

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <b>▶ Complete all entries in accordance with the instructions to the Form 5500.</b>	OMB Nos. 1210-0110 1210-0089  <h1 style="text-align: center;">2024</h1>  <b>This Form is Open to Public Inspection</b>
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**Part I Annual Report Identification Information**  
 For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

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

a single-employer plan  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**

<b>1a</b> Name of plan <u>STADION DOMESTIC EQUITY ETF FUND</u>	<b>1b</b> Three-digit plan number (PN) ▶ <u>059</u>  <b>1c</b> Effective date of plan
<b>2a</b> 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>BENEFIT TRUST COMPANY</u>  <u>5901 COLLEGE BLVD</u> <u>SUITE 100</u> <u>OVERLAND PARK, KS 66211</u>	<b>2b</b> Employer Identification Number (EIN) <u>81-6274538</u>  <b>2c</b> Plan Sponsor's telephone number <u>913-319-0380</u>  <b>2d</b> 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.

<b>SIGN HERE</b>			
	<b>Signature of plan administrator</b>	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	<b>Signature of employer/plan sponsor</b>	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	<u>Filed with authorized/valid electronic signature.</u>	<u>09/09/2025</u>	<u>PATRICIA MUTISO</u>
	<b>Signature of DFE</b>	Date	Enter name of individual signing as DFE

<b>3a</b> 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	<b>3b</b> Administrator's EIN 43-1971558  <b>3c</b> Administrator's telephone number 913-319-0380																				
<b>4</b> 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: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> 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;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td></td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>		<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6f</b>																					
<b>6g(1)</b>																					
<b>6g(2)</b>																					
<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

**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:

<b>9a</b> 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	<b>9b</b> 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)

<b>a Pension Schedules</b> (1) <input type="checkbox"/> <b>R</b> (Retirement Plan Information) (2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary (4) <input type="checkbox"/> <b>DCG</b> (Individual Plan Information) – Number Attached _____ (5) <input type="checkbox"/> <b>MEP</b> (Multiple-Employer Retirement Plan Information)	<b>b General Schedules</b> (1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information) (2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan) (3) <input type="checkbox"/> <b>A</b> (Insurance Information) – Number Attached <u>  0  </u> (4) <input type="checkbox"/> <b>C</b> (Service Provider Information) (5) <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information) (6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules)
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**Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)**

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**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.

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**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

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <hr/> <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>STADION DOMESTIC EQUITY ETF FUND</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>059</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BENEFIT TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>81-6274538</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (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: STATE STREET US GOV ST INVEST FD

**b** Name of sponsor of entity listed in (a): STATE STREET GLOBAL ADVISORS TRUST CO

<b>c</b> EIN-PN <u>04-0025081-000</u>	<b>d</b> Entity code <u>C</u>	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3343308</u>
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**a** Name of MTIA, CCT, PSA, or 103-12 IE:

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

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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:

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

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<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> 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):

