

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

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

Part I Annual Report Identification Information

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

- A This return/report is for: a multiemployer plan, a multiple-employer plan, a single-employer plan, a DFE (specify) C, B This return/report is: the first return/report, the final return/report, an amended return/report, a short plan year return/report, C If the plan is a collectively-bargained plan, check here, D Check box if filing under: Form 5558, automatic extension, the DFVC program, special extension, E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here

Part II Basic Plan Information—enter all requested information

1a Name of plan DIRECTIONS 2 - MODERATELY CONSERVATIVE, 1b Three-digit plan number (PN) 242, 1c Effective date of plan 02/01/2023, 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) HAND BENEFITS & TRUST COMPANY 820 GESSNER ROAD SUITE 1250 HOUSTON, TX 77024, 2b Employer Identification Number (EIN) 74-2008758, 2c Plan Sponsor's telephone number 713-460-1000, 2d Business code (see instructions)

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

Table with 4 columns: SIGN HERE, Signature of plan administrator, Date, Enter name of individual signing as plan administrator. Includes rows for employer/plan sponsor and DFE.

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 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 0

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

A Name of plan <u>DIRECTIONS 2 - MODERATELY CONSERVATIVE</u>	B Three-digit plan number (PN)	<u>▶</u> <u>242</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>HAND BENEFITS & TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>74-2008758</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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d Entity code

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

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

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	UNITED OF OMAHA FOR VARIOUS RET PLANS	
b	Name of plan sponsor	UNITED OF OMAHA	c EIN-PN 43-1795138-001
a	Plan name	UNIQUE SOLUTIONS RETIREMENT PLAN	
b	Name of plan sponsor	UNIQUE SOLUTONS MANAGEMENT CO LLC	c EIN-PN 41-2071869-001
a	Plan name	TECHNICOLOR FCU CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	TECHNICOLOR FEDERAL CREDIT UNION	c EIN-PN 95-1746861-033
a	Plan name	ACEPEX MANAGEMENT CORP RETIREMENT PLAN	
b	Name of plan sponsor	ACEPEX MANAGEMENT CORPORATION	c EIN-PN 95-4236171-003
a	Plan name	SORRELS LAW 401K PLAN	
b	Name of plan sponsor	SORRELLS LAW	c EIN-PN 76-0065736-001
a	Plan name	POSSIBILITIES NORTHEAST LLC 401K SALARY	
b	Name of plan sponsor	POSSIBILITIES NORTHEAST LLC	c EIN-PN 35-2151934-001
a	Plan name	EDWARDS AUTO GROUP 401K PLAN	
b	Name of plan sponsor	EDWARDS CHEVROLET-CADILLAC INC	c EIN-PN 42-0646357-001
a	Plan name	REDS ELECTRICAL SERVICE INC 401K PLAN	
b	Name of plan sponsor	REDS ELECTRICAL SERVICE INC	c EIN-PN 81-4535399-001
a	Plan name	MARK HEUETT GENERAL CONTRACTOR INC 401K PLAN	
b	Name of plan sponsor	MARK HEUETT GENERAL CONTRACTOR INC	c EIN-PN 93-1319951-002
a	Plan name	PRAIRIE LANDWORKS INC 401K PLAN	
b	Name of plan sponsor	PRAIRIE LANDWORKS INC	c EIN-PN 45-4357575-001
a	Plan name	MECCON INDUSTRIES 401K PLAN	
b	Name of plan sponsor	MECCON INDUSTRIES INC	c EIN-PN 36-3008454-002
a	Plan name	JEFF CLINE INSURANCES IND K	
b	Name of plan sponsor	JEFF CLINE INSURANCES	c EIN-PN 61-1410706-001

