

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 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> 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>HB&T METLIFE STABLE VALUE FUND</u>	1b Three-digit plan number (PN) ▶ <u>044</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>05/01/2009</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.	09/10/2025	BRYAN TAN
	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 COMPANY 820 GESSNER ROAD SUITE 1250 HOUSTON, TX 77024	3b Administrator's EIN 74-2008758 3c Administrator's telephone number 713-460-1600																				
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 style="text-align: right;">0</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	0	6e		6f		6g(1)		6g(2)		6h	
6a(1)																					
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6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2024 Form M-1 annual report. If the plan was not required to file the 2024 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

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

A Name of plan <u>HB&T METLIFE STABLE VALUE FUND</u>	B Three-digit plan number (PN)	<u>044</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)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	COMMUNITY BANK 401K PLAN	
b	Name of plan sponsor	COMMUNITY BANK	c EIN-PN 15-0436580-002
a	Plan name	VERDOLINO LOWEY PC 401K PLAN	
b	Name of plan sponsor	VERDOLINO LOWEY PC	c EIN-PN 04-3023027-001
a	Plan name	CORNING APPLIANCE CORPORATION 401K PLAN	
b	Name of plan sponsor	CORNING APPLIANCE CORPORATION	c EIN-PN 06-1704812-001
a	Plan name	FIBER CONVERSION INC 401K PS PLAN	
b	Name of plan sponsor	FIBER CONVERSION INC	c EIN-PN 14-1511600-001
a	Plan name	LENZ CORPORATION PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	LENZ CORPORATION	c EIN-PN 14-1579789-001
a	Plan name	ESPS RF OF WEST COMPANY CPAS PC EMPLOYEES SVGS PS RET PLAN	
b	Name of plan sponsor	ESPS RF OF WEST COMPANY CPAS PC EMPLOYEES	c EIN-PN 14-1662664-003
a	Plan name	CONBOY MANNION CONTRACTING INC 401K PSP	
b	Name of plan sponsor	CONBOY MANNION CONTRACTING INC	c EIN-PN 14-1686116-001
a	Plan name	GENFAME INC 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	GENFAME INC	c EIN-PN 14-1689766-001
a	Plan name	OLD WORLD PROVISIONS 401K RETIREMENT PLAN	
b	Name of plan sponsor	OLD WORLD PROVISIONS	c EIN-PN 14-1730579-001
a	Plan name	PERRONE LEATHER LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PERRONE LEATHER LLC	c EIN-PN 14-1820153-001
a	Plan name	MOHAWK LTD 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MOHAWK LTD	c EIN-PN 15-0618278-002
a	Plan name	S R SLOAN INC 401K PLAN	
b	Name of plan sponsor	S R SLOAN INC	c EIN-PN 15-0618361-001

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 FRED F COLLINS SONS INC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor FRED F COLLINS SONS INC EMPLOYEE	c EIN-PN 16-0796821-002
a	Plan name PARKWAY DRUGS OF ONEIDA INC 401K PS PLAN	
b	Name of plan sponsor PARKWAY DRUGS OF ONEIDA INC	c EIN-PN 16-0908572-001
a	Plan name TWIN ORCHARDS FARM INC 401K PLAN	
b	Name of plan sponsor TWIN ORCHARDS FARM INC	c EIN-PN 16-0990595-002
a	Plan name ITHACA ALPHA HOUSE CENTER INC 401K PLAN	
b	Name of plan sponsor ITHACA ALPHA HOUSE CENTER INC	c EIN-PN 16-0991369-002
a	Plan name PROFIT MOTIVATORS INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor MOTIVATORS INC	c EIN-PN 16-1134666-001
a	Plan name RANDSCO PIPELINE INC PSP TRUST	
b	Name of plan sponsor RANDSCO PIPELINE INC	c EIN-PN 16-1160897-001
a	Plan name CARLO MASI SONS INC PS 401K AND TRUST	
b	Name of plan sponsor CARLO MASI SONS INC	c EIN-PN 16-1242985-002
a	Plan name GOVERNEUR DENTAL ASSOCIATES INC PC 401K PSP	
b	Name of plan sponsor GOVERNEUR DENTAL ASSOCIATES INC PC	c EIN-PN 16-1344841-001
a	Plan name DIAMOND VISIONICS LLC 401K PLAN	
b	Name of plan sponsor DIAMOND VISIONICS LLC	c EIN-PN 16-1497985-001
a	Plan name BLACK RIVER SYSTEMS COMPANY 401K EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor BLACK RIVER SYSTEMS COMPANY EMPLOYEE	c EIN-PN 16-1515846-001
a	Plan name BOILERMAKER ROADRACE INC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor BOILERMAKER ROADRACE INC	c EIN-PN 16-1538584-001
a	Plan name DICKMAN FARMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DICKMAN FARMS	c EIN-PN 16-1541207-001