<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	THE LINCOLN NATIONAL LIFE INSURANCE COMPANY SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	THE LINCOLN NATIONAL LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 35-0472300-001
<b>a</b>	Plan name	THE LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK SEPARATE ACCOUNT	
<b>b</b>	Name of plan sponsor	THE LINCOLN LIFE & ANNUITY COMPANY OF NEW YORK	<b>c</b> EIN-PN 22-0832760-001
<b>a</b>	Plan name	FLEMING SALES COMPANY, INC. PS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ROBERT GRADY/CARYN GRADY	<b>c</b> EIN-PN 36-2254002-001
<b>a</b>	Plan name	O & R PRECISION GRINDING, INC. 401(K) SALARY	
<b>b</b>	Name of plan sponsor	BRAD BERTSCH/MIKE BERTSCH	<b>c</b> EIN-PN 35-1465644-002
<b>a</b>	Plan name	WICK PIES, INC. 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor	CLARK LONEY	<b>c</b> EIN-PN 35-1121515-002
<b>a</b>	Plan name	SPARKONE MANAGEMENT LLC 401K RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KEITH J HARRISON	<b>c</b> EIN-PN 87-3658435-001
<b>a</b>	Plan name	LYNN VETERINARY HOSPITAL, INC. 401(K) SALARY	
<b>b</b>	Name of plan sponsor	STACY HINES	<b>c</b> EIN-PN 61-1561285-001
<b>a</b>	Plan name	KOROTKIN INSURANCE GROUP, INC. 401(K) SRP	
<b>b</b>	Name of plan sponsor	BOB CAMPBELL/ROBERT CAMPBELL/SANDY ZURCHER	<b>c</b> EIN-PN 38-2022737-001
<b>a</b>	Plan name	BANKS HARDWOODS, INC. 401(K) PS PLAN & TRUST	
<b>b</b>	Name of plan sponsor	JAMES F CLARKE	<b>c</b> EIN-PN 35-1641369-001
<b>a</b>	Plan name	LAGRANGE COUNTY EDC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARK EAGLESON/S JOHNSTON	<b>c</b> EIN-PN 80-0309463-001
<b>a</b>	Plan name	SANDHILL ENVIRONMENTAL SERVICES LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	WESLEY HAWKINS/NATALIE BRAMEL/NATALIE MCGILL	<b>c</b> EIN-PN 45-3860432-001
<b>a</b>	Plan name	ROCKY VISTA UNIVERSITY, LLC 401(K) RETIREMENT	
<b>b</b>	Name of plan sponsor	DAVID IRONS	<b>c</b> EIN-PN 20-4761077-001