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 AUTOMATION & MODULAR COMPONENTS INC 401K	
b	Name of plan sponsor AUTOMATION & MODULAR COMPONENTS INC	c EIN-PN 38-2831279-002
a	Plan name CITY OF BEAUMONT 401A	
b	Name of plan sponsor CITY OF BEAUMONT	c EIN-PN 95-6000676-001
a	Plan name JB STEEL 401K PLAN	
b	Name of plan sponsor JB STEEL LLC	c EIN-PN 93-0581861-006
a	Plan name JD ALLMAN INC 401K PLAN & TRUST	
b	Name of plan sponsor JD ALLMAN INC	c EIN-PN 52-2380800-001
a	Plan name CITY OF BEAUMONT 457 FICA ALTERNATIVE RET PL	
b	Name of plan sponsor CITY OF BEAUMONT	c EIN-PN 95-6000676-001
a	Plan name BACK IN ACTION CHIROPRACTIC 401K PLAN	
b	Name of plan sponsor BACK IN ACTION CHIROPRACTIC LLC	c EIN-PN 27-0512090-001
a	Plan name THE AHBE GROUP 401K PLAN AND TRUST	
b	Name of plan sponsor THE AHBE GROUP INC	c EIN-PN 84-1326860-002
a	Plan name CEDAR LAKE NURSING HOME INC 401K PS PLAN	
b	Name of plan sponsor CEDAR LAKE NURSING HOME INC	c EIN-PN 75-1667895-001
a	Plan name PROCON INC 401K PLAN	
b	Name of plan sponsor PROCON INC	c EIN-PN 16-1627389-001
a	Plan name LIBERTY GROUP REALTY 401K PLAN	
b	Name of plan sponsor LIBERTY GROUP REALTY	c EIN-PN 46-1874892-001
a	Plan name SPORTCHASSIS 401K PLAN	
b	Name of plan sponsor SPORTCHASSIS HOLDINGS INC	c EIN-PN 27-0931398-001
a	Plan name ABC SEAMLESS 401K PLAN	
b	Name of plan sponsor ABC METRO INC	c EIN-PN 20-2807880-001

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	TOUKAN & COMPANY 401K PLAN	
b	Name of plan sponsor	TOUKAN & COMPANY	c EIN-PN 31-1081751-001
a	Plan name	FARR CONSTRUCTION CORP DBA RDC 401K PLAN	
b	Name of plan sponsor	FARR CONSTRUCTION DBA RESOURCE DEVELOPMENT	c EIN-PN 20-3783793-001
a	Plan name	NEW BEDFORD YACHT CLUB 401K PLAN	
b	Name of plan sponsor	NEW BEDFORD YACHT CLUB	c EIN-PN 04-1659530-001
a	Plan name	CLASSIC LANDSCAPES 401K PLAN	
b	Name of plan sponsor	CLASSIC LANDSCAPES	c EIN-PN 56-2001894-001
a	Plan name	ACTION FINANCIAL PLANNING INC 401K PLAN	
b	Name of plan sponsor	ACTION FINANCIAL PLANNING INC	c EIN-PN 38-2724916-002
a	Plan name	KIMBALL COUNTY MANOR 401K PS PLAN	
b	Name of plan sponsor	KIMBALL COUNTY MANOR	c EIN-PN 47-0533826-001
a	Plan name	ARCHER CONSULTATION SERVICES INC 401K	
b	Name of plan sponsor	ARCHER CONSULTATION SERVICES INC	c EIN-PN 35-1687137-001
a	Plan name	PAVEX CORPORATION 401K PS PLAN	
b	Name of plan sponsor	PAVEX CORPORATION	c EIN-PN 86-0522248-001
a	Plan name	SCHLEMMER ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RMH ENTERPRISES INC DBA SCHLEMMER ASSOC	c EIN-PN 31-1580839-001
a	Plan name	ELITE STRUCTURES INC 401K PLAN	
b	Name of plan sponsor	ELITE STRUCTURES INC	c EIN-PN 58-1901587-001
a	Plan name	BLACK MESA COMMUNITY SCHOOL 401K PLAN	
b	Name of plan sponsor	BLACK MESA COMMUNITY SCHOOL	c EIN-PN 86-0357745-001
a	Plan name	ILLINI FIRE EQUIPMENT 401K	
b	Name of plan sponsor	ILLINI FIRE EQUIPMENT	c EIN-PN 37-0953854-001