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 MA POLCE CONSULTING INC 401K PLAN	
b	Name of plan sponsor MA POLCE CONSULTING INC	c EIN-PN 16-1597994-001
a	Plan name RELLER RISK MANAGEMENT 401K PLAN	
b	Name of plan sponsor RELLER RISK MANAGEMENT	c EIN-PN 16-1603112-001
a	Plan name VICTORY CHRYSLER DODGE JEEP INC 401K PLAN AND TRUST	
b	Name of plan sponsor VICTORY CHRYSLER DODGE JEEP INC	c EIN-PN 16-1612481-001
a	Plan name REDDAWAY MANUFACTURING COMPANY INC EMPLOYEES SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor REDDAWAY MANUFACTURING COMPANY INC EMPLOYEES	c EIN-PN 22-1243940-001
a	Plan name E FRANK HOPKINS CO INC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor E FRANK HOPKINS CO INC	c EIN-PN 23-1538047-001
a	Plan name GORDON E CONWELL ASSOCIATES INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor GORDON E CONWELL ASSOCIATES INC SAFE HARBOR	c EIN-PN 23-1705552-001
a	Plan name PAIST NOE INC 401K RETIREMENT PLAN	
b	Name of plan sponsor PAIST NOE INC	c EIN-PN 23-2123625-001
a	Plan name IMANA MULTIPLE EMPLOYER 401K PLAN	
b	Name of plan sponsor IMANA MULTIPLE EMPLOYER	c EIN-PN 23-7062970-001
a	Plan name MARCH ASSOCIATES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor MARCH ASSOCIATES EMPLOYEE	c EIN-PN 26-4095012-001
a	Plan name MIDSTATE COMMUNICATIONS ELECTRONICS INC EMPLOYEE 401K SAVINGS PLAN	
b	Name of plan sponsor MIDSTATE COMMUNICATIONS ELECTRONICS INC EMPLOYEE	c EIN-PN 33-1014242-001
a	Plan name IBG 401K PLAN	
b	Name of plan sponsor IBG	c EIN-PN 35-1046636-001
a	Plan name LOCAL 697 FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor LOCAL 697 FEDERAL CREDIT UNION CAPITAL ACCUMULATION	c EIN-PN 35-1058817-033