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.)		
<b>a</b>	Plan name THE FEDERAL SAVINGS BANK RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor J.MELNITSKAYA/K ZAK	<b>c</b> EIN-PN 43-1883419-001
<b>a</b>	Plan name AMJ INSURANCE INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MICHAEL S. GEORGE	<b>c</b> EIN-PN 35-2066916-001
<b>a</b>	Plan name ICRB 401(K) PLAN	
<b>b</b>	Name of plan sponsor JENNIFER COX/MATTHEW TEWS/PAUL KEATHLEY	<b>c</b> EIN-PN 35-0837318-002
<b>a</b>	Plan name SURPLUS INSURANCE BROKERS AGENCY INC 401K PLA	
<b>b</b>	Name of plan sponsor CINDY YOUNG	<b>c</b> EIN-PN 35-1372423-001
<b>a</b>	Plan name DAHM BROTHERS, INC 401K SALARY REDUCTION PLAN	
<b>b</b>	Name of plan sponsor ALESIA STIMER/THOMAS J DAHM	<b>c</b> EIN-PN 35-0259100-001
<b>a</b>	Plan name AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G	
<b>b</b>	Name of plan sponsor AMERITAS LIFE INSURANCE CORP.	<b>c</b> EIN-PN 47-0098400-003
<b>a</b>	Plan name AMERITAS LIFE INSURANCE CORP. OF NEW YORK SEPARATE ACCOUNT G	
<b>b</b>	Name of plan sponsor AMERITAS LIFE INSURANCE CORP.	<b>c</b> EIN-PN 13-3758127-003
<b>a</b>	Plan name AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G-3	
<b>b</b>	Name of plan sponsor AMERITAS LIFE INSURANCE CORP.	<b>c</b> EIN-PN 47-0098400-004
<b>a</b>	Plan name AMERITAS LIFE INSURANCE CORP. OF NEW YORK SEPARATE ACCOUNT G-3	
<b>b</b>	Name of plan sponsor AMERITAS LIFE INSURANCE CORP.	<b>c</b> EIN-PN 13-3758127-004
<b>a</b>	Plan name AMERITAS LIFE INSURANCE CORP. SEPARATE ACCOUNT G	
<b>b</b>	Name of plan sponsor AMERITAS LIFE INSURANCE CORP.	<b>c</b> EIN-PN 47-0098400-003
<b>a</b>	Plan name AMERITAS LIFE INSURANCE CORP. OF NEW YORK SEPARATE ACCOUNT G	
<b>b</b>	Name of plan sponsor AMERITAS LIFE INSURANCE CORP.	<b>c</b> EIN-PN 13-3758127-003
<b>a</b>	Plan name ANOKA EQUINE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ANOKA EQUINE	<b>c</b> EIN-PN 41-1746944-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	APPLIED INTELLIGENCE CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	APPLIED INTELLIGENCE CORP	<b>c</b> EIN-PN 27-3607041-001
<b>a</b>	Plan name	ARC MCDEL INC. DBA GULF COAST UNDERWRITERS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ARC MCDEL INC. DBA GULF COAST UNDERWRITERS	<b>c</b> EIN-PN 59-3380348-001
<b>a</b>	Plan name	BENEFIT INNOVATIONS, LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BENEFIT INNOVATIONS, LLC	<b>c</b> EIN-PN 47-1867055-001
<b>a</b>	Plan name	BEV SMITH KIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NSS ACQUISITION CORP	<b>c</b> EIN-PN 65-0309521-003
<b>a</b>	Plan name	BEV SMITH TOYOTA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NSS ACQUISITION CORP	<b>c</b> EIN-PN 65-0309521-002
<b>a</b>	Plan name	C & S CAR COMPANY 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	C & S CAR COMPANY	<b>c</b> EIN-PN 42-1271936-001
<b>a</b>	Plan name	CHICAGO LAND AGENCY SERVICES, INC. EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	CHICAGO LAND AGENCY SERVICES, INC.	<b>c</b> EIN-PN 36-4186010-001
<b>a</b>	Plan name	ELITE REHAB SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ERS HOLDING MANAGEMENT, LLC	<b>c</b> EIN-PN 93-1552154-002
<b>a</b>	Plan name	FLORIDA TOTALCOM INC. 401(K) PROFIT SHARING PLAN TRUST	
<b>b</b>	Name of plan sponsor	FLORIDA TOTALCOM INC.	<b>c</b> EIN-PN 55-0793022-001
<b>a</b>	Plan name	GAUTHIER INDUSTRIES INC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GAUTHIER INDUSTRIES INC	<b>c</b> EIN-PN 41-1234523-001
<b>a</b>	Plan name	GOLDBERG AND HIRSH, P.A. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	GOLDBERG AND HIRSH, P.A.	<b>c</b> EIN-PN 65-0679060-001
<b>a</b>	Plan name	INTERACTIVE LEARNING SYSTEMS INC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	INTERACTIVE LEARNING SYSTEMS INC	<b>c</b> EIN-PN 58-1706229-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	J & K COMMUNICATIONS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	J & K COMMUNICATIONS INC	<b>c</b> EIN-PN 35-1784801-001
<b>a</b>	Plan name	JEFF HEITING BUILDER INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JEFF HEITING BUILDER INC	<b>c</b> EIN-PN 20-4023675-001
<b>a</b>	Plan name	JOHN R PHELPS DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOHN R PHELPS DDS	<b>c</b> EIN-PN 35-2066329-001
<b>a</b>	Plan name	JUST LIKE FAMILY HOME CARE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JUST LIKE FAMILY HOME CARE LLC	<b>c</b> EIN-PN 20-4652933-001
<b>a</b>	Plan name	KEENER SAND & CLAY COMPANY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KEENER SAND & CLAY COMPANY	<b>c</b> EIN-PN 31-4222410-001