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	HEARTLAND FAMILY SERVICE RETIREMENT PLAN	
b	Name of plan sponsor	HEARTLAND FAMILY SERVICE	c EIN-PN 47-0390618-003
a	Plan name	CAROLINA LIQUID CHEMISTRIES CORP 401K PSP	
b	Name of plan sponsor	CAROLINA LIQUID CHEMISTRIES	c EIN-PN 95-4496686-001
a	Plan name	LIFE CHURCH MINISTRIES 401K PLAN	
b	Name of plan sponsor	LIFE CHURCH MINISTRIES	c EIN-PN 22-3110904-001
a	Plan name	STILLWATER PROVISIONS 401K PLAN	
b	Name of plan sponsor	STILLWATER PROVISIONS	c EIN-PN 27-0235099-001
a	Plan name	TRI-STATE COMMODITIES 401K PS PLAN	
b	Name of plan sponsor	TRI-STATE COMMODITIES	c EIN-PN 84-0632108-001
a	Plan name	PAJ 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	PAJ INC	c EIN-PN 75-2257448-001
a	Plan name	J2 ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	J2 ENGINEERING INC	c EIN-PN 77-0341296-001
a	Plan name	SCHMIT AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor	SCHMIT AUTOMOTIVE INC	c EIN-PN 20-2376061-001
a	Plan name	INNOVATIVE TOOLING SOLUTIONS INC 401K PLAN	
b	Name of plan sponsor	INNOVATIVE TOOLING SOLUTIONS INC	c EIN-PN 48-1265558-001
a	Plan name	R V WORLD 401K PLAN	
b	Name of plan sponsor	RV WORLD RECREATION VEHICLE CENTRE LLC	c EIN-PN 83-4486585-001
a	Plan name	ALDRIDGE INSURANCE 401K PLAN	
b	Name of plan sponsor	ALDRIDGE INSURANCE INC	c EIN-PN 35-1937710-001
a	Plan name	CUSTOM DENTAL LLC 401K PLAN	
b	Name of plan sponsor	CUSTOM DENTAL LLC	c EIN-PN 46-0905644-001

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	JW SMITH & COMPANY 401K SAVINGS PLAN	
b	Name of plan sponsor	JW SMITH AND COMPANY	c EIN-PN 47-0483015-001
a	Plan name	DRS HOLDINGS INCENTIVE SAVINGS PLAN	
b	Name of plan sponsor	DRS HOLDINGS LLC	c EIN-PN 61-1870945-001
a	Plan name	TRIAD ENERGY INC PROFIT SHARING PLAN	
b	Name of plan sponsor	TRIAD ENERGY INC	c EIN-PN 73-1115516-001
a	Plan name	WAYNE METALS LLC 401K PLAN	
b	Name of plan sponsor	WAYNE METALS LLC	c EIN-PN 35-2129195-001
a	Plan name	DEALS PUBLICATIONS INC 401K PLAN	
b	Name of plan sponsor	DEALS PUBLICATIONS INC	c EIN-PN 36-3201978-001
a	Plan name	INFO-MATRIX CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	INFO-MATRIX CORPORATION	c EIN-PN 25-1788570-001
a	Plan name	CRANBERRY GROWERS SERVICE INC	
b	Name of plan sponsor	CRANBERRY GROWERS SERVICE INC	c EIN-PN 04-2473423-001
a	Plan name	RAYBOURN GROUP INTERNATIONAL INC 401K PLAN	
b	Name of plan sponsor	RAYBOURN GROUP INTERNATIONAL INC	c EIN-PN 35-1752759-002
a	Plan name	GARY'S FOODS 401K PLAN	
b	Name of plan sponsor	D & G INC	c EIN-PN 42-6167526-001
a	Plan name	IOWA MOLD & ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	IOWA MOLD & ENGINEERING INC	c EIN-PN 42-1411689-001
a	Plan name	RETIREMENT PLN FOR EE NEBRASKA CITY UTILITIES	
b	Name of plan sponsor	THE DEPT OF UTILITIES OF NE CITY NE	c EIN-PN 47-6000312-001
a	Plan name	EGGS 'N THINGS HAWAII INC 401K RET PLAN	
b	Name of plan sponsor	EGGS N THINGS HAWAII INC	c EIN-PN 26-3209690-001