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 GREENWOOD PEDIATRICS INTERNAL MEDICINE PC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor GREENWOOD PEDIATRICS INTERNAL MEDICINE PC	c EIN-PN 35-1992617-001
a	Plan name MBIA EMPLOYEE PROFIT SHARING 401K PLAN	
b	Name of plan sponsor MBIA EMPLOYEE	c EIN-PN 38-1707809-001
a	Plan name ASCENT WEALTH PARTNERS PROFIT SHARING PLAN	
b	Name of plan sponsor ASCENT WEALTH PARTNERS	c EIN-PN 45-2910003-001
a	Plan name CUE BROKERAGE GROUP LLC 401K PLAN	
b	Name of plan sponsor CUE BROKERAGE GROUP LLC	c EIN-PN 46-2533324-001
a	Plan name COLLIGAN LAW LLP 401K PLAN	
b	Name of plan sponsor COLLIGAN LAW LLP	c EIN-PN 46-2634931-001
a	Plan name AUSTIN MOHAWK AND COMPANY LLC SALARIED 401K PLAN	
b	Name of plan sponsor AUSTIN MOHAWK COMPANY LLC SALARIED	c EIN-PN 46-3639163-002
a	Plan name PRESTIGE ORAL SURGERY 401K PLAN	
b	Name of plan sponsor PRESTIGE ORAL SURGERY	c EIN-PN 46-4541336-001
a	Plan name CERTIFY INC 401K PLAN	
b	Name of plan sponsor CERTIFY INC	c EIN-PN 46-5200932-001
a	Plan name PORTERVILLE FORD 401K RETIREMENT PLAN	
b	Name of plan sponsor PORTERVILLE FORD	c EIN-PN 47-1051779-001
a	Plan name CBNA AS CUSTODIAN FBO NUNN'S HOSPITAL SUPPLIES 401K PS	
b	Name of plan sponsor CBNA AS CUSTODIAN FBO NUNN'S HOSPITAL SUPPLIES	c EIN-PN 48-0678979-001
a	Plan name UNITED STATES TELECOM ASSOCIATION SAVINGS PLAN	
b	Name of plan sponsor UNITED STATES TELECOM ASSOCIATION	c EIN-PN 53-0159345-002
a	Plan name SYMEONS GREEK RESTAURANT INC 401K PLAN	
b	Name of plan sponsor SYMEONS GREEK RESTAURANT INC	c EIN-PN 56-2306102-001

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 RYAN CONSULTING GROUP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor RYAN CONSULTING GROUP	c EIN-PN 81-1803082-001
a	Plan name JC TIRE SERVICE EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor JC TIRE SERVICE EMPLOYEE	c EIN-PN 82-3827579-001
a	Plan name EMPOWER TRUST FBO DIAMOND RENTAL 401K CO FASCORE LLC 8515 E ORCHARD RD 2T2	
b	Name of plan sponsor EMPOWER FBO DIAMOND RENTAL CO FASCORE LLC 8515 E ORCHARD RD 2T2	c EIN-PN 87-0398010-001
a	Plan name CBNA AS CUSTODIAN FOR SPRINGFIELD PRINTING CORPORATION 401 K PLAN	
b	Name of plan sponsor CBNA AS CUSTODIAN FOR SPRINGFIELD PRINTING CORPORATION	c EIN-PN 03-0159260-001
a	Plan name BK SYSTEMS INC 401K SALARY REDUCTION PLAN AND TRUST	
b	Name of plan sponsor BK SYSTEMS INC	c EIN-PN 02-0424903-001
a	Plan name THERAPEUTIC RESOURCES INC 401K PLAN	
b	Name of plan sponsor THERAPEUTIC RESOURCES INC	c EIN-PN 13-3492423-001
a	Plan name INNOVA SERVICES CORPORATION 401K PLAN	
b	Name of plan sponsor INNOVA SERVICES CORPORATION	c EIN-PN 23-2880266-001
a	Plan name FONNER INSURANCE ASSOCIATES INC 401K PLAN	
b	Name of plan sponsor FONNER INSURANCE ASSOCIATES INC	c EIN-PN 23-2723148-001
a	Plan name TECHNICAL SERVICES RETIREMENT PLAN	
b	Name of plan sponsor TECHNICAL SERVICES	c EIN-PN 38-2512681-001
a	Plan name REHMANN LLC 401K PLAN	
b	Name of plan sponsor REHMANN LLC	c EIN-PN 38-3567911-002
a	Plan name COMMUNITY BANK 401K PLAN	
b	Name of plan sponsor COMMUNITY BANK	c EIN-PN 15-0436580-002
a	Plan name ASCENT WEALTH PARTNERS PSP	
b	Name of plan sponsor ASCENT WEALTH PARTNERS	c EIN-PN 45-2910003-001