<b>a</b>	Plan name	NATIONAL MARINE SUPPLIERS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	NATIONAL MARINE SUPPLIERS, INC.	<b>c</b> EIN-PN 65-0177138-001
<b>a</b>	Plan name	O'DROVINAK & NOWACZYK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ODROVINAK & NOWACZYK	<b>c</b> EIN-PN 35-1426660-001
<b>a</b>	Plan name	OPHTHALMIC PHYSICIANS OF MONMOUTH, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OPHTHALMIC PHYSICIANS OF MONMOUTH, P.A.	<b>c</b> EIN-PN 22-2229262-001
<b>a</b>	Plan name	OUTER BANKS CAPITAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	OUTER BANKS CAPITAL, INC.	<b>c</b> EIN-PN 83-2288669-001
<b>a</b>	Plan name	PHYSICIANS MANAGEMENT GROUP 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	PHYSICIANS MANAGEMENT GROUP OF DADE INC	<b>c</b> EIN-PN 22-3876708-001
<b>a</b>	Plan name	POCONO DENTAL ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	POCONO DENTAL ASSOCIATES	<b>c</b> EIN-PN 23-1912982-001
<b>a</b>	Plan name	ROMAN FINANCIAL INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ROMAN FINANCIAL INC.	<b>c</b> EIN-PN 59-3587635-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	SAILFISH CLUB OF FLORIDA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAILFISH CLUB OF FLORIDA INC	<b>c</b> EIN-PN 59-0432073-001
<b>a</b>	Plan name	SAND LAKE CANCER CENTER, P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAND LAKE CANCER CENTER, P.A.	<b>c</b> EIN-PN 20-3546219-001
<b>a</b>	Plan name	SHAW & SLAVSKY PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHAW & SLAVSKY	<b>c</b> EIN-PN 38-3001904-001
<b>a</b>	Plan name	SOUTHWEST INTERNAL MEDICINE SPECIALISTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SOUTHWEST INTERNAL MEDICINE SPECIALISTS	<b>c</b> EIN-PN 59-2484966-001
<b>a</b>	Plan name	SPECIALIZED DEALER SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SPECIALIZED DEALER SOLUTIONS	<b>c</b> EIN-PN 82-3306119-001
<b>a</b>	Plan name	SUPERIOR BUILDING PRODUCTS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUPERIOR BUILDING PRODUCTS INC	<b>c</b> EIN-PN 58-1762839-001
<b>a</b>	Plan name	TALLASSEE REHAB P.C. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TALLASSEE REHAB P.C.	<b>c</b> EIN-PN 63-1193409-002
<b>a</b>	Plan name	THE TARICH LAW FIRM P.A. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE TARICH LAW FIRM P.A.	<b>c</b> EIN-PN 27-4342638-001
<b>a</b>	Plan name	THE ZODIAC GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE ZODIAC GROUP INC	<b>c</b> EIN-PN 65-0402602-001
<b>a</b>	Plan name	W. CAPRA CONSULTING GROUP, INC. 401(K) RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	W. CAPRA CONSULTING GROUP, INC.	<b>c</b> EIN-PN 36-4382050-001
<b>a</b>	Plan name	BEACON GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEACON FISHERIES INC	<b>c</b> EIN-PN 59-3478749-001
<b>a</b>	Plan name	EGEBA INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	EGEBA INC	<b>c</b> EIN-PN 27-0389479-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	QUIET PROFESSIONALS LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	QUIET PROFESSIONALS LLC	<b>c</b> EIN-PN 26-3622243-001
<b>a</b>	Plan name	BLUE PEARL DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BLUE PEARL DENTISTRY	<b>c</b> EIN-PN 26-1828763-001
<b>a</b>	Plan name	MQABLAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MQABLAW	<b>c</b> EIN-PN 51-0522759-001
<b>a</b>	Plan name	RISK MANAGEMENT GROUP LLC 401(K) PL	
<b>b</b>	Name of plan sponsor	RISK MANAGEMENT GROUP LLC	<b>c</b> EIN-PN 51-0643949-001
<b>a</b>	Plan name	SCHMIDT HOME CONSULTANTS 401(K) PLA	
<b>b</b>	Name of plan sponsor	SCHMIDT HOME CONSULTANTS	<b>c</b> EIN-PN 46-3091761-001
<b>a</b>	Plan name	TYLER SIMMS & ST. SAUVEUR, CPAS PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TYLER SIMMS & ST. SAUVEUR, CPAS PC	<b>c</b> EIN-PN 02-0476956-001
<b>a</b>	Plan name	GRAHAM INTERNATIONAL, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GRAHAM INTERNATIONAL, INC.	<b>c</b> EIN-PN 75-1184324-001
<b>a</b>	Plan name	AVASO TECHNOLOGY SOLUTIONS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AVASO TECHNOLOGY SOLUTIONS, INC.	<b>c</b> EIN-PN 61-1907541-001
<b>a</b>	Plan name	LLOYD MALINER MD PA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LLOYD MALINER MD PA	<b>c</b> EIN-PN 83-2124985-001
<b>a</b>	Plan name	HEAL THE WORLD, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HEAL THE WORLD, INC.	<b>c</b> EIN-PN 59-3801997-001
<b>a</b>	Plan name	JD JEWELRY INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JD JEWELRY INC.	<b>c</b> EIN-PN 02-0466877-001
<b>a</b>	Plan name	LAKES REGION SEPTIC SERVICE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKES REGION SEPTIC SERVICE, INC.	<b>c</b> EIN-PN 02-0498669-001