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	DAVE SINCLAIR FORD INC SALARIED PLAN	
b	Name of plan sponsor	DAVE SINCLAIR FORD INC	c EIN-PN 43-0834994-001
a	Plan name	SUN BELT TRANSPORTATION INC 401K PLAN	
b	Name of plan sponsor	SUN BELT TRANSPORTATION INC	c EIN-PN 74-2114906-001
a	Plan name	MULDER DENTAL PLLC 401K PLAN	
b	Name of plan sponsor	MULDER DENTAL PLLC	c EIN-PN 38-2316945-001
a	Plan name	PACIFIC PLASTICS 401K PLAN	
b	Name of plan sponsor	PACIFIC PLASTICS INC	c EIN-PN 95-3452955-001
a	Plan name	STUDEBAKER SUBMETERING INC 401K PLAN	
b	Name of plan sponsor	STUDEBAKER SUBMETERING INC	c EIN-PN 54-1963792-001
a	Plan name	ACL HAWAII INC 401K PLAN	
b	Name of plan sponsor	ACL HAWAII INC	c EIN-PN 47-0927612-001
a	Plan name	JIM XAMIS FORD 401K PLAN	
b	Name of plan sponsor	JIM XAMIS FORD LINCOLN MERCURY INC	c EIN-PN 37-1109879-001
a	Plan name	SELECT SPRAYERS 401K PLAN	
b	Name of plan sponsor	SELECT SPRAYERS & EQUIPMENT LLC	c EIN-PN 47-0828257-001
a	Plan name	DEKALB SURGICAL ASSOCIATES PA PS PLAN	
b	Name of plan sponsor	DEKALB SURGICAL ASSOCIATES PA	c EIN-PN 58-2296066-002
a	Plan name	UNICOLD CORP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	UNICOLD CORPORATION	c EIN-PN 94-1535689-001
a	Plan name	PEDIATRIC PARTNERS LLC 401 K SAFE HARBOR PLAN	
b	Name of plan sponsor	PEDIATRIC PARTNERS LLC	c EIN-PN 47-0815051-001
a	Plan name	GW PEOPLES CONTRACTING COMPANY INC 401K	
b	Name of plan sponsor	GW PEOPLES CONTRACTING COMPANY INC	c EIN-PN 25-1365856-001

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	GLENDENNING BROTHERS INC 401K PLAN	
b	Name of plan sponsor	GLENDENNING BROTHERS INC	c EIN-PN 36-3910487-002
a	Plan name	ARROW CONSULTATION SERVICES 401K	
b	Name of plan sponsor	ARROW CONSULTATION SERVICES	c EIN-PN 35-1821191-001
a	Plan name	MEGAN L NIEDENS DVM INDIVIDUAL K PLAN	
b	Name of plan sponsor	MEGAN L NIEDENS DVM	c EIN-PN 82-3601684-001
a	Plan name	JONES SIMPSON & NEWTON PA PS PLAN	
b	Name of plan sponsor	JONES SIMPSON & NEWTON PA	c EIN-PN 57-0778577-002
a	Plan name	MODERN DOOR & EQUIPMENT SALES INC401K PSP	
b	Name of plan sponsor	MODERN DOOR & EQUIPMENT SALES INC	c EIN-PN 52-1382311-001
a	Plan name	BLUE HILLS ENVIRONMENTAL 401K PLAN	
b	Name of plan sponsor	BLUE HILLS ENVIRONMENTAL ASSOCIATION	c EIN-PN 86-0686263-001
a	Plan name	HERZFELD INC 401K PLAN	
b	Name of plan sponsor	HERZFELD INSURANCE AGENCY INC	c EIN-PN 27-2030546-001
a	Plan name	THEUT PRODUCTS INC 401K SALARY REDUCTION	
b	Name of plan sponsor	THEUT PRODUCTS INC	c EIN-PN 38-1551483-002
a	Plan name	LAKOTA CORP 401K PLAN	
b	Name of plan sponsor	LAKOTA CORP	c EIN-PN 20-2970922-001
a	Plan name	TEST X LLC 401K PS PLAN AND TRUST	
b	Name of plan sponsor	TEST X LLC	c EIN-PN 46-5227141-001
a	Plan name	HEARTLAND LAWNS LLC 401K PLAN	
b	Name of plan sponsor	HEARTLAND LAWNS LLC	c EIN-PN 90-0818468-001
a	Plan name	CUSTOM LIGHT & SOUND INC 401K PS PLAN	
b	Name of plan sponsor	CUSTOM LIGHT & SOUND INC	c EIN-PN 56-1176591-001

