47-1867055-001
a	Plan name BEV SMITH KIA 401(K) PLAN	
b	Name of plan sponsor BEV SMITH KIA	c EIN-PN 65-0309521-003
a	Plan name BEV SMITH TOYOTA 401(K) PLAN	
b	Name of plan sponsor BEV SMITH TOYOTA	c EIN-PN 65-0309521-002
a	Plan name C & S CAR COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor C & S CAR COMPANY	c EIN-PN 42-1271936-001
a	Plan name CHICAGO LAND AGENCY SERVICES, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor CHICAGO LAND AGENCY SERVICES, INC.	c EIN-PN 36-4186010-001
a	Plan name ELITE REHAB SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor ERS HOLDING MANAGEMENT, LLC	c EIN-PN 93-1552154-002
a	Plan name FLORIDA TOTALCOM INC. 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor FLORIDA TOTALCOM INC.	c EIN-PN 55-0793022-001

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	GAUTHIER INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GAUTHIER INDUSTRIES, INC.	c EIN-PN 41-1234523-001
a	Plan name	GOLDBERG AND HIRSH, P.A. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	GOLDBERG AND HIRSH, P.A.	c EIN-PN 65-0679060-001
a	Plan name	INTERACTIVE LEARNING SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	INTERACTIVE LEARNING SYSTEMS, INC.	c EIN-PN 58-1706229-001
a	Plan name	J & K COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	J & K COMMUNICATIONS, INC.	c EIN-PN 35-1784801-001
a	Plan name	JEFF HEITING BUILDER, INC. 401(K) PLAN	
b	Name of plan sponsor	JEFF HEITING BUILDER, INC.	c EIN-PN 20-4023675-001
a	Plan name	JOHN R. PHELPS, DDS 401(K) PLAN	
b	Name of plan sponsor	JOHN R. PHELPS, DDS	c EIN-PN 35-2066329-001
a	Plan name	JUST LIKE FAMILY HOME CARE 401(K) PLAN	
b	Name of plan sponsor	JUST LIKE FAMILY HOME CARE	c EIN-PN 20-4652933-001
a	Plan name	NATIONAL MARINE SUPPLIERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	NATIONAL MARINE SUPPLIERS, INC.	c EIN-PN 65-0177138-001
a	Plan name	O'DROVINAK & NOWACZYK 401(K) PLAN	
b	Name of plan sponsor	ODROVINAK & NOWACZYK	c EIN-PN 35-1426660-001
a	Plan name	OPHTHALMIC PHYSICIANS OF MONMOUTH, P.A. 401(K) PLAN	
b	Name of plan sponsor	OPHTHALMIC PHYSICIANS OF MONMOUTH, P.A.	c EIN-PN 22-2229262-001
a	Plan name	OUTER BANKS CAPITAL, INC. 401(K) PLAN	
b	Name of plan sponsor	OUTER BANKS CAPITAL, INC.	c EIN-PN 83-2288669-001
a	Plan name	PHYSICIANS MANAGEMENT GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PHYSICIANS MANAGEMENT GROUP OF DADE INC	c EIN-PN 22-3876708-001

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	POCONO DENTAL ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	POCONO DENTAL ASSOCIATES	c EIN-PN 23-1912982-001
a	Plan name	ROMAN FINANCIAL INC. RETIREMENT PLAN	
b	Name of plan sponsor	ROMAN FINANCIAL INC.	c EIN-PN 59-3587635-001
a	Plan name	SAILFISH CLUB OF FLORIDA 401(K) PLAN	
b	Name of plan sponsor	SAILFISH CLUB OF FLORIDA	c EIN-PN 59-0432073-001
a	Plan name	SAND LAKE CANCER CENTER, P.A. 401(K) PLAN	
b	Name of plan sponsor	SAND LAKE CANCER CENTER, P.A.	c EIN-PN 20-3546219-002
a	Plan name	SHAW & SLAVSKY PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	SHAW & SLAVSKY	c EIN-PN 38-3001904-001
a	Plan name	SOUTHWEST INTERNAL MEDICINE SPECIALISTS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOUTHWEST INTERNAL MEDICINE SPECIALISTS	c EIN-PN 59-2484966-001
a	Plan name	SPECIALIZED DEALER SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	SPECIALIZED DEALER SOLUTIONS	c EIN-PN 82-3306119-001
a	Plan name	SUPERIOR BUILDING PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	SUPERIOR BUILDING PRODUCTS, INC.	c EIN-PN 58-1762839-001
a	Plan name	TALLASSEE REHAB P.C. 401(K) PLAN	
b	Name of plan sponsor	TALLASSEE REHAB P.C.	c EIN-PN 63-1193409-002
a	Plan name	THE ZODIAC GROUP 401(K) PLAN	
b	Name of plan sponsor	THE ZODIAC GROUP	c EIN-PN 65-0402602-001
a	Plan name	W. CAPRA CONSULTING GROUP, INC. 401(K) RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	W. CAPRA CONSULTING GROUP, INC.	c EIN-PN 36-4382050-001
a	Plan name	ADVANCED PERIO CONCEPTS & LENK ORTHODONTICS CASH BALANCE PLAN	
b	Name of plan sponsor	ADVANCED PERIO CONCEPTS, INC.	c EIN-PN 43-2048807-002