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.)	
<b>a</b>	Plan name PETE MOORE CHEVROLET 401(K) PLAN	
<b>b</b>	Name of plan sponsor PETE MOORE CHEVROLET INC.	<b>c</b> EIN-PN 59-2088366-001
<b>a</b>	Plan name PRESTON HOOD CHEVROLET 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRESTON HOOD CHEVROLET INC.	<b>c</b> EIN-PN 59-1271531-001
<b>a</b>	Plan name SUNNY KING OF BIRMINGHAM 401(K) PLAN	
<b>b</b>	Name of plan sponsor SUNNY KING OF BIRMINGHAM INC.	<b>c</b> EIN-PN 63-0263217-001
<b>a</b>	Plan name NEXT CHAPTER HOLDINGS 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEXT CHAPTER HOLDINGS LLC	<b>c</b> EIN-PN 47-1599162-001
<b>a</b>	Plan name DUCROS ELECTRICAL CONTRACTING & DESIGN 401(K) PLAN	
<b>b</b>	Name of plan sponsor DUCROS ELECTRICAL CONTRACTING & DESIGN	<b>c</b> EIN-PN 33-0784822-001
<b>a</b>	Plan name VASCULAR IMAGING PROFESSIONALS INC. 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor VASCULAR IMAGING PROFESSIONALS INC.	<b>c</b> EIN-PN 45-5194273-001
<b>a</b>	Plan name ALLSTON COLLISION CENTER INC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor ALLSTON COLLISION CENTER INC	<b>c</b> EIN-PN 04-3525861-001
<b>a</b>	Plan name SOUTH SHORE RESTAURANT GROUP LLC 401(K) PROFIT SHARING PLAND AND TRUST	
<b>b</b>	Name of plan sponsor SOUTH SHORE RESTAURANT GROUP LLC	<b>c</b> EIN-PN 26-3871809-001
<b>a</b>	Plan name SOUTH BAY FIRE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor SOUTH BAY FIRE, INC.	<b>c</b> EIN-PN 90-0727361-001
<b>a</b>	Plan name RICHARD SENZER, MD LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor RICHARD SENZER, MD LLC	<b>c</b> EIN-PN 84-2584500-001
<b>a</b>	Plan name ZENITH CONSTRUCTION COMPANY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor ZENITH CONSTRUCTION COMPANY, INC.	<b>c</b> EIN-PN 46-2237247-001
<b>a</b>	Plan name MED TALENT FINDER 401(K) PLAN	
<b>b</b>	Name of plan sponsor MED TALENT FINDER	<b>c</b> EIN-PN 82-4293905-001