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
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a	Plan name	INDUSTRIAL DYNAMIC SYSTEMS LLC 401K PLAN	
b	Name of plan sponsor	INDUSTRIAL DYNAMIC SYSTEMS LLC DBA INTER	c EIN-PN 46-3583822-001
a	Plan name	RF WORKS CORPORATION 401K PS PLAN & TRUST	
b	Name of plan sponsor	RF WORKS CORPORATION	c EIN-PN 59-3542123-001
a	Plan name	MORRISSEY ENGINEERING INC 401K RETIREMENT	
b	Name of plan sponsor	MORRISSEY ENGINEERING INC	c EIN-PN 47-0818042-001
a	Plan name	PINO'S PRODUCE INC 401K PLAN	
b	Name of plan sponsor	PINOS PRODUCE INC	c EIN-PN 33-0109032-001
a	Plan name	CRC NATIONAL 401K PLAN	
b	Name of plan sponsor	COURT REPORTERS CLEARINGHOUSE INC	c EIN-PN 76-0537648-001
a	Plan name	ROBERTSON'S AUTO SALVAGE INC 401K PS PLAN	
b	Name of plan sponsor	ROBERTSONS AUTO SALVAGE INC	c EIN-PN 04-2462641-001
a	Plan name	ADE INC RETIREMENT PLAN	
b	Name of plan sponsor	ASSOCIATED DESIGN & ENGINEERING INC	c EIN-PN 77-0051451-001
a	Plan name	BAILEY'S MEDICAL EQUIPMENT & SUPPLIES 401K	
b	Name of plan sponsor	MEDICAL HOTSPOTS INC CORP	c EIN-PN 45-1810240-001
a	Plan name	A AMERICAN DOOR & SERVICE OF SC INC401K	
b	Name of plan sponsor	A AMERICAN DOOR & SERVICE OF SC INC	c EIN-PN 57-0845737-001
a	Plan name	ISTHMUS 401K AND PROFIT SHARING PLAN	
b	Name of plan sponsor	ISTHMUS ENGINEERING INC	c EIN-PN 76-0717206-001
a	Plan name	TRINITY M LOVELESS MD PLLC 401K PLAN	
b	Name of plan sponsor	TRINITY LOVELESS MD PLLC	c EIN-PN 46-2331621-001
a	Plan name	LEGACY HARLEY DAVIDSON 401K PLAN	
b	Name of plan sponsor	LEGACY HARLEY DAVIDSON	c EIN-PN 75-1997133-001

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	RAY-MAC INC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RAY-MAC INC	c EIN-PN 46-0320438-001
a	Plan name	DCS AUTOMOTIVE INC 401K PSP	
b	Name of plan sponsor	DCS AUTOMOTIVE INC	c EIN-PN 46-2315762-001
a	Plan name	GOLDEN MOMENTS 401K PLAN	
b	Name of plan sponsor	GOLDEN MOMENTS LLC	c EIN-PN 85-2418598-001
a	Plan name	CUSTOM AG FORMULATORS INC RETIREMENT PLAN	
b	Name of plan sponsor	CUSTOM AGRICULTURAL FORMULATORS INC	c EIN-PN 77-0536417-001
a	Plan name	POOLE'S PLUMBING INC 401K	
b	Name of plan sponsor	POOLES PLUMBING INC	c EIN-PN 56-2134201-001
a	Plan name	AKA ENTERPRISES INC 401K PLAN	
b	Name of plan sponsor	AKA ENTERPRISES INC	c EIN-PN 26-3231304-001
a	Plan name	BADGER STEEL 401K PLAN	
b	Name of plan sponsor	BADGER STEEL AND FABRICATING INC	c EIN-PN 39-1722261-001
a	Plan name	FIBERPRO INC 401K SAVINGS PLAN	
b	Name of plan sponsor	FIBERPRO INC	c EIN-PN 43-2036968-001
a	Plan name	WELLNESS IQ RETIREMENT PLAN	
b	Name of plan sponsor	EMPLOYEE BENEFITS INTERNATIONAL INC	c EIN-PN 56-2676855-001
a	Plan name	EX-CEL SOLUTIONS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	EX-CEL SOLUTIONS INC	c EIN-PN 47-0688058-003
a	Plan name	ACTION FINANCIAL MANAGEMENT INC 401K PLAN	
b	Name of plan sponsor	ACTION FINANCIAL MANAGEMENT INC	c EIN-PN 38-3447954-001
a	Plan name	SCD INFORMATION TECHNOLOGY LLC 401K PSP	
b	Name of plan sponsor	SCD INFORMATION TECHNOLOGY LLC	c EIN-PN 62-2007898-001