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 AUSTIN MOHAWK AND COMPANY LLC SALARIED 401K PLAN	
b	Name of plan sponsor AUSTIN MOHAWK COMPANY LLC SALARIED	c EIN-PN 46-3639163-002
a	Plan name BLACK RIVER SYSTEMS COMPANY 401K ERP	
b	Name of plan sponsor BLACK RIVER SYSTEMS COMPANY	c EIN-PN 16-1515846-001
a	Plan name BOILERMAKER ROADRACE INC 401K PSP	
b	Name of plan sponsor BOILERMAKER ROADRACE INC	c EIN-PN 16-1538584-001
a	Plan name NUNN'S HOSPITAL SUPPLIES 401K PS	
b	Name of plan sponsor NUNN'S HOSPITAL SUPPLIES	c EIN-PN 48-0678979-001
a	Plan name SPRINGFIELD PRINTING CORPORATION 401 K PLAN	
b	Name of plan sponsor SPRINGFIELD PRINTING CORPORATION	c EIN-PN 03-0159260-001
a	Plan name CERTIFY INC 401K PLAN	
b	Name of plan sponsor CERTIFY INC	c EIN-PN 46-5200932-001
a	Plan name COLLIGAN LAW LLP 401K PLAN	
b	Name of plan sponsor COLLIGAN LAW LLP	c EIN-PN 46-2634931-001
a	Plan name CONBOY MANNION CONTRACTING INC 401K PSP	
b	Name of plan sponsor CONBOY MANNION CONTRACTING INC	c EIN-PN 14-1686116-001
a	Plan name CORNING APPLIANCE CORPORATION 401K PLAN	
b	Name of plan sponsor CORNING APPLIANCE CORPORATION	c EIN-PN 06-1704812-001
a	Plan name CUE BROKERAGE GROUP LLC 401K PLAN	
b	Name of plan sponsor CUE BROKERAGE GROUP LLC	c EIN-PN 46-2533324-001
a	Plan name DIAMOND VISIONICS LLC 401K PLAN	
b	Name of plan sponsor DIAMOND VISIONICS LLC	c EIN-PN 16-1497985-001
a	Plan name DICKMAN FARMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor DICKMAN FARMS	c EIN-PN 16-1541207-001

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 E FRANK HOPKINS CO INC SAVINGS AND RP	
b	Name of plan sponsor E FRANK HOPKINS CO INC	c EIN-PN 23-1538047-001
a	Plan name DIAMOND RENTAL 401K CO FASCORE LLC	
b	Name of plan sponsor DIAMOND RENTAL CO FASCORE LLC	c EIN-PN 87-0398010-001
a	Plan name ESPS RF OF WEST COMPANY CPAS PC EMPLOYEES SVGS PS RET PLAN	
b	Name of plan sponsor ESPS RF OF WEST COMPANY CPAS PC	c EIN-PN 14-1662664-003
a	Plan name FIBER CONVERSION INC 401K PS PLAN	
b	Name of plan sponsor FIBER CONVERSION INC	c EIN-PN 14-1511600-001
a	Plan name FRED F COLLINS SONS INC ESP	
b	Name of plan sponsor FRED F COLLINS SONS INC	c EIN-PN 16-0796821-002
a	Plan name GORDON E CONWELL ASSOCIATES INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor GORDON E CONWELL ASSOCIATES INC SAFE HARBOR	c EIN-PN 23-1705552-001
a	Plan name GOVERNEUR DENTAL ASSOCIATES INC PC 401K PSP	
b	Name of plan sponsor GOVERNEUR DENTAL ASSOCIATES INC PC	c EIN-PN 16-1344841-001
a	Plan name GREENWOOD PEDIATRICS INTERNAL MEDICINE PC RSP	
b	Name of plan sponsor GREENWOOD PEDIATRICS INTERNAL MEDICINE PC	c EIN-PN 35-1992617-001
a	Plan name IBG 401K PLAN	
b	Name of plan sponsor IBG	c EIN-PN 35-1046636-001
a	Plan name IMANA MULTIPLE EMPLOYER 401K PLAN	
b	Name of plan sponsor IMANA MULTIPLE EMPLOYER	c EIN-PN 23-7062970-001
a	Plan name ITHACA ALPHA HOUSE CENTER INC 401K PLAN	
b	Name of plan sponsor ITHACA ALPHA HOUSE CENTER INC	c EIN-PN 16-0991369-002
a	Plan name LENZ CORPORATION PROFIT SHARING 401K PLAN	
b	Name of plan sponsor LENZ CORPORATION	c EIN-PN 14-1579789-001