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.)	
<b>a</b>	Plan name LADERA DENTISTRY 401(K) PLAN	
<b>b</b>	Name of plan sponsor LADERA DENTISTRY	<b>c</b> EIN-PN 90-1067328-001
<b>a</b>	Plan name DBI WASTE SYSTEMS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor DBI WASTE SYSTEMS, INC.	<b>c</b> EIN-PN 04-3256166-001
<b>a</b>	Plan name ADVANCED PERIO CONCEPTS, INC. 401K PLAN	
<b>b</b>	Name of plan sponsor ADVANCED PERIO CONCEPTS, INC.	<b>c</b> EIN-PN 43-2048807-001
<b>a</b>	Plan name MANABE & ASSOCIATES, LLC 401(K)	
<b>b</b>	Name of plan sponsor MANABE & ASSOCIATES, LLC	<b>c</b> EIN-PN 20-2169641-001
<b>a</b>	Plan name CRENSHAW ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor CRENSHAW ASSOCIATES	<b>c</b> EIN-PN 83-1992891-002
<b>a</b>	Plan name LA STEEL SERVICES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LA STEEL SERVICES, INC.	<b>c</b> EIN-PN 47-3081534-001
<b>a</b>	Plan name PATRIOT CONSTRUCTION COMPANY 401K PLAN	
<b>b</b>	Name of plan sponsor PATRIOT CONSTRUCTION COMPANY	<b>c</b> EIN-PN 82-3260589-001
<b>a</b>	Plan name MITCHELL FIRM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor MITCHELL FIRM LLC	<b>c</b> EIN-PN 06-1835405-001
<b>a</b>	Plan name TACTICAL AIR INC. DBA SOCAL AIRFLOW PROS 401K PLAN	
<b>b</b>	Name of plan sponsor TACTICAL AIR INC. DBA SOCAL AIRFLOW PROS	<b>c</b> EIN-PN 47-5093730-001
<b>a</b>	Plan name ROGUE FABRICATION, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor ROGUE FABRICATION, LLC	<b>c</b> EIN-PN 46-2787039-001
<b>a</b>	Plan name BAINBRIDGE DESIGN INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BAINBRIDGE DESIGN INC	<b>c</b> EIN-PN 93-0903295-001
<b>a</b>	Plan name MACE GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MACE GROUP, INC.	<b>c</b> EIN-PN 95-4406928-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CREATIVE ELECTRON INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CREATIVE ELECTRON INC	<b>c</b> EIN-PN 26-2826099-001
<b>a</b>	Plan name	BEACH DENTAL PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BEACH DENTAL PC	<b>c</b> EIN-PN 30-0090639-001
<b>a</b>	Plan name	ANN GRANT LAW 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANN GRANT LAW CORP.	<b>c</b> EIN-PN 85-2675857-001
<b>a</b>	Plan name	DIXON COOPER BROWN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	DIXON COOPER BROWN	<b>c</b> EIN-PN 83-3744693-001
<b>a</b>	Plan name	SHK PRODUCE BROKERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SHK PRODUCE BROKERS, INC.	<b>c</b> EIN-PN 13-4212327-001
<b>a</b>	Plan name	HANG DESIGNS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HANG DESIGNS, INC.	<b>c</b> EIN-PN 80-0682859-001
<b>a</b>	Plan name	IVH 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTERMOUNTAIN VETERINARY HOSPITAL	<b>c</b> EIN-PN 84-4074126-001
<b>a</b>	Plan name	CITIZEN JONES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CITIZEN JONES LLC	<b>c</b> EIN-PN 26-3759350-001
<b>a</b>	Plan name	ESTELLE H. LIOU, D.D.S., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ESTELLE H. LIOU, D.D.S., INC.	<b>c</b> EIN-PN 95-4881408-001
<b>a</b>	Plan name	MARINE CLERKS ASSOCIATION, LOCAL 63 ILWU 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MARINE CLERKS ASSOCIATION, LOCAL 63 ILWU	<b>c</b> EIN-PN 95-0972984-005
<b>a</b>	Plan name	ICE PIRATES BACKCOUNTRY ADVENTURES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ICE PIRATES BACKCOUNTRY ADVENTURES	<b>c</b> EIN-PN 85-4101180-001
<b>a</b>	Plan name	TONNAGE INDUSTRIAL 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TONNAGE INDUSTRIAL	<b>c</b> EIN-PN 82-5422267-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	STORM MOUNTAIN HOLDINGS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STORM MOUNTAIN HOLDINGS, LLC	<b>c</b> EIN-PN 81-2009753-001
<b>a</b>	Plan name	CARE 4 YOU PEDIATRICS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CARE 4 YOU PEDIATRICS	<b>c</b> EIN-PN 80-2224956-001
<b>a</b>	Plan name	ASK ARIEL YOUR PET NUTRITIONIST 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ASK ARIEL YOUR PET NUTRITIONIST	<b>c</b> EIN-PN 56-2645693-001
<b>a</b>	Plan name	TAX SPECIALISTS OF THE CAROLINAS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAX SPECIALISTS OF THE CAROLINAS INC	<b>c</b> EIN-PN 82-4196806-001
<b>a</b>	Plan name	HIGH DESERT WINDOW SUPPLY INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HIGH DESERT WINDOW SUPPLY INC	<b>c</b> EIN-PN 20-1527506-001
<b>a</b>	Plan name	PRESCOTT CONSTRUCTION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRESCOTT CONSTRUCTION CO LLC	<b>c</b> EIN-PN 54-1750055-001
<b>a</b>	Plan name	LENK FAMILY ORTHODONTICS INC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LENK FAMILY ORTHODONTICS INC	<b>c</b> EIN-PN 77-0665425-001
<b>a</b>	Plan name	MILESTONE PEDIATRIC THERAPY 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MILESTONE PEDIATRIC THERAPY PC	<b>c</b> EIN-PN 82-1821291-001
<b>a</b>	Plan name	CAMP NUHOP 401(K) PROFIT SHARING PL	
<b>b</b>	Name of plan sponsor	CAMP NUHOP	<b>c</b> EIN-PN 23-7438600-001
<b>a</b>	Plan name	DESIGN ASSOCIATES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DESIGN ASSOCIATES	<b>c</b> EIN-PN 82-3869166-001
<b>a</b>	Plan name	ROOTER MAN 401(K) PLAN	
<b>b</b>	Name of plan sponsor	MANUFACTURING AND SUPPLY CHAIN CONSULTING OF WAKEFIELD MASSACHUSETTS	<b>c</b> EIN-PN 33-1130262-001
<b>a</b>	Plan name	CATTLEMENS BANK 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	CATTLEMENS BANK	<b>c</b> EIN-PN 73-0242130-001