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	ADVANCED PERIO CONCEPTS, INC. 401K PLAN	
b	Name of plan sponsor	ADVANCED PERIO CONCEPTS, INC.	c EIN-PN 43-2048807-001
a	Plan name	ALLSTON COLLISION CENTER INC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ALLSTON COLLISION CENTER INC	c EIN-PN 04-3525861-001
a	Plan name	ANN GRANT LAW 401(K) PLAN	
b	Name of plan sponsor	ANN GRANT LAW CORP.	c EIN-PN 85-2675857-001
a	Plan name	ANN GRANT LAW CASH BALANCE PLAN	
b	Name of plan sponsor	ANN GRANT LAW CORP.	c EIN-PN 85-2675857-002
a	Plan name	ASK ARIEL YOUR PET NUTRITIONIST 401(K) PLAN	
b	Name of plan sponsor	ASK ARIEL YOUR PET NUTRITIONIST	c EIN-PN 56-2645693-001
a	Plan name	AVASO TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	AVASO TECHNOLOGY SOLUTIONS, INC.	c EIN-PN 61-1907541-001
a	Plan name	BAINBRIDGE DESIGN INC 401(K) PLAN	
b	Name of plan sponsor	BAINBRIDGE DESIGN INC	c EIN-PN 93-0903295-001
a	Plan name	BEACH DENTAL PC 401(K) PLAN	
b	Name of plan sponsor	BEACH DENTAL PC	c EIN-PN 30-0090639-001
a	Plan name	BEACON GROUP 401(K) PLAN	
b	Name of plan sponsor	BEACON FISHERIES INC	c EIN-PN 59-3478749-001
a	Plan name	BLUE PEARL DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	BLUE PEARL DENTISTRY	c EIN-PN 26-1828763-001
a	Plan name	CAMP NUHOP 401(K) PROFIT SHARING PL	
b	Name of plan sponsor	CAMP NUHOP	c EIN-PN 23-7438600-001
a	Plan name	CARE 4 YOU PEDIATRICS 401(K) PLAN	
b	Name of plan sponsor	CARE 4 YOU PEDIATRICS	c EIN-PN 80-2224956-001

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 CREATIVE ELECTRON INC 401(K) PLAN	
b	Name of plan sponsor CREATIVE ELECTRON INC	c EIN-PN 26-2826099-001
a	Plan name CRENSHAW ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor CRENSHAW ASSOCIATES 401(K) PLAN	c EIN-PN 83-1992891-002
a	Plan name DBI WASTE SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor DBI WASTE SYSTEMS, INC. 401(K) PLAN	c EIN-PN 04-3256166-001
a	Plan name DESIGN ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor DESIGN ASSOCIATES	c EIN-PN 82-3869166-001
a	Plan name DIXON COOPER BROWN 401(K) PLAN	
b	Name of plan sponsor DIXON COOPER BROWN	c EIN-PN 83-3744693-001
a	Plan name DUCROS ELECTRICAL CONTRACTING & DESIGN 401(K) PLAN	
b	Name of plan sponsor DUCROS ELECTRICAL CONTRACTING & DESIGN	c EIN-PN 33-0784822-001
a	Plan name EGEBA INC 401(K) PLAN	
b	Name of plan sponsor EGEBA INC	c EIN-PN 27-0389479-001
a	Plan name ESTELLE H. LIOU, D.D.S., INC. 401(K) PLAN	
b	Name of plan sponsor ESTELLE H. LIOU, D.D.S., INC.	c EIN-PN 95-4881408-001
a	Plan name GRAHAM INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor GRAHAM INTERNATIONAL, INC.	c EIN-PN 75-1184324-001
a	Plan name HANG DESIGNS, INC. 401(K) PLAN	
b	Name of plan sponsor HANG DESIGNS, INC.	c EIN-PN 80-0682859-001
a	Plan name HEAL THE WORLD, INC. 401(K) PLAN	
b	Name of plan sponsor HEAL THE WORLD, INC.	c EIN-PN 59-3801997-001
a	Plan name HEAL THE WORLD, INC. CASH BALANCE PLAN	
b	Name of plan sponsor HEAL THE WORLD, INC.	c EIN-PN 59-3801997-001