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	LOCAL 697 FEDERAL CREDIT UNION CAPITAL ACCUMULATION	
b	Name of plan sponsor	LOCAL 697 FEDERAL CREDIT UNION	c EIN-PN 35-1058817-033
a	Plan name	MARCH ASSOCIATES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	MARCH ASSOCIATES	c EIN-PN 26-4095012-001
a	Plan name	MBIA EMPLOYEE PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	MBIA	c EIN-PN 38-1707809-001
a	Plan name	MIDSTATE COMMUNICATIONS ELECTRONICS INC 401K ESP	
b	Name of plan sponsor	MIDSTATE COMMUNICATIONS ELECTRONICS INC	c EIN-PN 33-1014242-001
a	Plan name	MOHAWK LTD 401K RSP	
b	Name of plan sponsor	MOHAWK LTD	c EIN-PN 15-0618278-002
a	Plan name	NFS LLC FIIOC AS AGENT FOR	
b	Name of plan sponsor	FIIOC AS AGENT FOR	c EIN-PN 04-3523567-002
a	Plan name	OLD WORLD PROVISIONS 401K RP	
b	Name of plan sponsor	OLD WORLD PROVISIONS	c EIN-PN 14-1730579-001
a	Plan name	OWP BOSTON LLC UNION PLAN	
b	Name of plan sponsor	OWP BOSTON LLC UNION	c EIN-PN 88-4262569-001
a	Plan name	PAIST NOE INC 401K RP	
b	Name of plan sponsor	PAIST NOE INC	c EIN-PN 23-2123625-001
a	Plan name	PARKWAY DRUGS OF ONEIDA INC 401K PS PLAN	
b	Name of plan sponsor	PARKWAY DRUGS OF ONEIDA INC	c EIN-PN 16-0908572-001
a	Plan name	PERRONE LEATHER 401 K ERP	
b	Name of plan sponsor	PERRONE LEATHER	c EIN-PN 14-1820153-002
a	Plan name	PERRONE LEATHER LLC 401K PSP	
b	Name of plan sponsor	PERRONE LEATHER LLC	c EIN-PN 14-1820153-001

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 PORTERVILLE FORD 401K RP	
b	Name of plan sponsor PORTERVILLE FORD	c EIN-PN 47-1051779-001
a	Plan name PROFIT MOTIVATORS INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor MOTIVATORS INC	c EIN-PN 16-1134666-001
a	Plan name RANDSCO PIPELINE INC PSP TRUST	
b	Name of plan sponsor RANDSCO PIPELINE INC	c EIN-PN 16-1160897-001
a	Plan name REDDAWAY MANUFACTURING COMPANY INC ESIP	
b	Name of plan sponsor REDDAWAY MANUFACTURING COMPANY INC S	c EIN-PN 22-1243940-001
a	Plan name RELLER RISK MANAGEMENT 401K PLAN	
b	Name of plan sponsor RELLER RISK MANAGEMENT	c EIN-PN 16-1603112-001
a	Plan name RYAN CONSULTING GROUP 401K PSP	
b	Name of plan sponsor RYAN CONSULTING GROUP	c EIN-PN 81-1803082-001
a	Plan name S R SLOAN INC 401K PLAN	
b	Name of plan sponsor S R SLOAN INC	c EIN-PN 15-0618361-001
a	Plan name SYMEONS GREEK RESTAURANT INC 401K PLAN	
b	Name of plan sponsor SYMEONS GREEK RESTAURANT INC	c EIN-PN 56-2306102-001
a	Plan name TWIN ORCHARDS FARM INC 401K PLAN	
b	Name of plan sponsor TWIN ORCHARDS FARM INC	c EIN-PN 16-0990595-002
a	Plan name UNITED STATES TELECOM ASSOCIATION SAVINGS PLAN	
b	Name of plan sponsor UNITED STATES TELECOM ASSOCIATION	c EIN-PN 53-0159345-002
a	Plan name VERDOLINO LOWEY PC 401K PLAN	
b	Name of plan sponsor VERDOLINO LOWEY PC	c EIN-PN 04-3023027-001
a	Plan name VICTORY CHRYSLER DODGE JEEP INC 401K PLAN AND TRUST	
b	Name of plan sponsor VICTORY CHRYSLER DODGE JEEP INC	c EIN-PN 16-1612481-001