**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.)

<b>a</b> Plan name	VERITAS FINE HOMES, INC. RETIREMENT	
<b>b</b> Name of plan sponsor	VERITAS FINE HOMES, INC.	<b>c</b> EIN-PN 46-3344794-001

<b>a</b> Plan name	WEE SPEAK 401(K) PLAN	
<b>b</b> Name of plan sponsor	WEE SPEAK PC	<b>c</b> EIN-PN 20-4164954-001

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

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

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

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

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

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

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

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

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

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

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>STADION DOMESTIC EQUITY ETF FUND</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>059</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>BENEFIT TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>81-6274538</b>

<b>Part I</b>	<b>Asset and Liability Statement</b>
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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
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1453769	138965
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	732364	3343308
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>		
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>		
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>		
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	169516599	199883457
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>		

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	171702732	203365730
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	52481	48760
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	52481	48760
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	171650251	203316970

**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.

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>		
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>		
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>		
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		0
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>		
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>	2700437	
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>		
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		69074
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		32505068
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total .....	<b>2d</b>		35274579

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions) .....	<b>2g</b>		
<b>h</b> Interest expense .....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>	3761	
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	79712	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	231701	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses .....	<b>2i(11)</b>	196358	
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		511532
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		511532

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		34763047
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		53482063
(2) From this plan .....	<b>2l(2)</b>		56578391

**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
<b>a</b> 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>b</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.)			
<b>c</b> 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.)			
<b>d</b> 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.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> 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?			
<b>h</b> 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?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> 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.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> 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.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> 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 \_\_\_\_\_.