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	HIGH DESERT WINDOW SUPPLY INC 401(K) PLAN	
b	Name of plan sponsor	HIGH DESERT WINDOW SUPPLY INC	c EIN-PN 20-1527506-001
a	Plan name	ICE PIRATES BACKCOUNTRY ADVENTURES 401(K) PLAN	
b	Name of plan sponsor	ICE PIRATES BACKCOUNTRY ADVENTURES	c EIN-PN 85-4101180-001
a	Plan name	IVH 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INTERMOUNTAIN VETERINARY HOSPITAL	c EIN-PN 84-4074126-001
a	Plan name	JD JEWELRY INC. 401(K) PLAN	
b	Name of plan sponsor	JD JEWELRY INC.	c EIN-PN 02-0466877-001
a	Plan name	LA STEEL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	LA STEEL SERVICES, INC. 401(K) PLAN	c EIN-PN 47-3081534-001
a	Plan name	LADERA DENTISTRY 401(K) PLAN	
b	Name of plan sponsor	LADERA DENTISTRY INC	c EIN-PN 90-1067328-002
a	Plan name	LADERA DENTISTRY CASH BALANCE PLAN	
b	Name of plan sponsor	LADERA DENTISTRY INC	c EIN-PN 90-1067328-001
a	Plan name	LAKES REGION SEPTIC SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor	LAKES REGION SEPTIC SERVICE, INC.	c EIN-PN 02-0498669-001
a	Plan name	LENK FAMILY ORTHODONTICS INC 401(K) PLAN	
b	Name of plan sponsor	LENK FAMILY ORTHODONTICS INC	c EIN-PN 77-0665425-001
a	Plan name	LLOYD MALINER MD PA 401(K) PLAN	
b	Name of plan sponsor	LLOYD MALINER MD PA	c EIN-PN 83-2124985-001
a	Plan name	MACE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	MACE GROUP, INC.	c EIN-PN 95-4406928-001
a	Plan name	MACE GROUP, INC. CASH BALANCE PLAN	
b	Name of plan sponsor	MACE GROUP, INC.	c EIN-PN 95-4406928-002

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	MANABE & ASSOCIATES, LLC 401(K)	
b	Name of plan sponsor	MANABE & ASSOCIATES, LLC 401(K)	c EIN-PN 20-2169641-001
a	Plan name	MARINE CLERKS ASSOCIATION, LOCAL 63 ILWU 401(K) PLAN	
b	Name of plan sponsor	MARINE CLERKS ASSOCIATION, LOCAL 63 ILWU	c EIN-PN 95-0972984-005
a	Plan name	MARRIOTT FENCE CONSTRUCTION CASH BALANCE PLAN	
b	Name of plan sponsor	MARRIOTT FENCE CONSTRUCTION INC	c EIN-PN 46-1827032-002
a	Plan name	MED TALENT FINDER 401(K) PLAN	
b	Name of plan sponsor	MED TALENT FINDER	c EIN-PN 82-4293905-001
a	Plan name	MILESTONE PEDIATRIC THERAPY 401(K) PLAN	
b	Name of plan sponsor	MILESTONE PEDIATRIC THERAPY PC	c EIN-PN 82-1821291-001
a	Plan name	MITCHELL FIRM LLC 401(K) PLAN	
b	Name of plan sponsor	MITCHELL FIRM LLC	c EIN-PN 06-1835405-001
a	Plan name	MQABLAW 401(K) PLAN	
b	Name of plan sponsor	MQABLAW	c EIN-PN 51-0522759-001
a	Plan name	NEXT CHAPTER HOLDINGS 401(K) PLAN	
b	Name of plan sponsor	NEXT CHAPTER HOLDINGS LLC	c EIN-PN 47-1599162-001
a	Plan name	PATRIOT CONSTRUCTION COMPANY 401K PLAN	
b	Name of plan sponsor	PATRIOT CONSTRUCTION COMPANY	c EIN-PN 82-3260589-001
a	Plan name	PETE MOORE CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	PETE MOORE CHEVROLET INC.	c EIN-PN 59-2088366-001
a	Plan name	POWAY ADULT HEALTH CARE CENTER CASH BALANCE PLAN	
b	Name of plan sponsor	POWAY ADULT HEALTH CARE CENTER	c EIN-PN 33-0896922-002
a	Plan name	PRESCOTT CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	PRESCOTT CONSTRUCTION CO LLC	c EIN-PN 54-1750055-001