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	INNOVA SERVICES CORPORATION 401K PLAN	
b	Name of plan sponsor	INNOVA SERVICES CORPORATION	c EIN-PN 23-2880266-001
a	Plan name	THERAPEUTIC RESOURCES INC 401K PLAN	
b	Name of plan sponsor	THERAPEUTIC RESOURCES INC	c EIN-PN 13-3492423-001
a	Plan name	M A POLCE CONSULTING INC	
b	Name of plan sponsor	M A POLCE CONSULTING INC	c EIN-PN 16-1597994-001
a	Plan name	ALTUS FIRE LIFE SAFETY 401K PLAN	
b	Name of plan sponsor	ALTUS FIRE LIFE SAFETY	c EIN-PN 86-3614531-001
a	Plan name	E FRANK HOPKINS CO INC SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	E FRAN HOPINS CO INC	c EIN-PN 23-1538047-001
a	Plan name	REDDAWAY MANUFACTURING COMPANY INC EMPLOYEES SAVINGS IP	
b	Name of plan sponsor	REDDAWAY MANUFACTURING COMPANY INC EMOYEES	c EIN-PN 22-1243940-001
a	Plan name	MIDSTATE COMMUNICATIONS ELECTRONICS INC EMPLOYEE 401K SAVINGS PLAN	
b	Name of plan sponsor	MIDSTATE COMMUNICATIONS ELECONICS INC EMOYEE	c EIN-PN 33-1014242-001
a	Plan name	UNITED STATES TELECOM ASSOCIATION SAVINGS PLAN	
b	Name of plan sponsor	UNITED STATES TELECOM ASSOCIATION	c EIN-PN 53-0159345-002
a	Plan name	FRED F COLLINS SONS INC EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	FRED F COLLINS SONS INC EMOYEE	c EIN-PN 16-0796821-002
a	Plan name	LENZ CORPORATION PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	LENZ CORPORATION	c EIN-PN 14-1579789-001
a	Plan name	VERDOLINO LOWEY PC 401K PLAN	
b	Name of plan sponsor	VERDOLINO LOWEY PC	c EIN-PN 04-3023027-001
a	Plan name	ITHACA ALPHA HOUSE CENTER INC 401K PLAN	
b	Name of plan sponsor	ITHACA ALPHA HOUSE CENTER INC	c EIN-PN 16-0991369-002

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	GREENWOOD PEDIATRICS INTERNAL MEDICINE PC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	GREENWOOD PEDIAICS INTERNAL MEDICINE PC	c EIN-PN 35-1992617-001
a	Plan name	GORDON E CONWELL ASSOCIATES INC SAFE HARBOR 401K PLAN	
b	Name of plan sponsor	GORDON E CONWELL ASSOCIATES INC SAFE HARBOR	c EIN-PN 23-1705552-001
a	Plan name	MOHAWK LTD 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MOHAW LTD	c EIN-PN 15-0618278-002
a	Plan name	SYMEONS GREEK RESTAURANT INC 401K PLAN	
b	Name of plan sponsor	SYMEONS GREE RESTAURANT INC	c EIN-PN 56-2306102-001
a	Plan name	MARCH ASSOCIATES EMPLOYEE SAVINGS PLAN	
b	Name of plan sponsor	MARCH ASSOCIATES EMOYEE	c EIN-PN 26-4095012-001
a	Plan name	PERRONE LEATHER LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PERRONE LEATHER LLC	c EIN-PN 14-1820153-001
a	Plan name	ASCENT WEALTH PARTNERS PROFIT SHARING PLAN	
b	Name of plan sponsor	ASCENT WEALTH PARTNERS	c EIN-PN 45-2910003-001
a	Plan name	S R SLOAN INC 401K PLAN	
b	Name of plan sponsor	S R SLOAN INC	c EIN-PN 15-0618361-001
a	Plan name	PROFIT MOTIVATORS INC PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	MOTIVATORS INC	c EIN-PN 16-1134666-001
a	Plan name	RELLER RISK MANAGEMENT 401K PLAN	
b	Name of plan sponsor	RELLER RIS MANAGEMENT	c EIN-PN 16-1603112-001
a	Plan name	PAIST NOE INC 401K RETIREMENT PLAN	
b	Name of plan sponsor	PAIST NOE INC	c EIN-PN 23-2123625-001
a	Plan name	DICKMAN FARMS RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	DICMAN FARMS	c EIN-PN 16-1541207-001