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	PRESTON HOOD CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	PRESTON HOOD CHEVROLET INC.	c EIN-PN 59-1271531-001
a	Plan name	QUIET PROFESSIONALS LLC 401(K) PLAN	
b	Name of plan sponsor	QUIET PROFESSIONALS LLC	c EIN-PN 26-3622243-001
a	Plan name	RICHARD SENZER, MD LLC 401(K) PLAN	
b	Name of plan sponsor	RICHARD SENZER, MD LLC	c EIN-PN 84-2584500-001
a	Plan name	RISK MANAGEMENT GROUP LLC 401(K) PL	
b	Name of plan sponsor	RISK MANAGEMENT GROUP LLC	c EIN-PN 51-0643949-001
a	Plan name	ROGUE FABRICATION, LLC 401(K) PLAN	
b	Name of plan sponsor	ROGUE FABRICATION, LLC 401(K) PLAN	c EIN-PN 46-2787039-001
a	Plan name	ROOTER MAN 401(K) PLAN	
b	Name of plan sponsor	MAUFACTURING AND SUPPLY CHAIN CONSULTING OF WAKEFIELD MASSACHUSETTS	c EIN-PN 33-1130262-001
a	Plan name	SCHMIDT HOME CONSULTANTS 401(K) PLA	
b	Name of plan sponsor	SCHMIDT HOME CONSULTANTS	c EIN-PN 46-3091761-001
a	Plan name	SHK PRODUCE BROKERS, INC. 401(K) PLAN	
b	Name of plan sponsor	SHK PRODUCE BROKERS, INC.	c EIN-PN 13-4212327-001
a	Plan name	SOUTH BAY FIRE, INC. 401(K) PLAN	
b	Name of plan sponsor	SOUTH BAY FIRE, INC.	c EIN-PN 90-0727361-001
a	Plan name	SOUTH SHORE RESTAURANT GROUP LLC 401(K) PROFIT SHARING PLAND AND TRUST	
b	Name of plan sponsor	SOUTH SHORE RESTAURANT GROUP LLC	c EIN-PN 26-3871809-001
a	Plan name	CATTLEMENS BANK 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CATTLEMENS BANK	c EIN-PN 73-0242130-001
a	Plan name	STORM MOUNTAIN HOLDINGS, LLC 401(K) PLAN	
b	Name of plan sponsor	STORM MOUNTAIN HOLDINGS, LLC	c EIN-PN 81-2009753-001

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	SUNNY KING OF BIRMINGHAM 401(K) PLAN
b	Name of plan sponsor	SUNNY KING OF BIRMINGHAM INC.
c	EIN-PN	63-0263217-001
a	Plan name	TACTICAL AIR INC. DBA SOCAL AIRFLOW PROS 401K PLAN
b	Name of plan sponsor	TACTICAL AIR INC. DBA SOCAL AIRFLOW PROS
c	EIN-PN	47-5093730-001
a	Plan name	TAX SPECIALISTS OF THE CAROLINAS 401(K) PLAN
b	Name of plan sponsor	TAX SPECIALISTS OF THE CAROLINAS INC
c	EIN-PN	82-4196806-001
a	Plan name	TONNAGE INDUSTRIAL 401(K) PLAN
b	Name of plan sponsor	TONNAGE INDUSTRIAL
c	EIN-PN	82-5422267-001
a	Plan name	TYLER SIMMS & ST. SAUVEUR, CPAS PC 401(K) PLAN
b	Name of plan sponsor	TYLER SIMMS & ST. SAUVEUR, CPAS PC
c	EIN-PN	02-0476956-001
a	Plan name	VASCULAR IMAGING PROFESSIONALS INC. 401(K) PLAN AND TRUST
b	Name of plan sponsor	VASCULAR IMAGING PROFESSIONALS INC.
c	EIN-PN	45-5194273-001
a	Plan name	VERITAS FINE HOMES, INC. RETIREMENT
b	Name of plan sponsor	VERITAS FINE HOMES, INC.
c	EIN-PN	46-3344794-001
a	Plan name	WEE SPEAK 401(K) PLAN
b	Name of plan sponsor	WEE SPEAK PC
c	EIN-PN	20-4164954-001
a	Plan name	ZENITH CONSTRUCTION COMPANY, INC. 401(K) PLAN
b	Name of plan sponsor	ZENITH CONSTRUCTION COMPANY, INC.
c	EIN-PN	46-2237247-001
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 STADION CORE INCOME ETF FUND	B Three-digit plan number (PN) 063
C Plan sponsor's name as shown on line 2a of Form 5500 BENEFIT TRUST COMPANY	D Employer Identification Number (EIN) 81-6274538

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.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(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)	92770174
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	48247015	92770174
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	24625	28626
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	24625	28626
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	48222390	92741548

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2).....	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F).....	2b(1)(G)		0
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(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)	2172471
(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	3
d Total income. Add all income amounts in column (b) and enter total.....	2d	2172474

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)	2550
(5) Investment advisory and investment management fees	2i(5)	54313
(6) Bank or trust company trustee/custodial fees	2i(6)	89924
(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)	157069
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	303856
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	303856

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	1868618
l Transfers of assets:		
(1) To this plan.....	2l(1)	69453707
(2) From this plan	2l(2)	26803167

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 _____.