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	CORNING APPLIANCE CORPORATION 401K PLAN	
b	Name of plan sponsor	CORNING APIANCE CORPORATION	c EIN-PN 06-1704812-001
a	Plan name	PARKWAY DRUGS OF ONEIDA INC 401K PS PLAN	
b	Name of plan sponsor	PARWAY DRUGS OF ONEIDA INC	c EIN-PN 16-0908572-001
a	Plan name	IBG 401K PLAN	
b	Name of plan sponsor	IBG	c EIN-PN 35-1046636-001
a	Plan name	MBIA EMPLOYEE PROFIT SHARING 401K PLAN	
b	Name of plan sponsor	MBIA EMOYEE	c EIN-PN 38-1707809-001
a	Plan name	GOVERNEUR DENTAL ASSOCIATES INC PC 401K PSP	
b	Name of plan sponsor	GOVERNEUR DENTAL ASSOCIATES INC PC	c EIN-PN 16-1344841-001
a	Plan name	DIAMOND VISIONICS LLC 401K PLAN	
b	Name of plan sponsor	DIAMOND VISIONICS LLC	c EIN-PN 16-1497985-001
a	Plan name	ESPS RF OF WEST COMPANY CPAS PC EMPLOYEES SVGS PS RET PLAN	
b	Name of plan sponsor	ES RF OF WEST COMPANY CPAS PC EMOYEEES	c EIN-PN 14-1662664-003
a	Plan name	CONBOY MANNION CONTRACTING INC 401K PSP	
b	Name of plan sponsor	CONBOY MANNION CONACTING INC	c EIN-PN 14-1686116-001
a	Plan name	RANDSCO PIPELINE INC PSP TRUST	
b	Name of plan sponsor	RSCO PIPELINE INC	c EIN-PN 16-1160897-001
a	Plan name	FIBER CONVERSION INC 401K PS PLAN	
b	Name of plan sponsor	FIBER CONVERSION INC	c EIN-PN 14-1511600-001
a	Plan name	COLLIGAN LAW LLP 401K PLAN	
b	Name of plan sponsor	COLLIGAN LAW LLP	c EIN-PN 46-2634931-001
a	Plan name	NATIONAL FINANCIAL SERVICES LLC FIIOC AS AGENT FOR	
b	Name of plan sponsor	NATIONAL FINANCIAL SERVICES LLC FIIOC AS AGENT FOR	c EIN-PN 04-3523567-002

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	VICTORY CHRYSLER DODGE JEEP INC 401K PLAN AND TRUST
b	Name of plan sponsor	VICTORY CHRYSLER DODGE JEEP INC
c	EIN-PN	16-1612481-001
a	Plan name	CBNA AS CUSTODIAN FBO NUNN'S HOSPITAL SUPPLIES 401K PS
b	Name of plan sponsor	CBNA AS CUSTODIAN FBO NUNN'S HOSPITAL SUPIES
c	EIN-PN	48-0678979-001
a	Plan name	BOILERMAKER ROADRACE INC 401K PROFIT SHARING PLAN
b	Name of plan sponsor	BOILERMAER ROADRACE INC
c	EIN-PN	16-1538584-001
a	Plan name	CERTIFY INC 401K PLAN
b	Name of plan sponsor	CERTIFY INC
c	EIN-PN	46-5200932-001
a	Plan name	CBNA AS CUSTODIAN FOR SPRINGFIELD PRINTING CORPORATION 401 K PLAN
b	Name of plan sponsor	CBNA SPRINGFIELD PRINTING CORPORATION
c	EIN-PN	03-0159260-001
a	Plan name	OLD WORLD PROVISIONS 401K RETIREMENT PLAN
b	Name of plan sponsor	OLD WORLD PROVISIONS
c	EIN-PN	14-1730579-001
a	Plan name	RYAN CONSULTING GROUP 401K PROFIT SHARING PLAN
b	Name of plan sponsor	RYAN CONSULTING GROUP
c	EIN-PN	81-1803082-001
a	Plan name	LOCAL 697 FEDERAL CREDIT UNION CAPITAL ACCUMULATION PLAN
b	Name of plan sponsor	LOCAL 697 FEDERAL CREDIT UNION CAPITAL ACCUMULATION
c	EIN-PN	35-1058817-033
a	Plan name	CUE BROKERAGE GROUP LLC 401K PLAN
b	Name of plan sponsor	CUE BROERAGE GROUP LLC
c	EIN-PN	46-2533324-001
a	Plan name	BLACK RIVER SYSTEMS COMPANY 401K EMPLOYEE RETIREMENT PLAN
b	Name of plan sponsor	BLAC RIVER S COMPANY EMOYEE
c	EIN-PN	16-1515846-001
a	Plan name	PORTERVILLE FORD 401K RETIREMENT PLAN
b	Name of plan sponsor	PORTERVILLE FORD
c	EIN-PN	47-1051779-001
a	Plan name	AUSTIN MOHAWK AND COMPANY LLC SALARIED 401K PLAN
b	Name of plan sponsor	AUSTIN MOHAW COMPANY LLC SALARIED
c	EIN-PN	46-3639163-002

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	OWP BOSTON LLC UNION PLAN	c	EIN-PN	88-4262569-001
b	Name of plan sponsor	OWP BOSTON LLC UNION	c	EIN-PN	88-4262569-001
a	Plan name	PERRONE LEATHER 401 K EMPLOYEE RETIREMENT PLAN	c	EIN-PN	14-1820153-002
b	Name of plan sponsor	PERRONE LEATHER EMOYEE	c	EIN-PN	14-1820153-002
a	Plan name	INNOVA SERVICES CORPORATION 401K PLAN	c	EIN-PN	23-2880266-001
b	Name of plan sponsor	INNOVA SERVICES CORPORATION	c	EIN-PN	23-2880266-001
a	Plan name	THERAPEUTIC RESOURCES INC 401K PLAN	c	EIN-PN	13-3492423-001
b	Name of plan sponsor	THERAPEUTIC RESOURCES INC	c	EIN-PN	13-3492423-001
a	Plan name	M A POLCE CONSULT	c	EIN-PN	16-1597994-001
b	Name of plan sponsor	M A POLCE CONSULT	c	EIN-PN	16-1597994-001
a	Plan name	ALTUS FIRE LIFE SAFETY 401K PLAN	c	EIN-PN	86-3614531-001
b	Name of plan sponsor	ALTUS FIRE LIFE SAFETY	c	EIN-PN	86-3614531-001
a	Plan name	REHMANN LLC 401K PLAN	c	EIN-PN	38-3567911-001
b	Name of plan sponsor	REHMANN LLC	c	EIN-PN	38-3567911-001
a	Plan name	TECHNICAL SERVICES	c	EIN-PN	38-2512681-001
b	Name of plan sponsor	TECHNICAL SERVICES	c	EIN-PN	38-2512681-001
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	
a	Plan name		c	EIN-PN	
b	Name of plan sponsor		c	EIN-PN	

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 HB&T METLIFE STABLE VALUE FUND	B Three-digit plan number (PN) ▶ 044
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.

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)	10672 4581
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0 0
(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)	1026860 666134
(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)	48976527 47413277

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	50014059	48083992
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	523678	2673
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	523678	2673
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	49490381	48081319

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)	62326	
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	36521979	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	35204859	
(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)	-136406	
(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	1243040

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)	0
(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)	28210
(11) Other expenses.....	2i(11)	4100
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)	32310
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j	32310

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k	1210730
l Transfers of assets:		
(1) To this plan.....	2l(1)	20758481
(2) From this plan	2l(2)	23378273

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 _____.