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	AXTELLA LLC 401K PLAN	
b	Name of plan sponsor	AXTELLA LLC	c EIN-PN 38-3627552-001
a	Plan name	HOSTEL SANCTUARY LLC IND K PLAN	
b	Name of plan sponsor	HOSTEL SANCTUARY LLC	c EIN-PN 20-8994020-001
a	Plan name	ATLAS SETTLEMENT GROUP INC 401K PS PLAN	
b	Name of plan sponsor	ATLAS SETTLEMENT GROUP INC	c EIN-PN 20-2667446-002
a	Plan name	KNIGHT FIRE PROTECTION INC 401K PLAN	
b	Name of plan sponsor	KNIGHT FIRE PROTECTION INC	c EIN-PN 91-1699529-001
a	Plan name	ASPEN IMAGING LLC 401K PLAN	
b	Name of plan sponsor	ASPEN IMAGING LLC	c EIN-PN 45-2552586-001
a	Plan name	SOUTHERNWOOD RETIREMENT PLAN	
b	Name of plan sponsor	SOUTHERNWOOD FRAMING LLC	c EIN-PN 20-5159686-001
a	Plan name	POTTER OIL & TIRE CO INC 401K PLAN	
b	Name of plan sponsor	POTTER OIL & TIRE CO INC	c EIN-PN 56-0942238-001
a	Plan name	DAHM BROTHERS INC 401K SALARY REDUCTION PLAN	
b	Name of plan sponsor	DAHM BROTHERS INC	c EIN-PN 35-0259100-001
a	Plan name	LAKE CITY INDUSTRIES INC 401K PSP	
b	Name of plan sponsor	LAKE CITY INDUSTRIES INC	c EIN-PN 59-1829630-001
a	Plan name	PALACE ENTERTAINMENT 401K PLAN	
b	Name of plan sponsor	FESTIVAL FUN PARKS LLC	c EIN-PN 77-0486724-001
a	Plan name	THOMPSON HANCOCK WITTE & ASSOC 401K PSP & TRU	
b	Name of plan sponsor	THOMPSON HANCOCK WITTE & ASSOC	c EIN-PN 58-1108140-001
a	Plan name	D R POULIN CONSTRUCTION COMPANY INC PS	
b	Name of plan sponsor	DR POULIN CONSTRUCTION COMPANY INC	c EIN-PN 04-3541390-001

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 GANA TRUCKING & EXCAVATING SAFE HARBOR 401K	
b	Name of plan sponsor GANA TRUCKING & EXCAVATING INC	c EIN-PN 47-0807468-001
a	Plan name WEEKS-WILLIAMS-DEVORE INC 401K PLAN	
b	Name of plan sponsor WEEKS-WILLIAMS & DEVORE INC	c EIN-PN 56-0774903-001
a	Plan name ERIKSEN CONSTRUCTION CO INC 401K PLAN	
b	Name of plan sponsor ERIKSEN CONSTRUCTION CO INC	c EIN-PN 47-0664052-001
a	Plan name KIBBECHEM INC 401K AND PS PLAN	
b	Name of plan sponsor KIBBECHEM INC	c EIN-PN 35-2132621-001
a	Plan name MARBLE MACHINE 401K PLAN	
b	Name of plan sponsor MARBLE MACHINE INC	c EIN-PN 37-1134225-001
a	Plan name CHIROPRACTIC ASSOCIATES 401K	
b	Name of plan sponsor CHIROPRACTIC ASSOCIATES OF GAINESVILLE	c EIN-PN 59-1856700-001
a	Plan name VILLAGE POINTE PEDIATRICS PC 401K PS PLAN	
b	Name of plan sponsor VILLAGE POINTE PEDIATRICS PC	c EIN-PN 20-8001200-001
a	Plan name GENE ROUNSAVILLE REAL ESTATE 401K PLAN	
b	Name of plan sponsor GENE ROUNSAVILLE REAL ESTATE	c EIN-PN 85-3797625-003
a	Plan name BEST MATERIALS PROFIT-SHARING PLAN	
b	Name of plan sponsor BEST BLOCK COMPANY	c EIN-PN 38-1819457-001
a	Plan name DAVID L COPELAND IND K	
b	Name of plan sponsor DAVID L COPELAND	c EIN-PN 90-2088060-001
a	Plan name CUYAHOGA COUNTY PUBLIC EE'S DEF COMP PLAN	
b	Name of plan sponsor CUYAHOGA COUNTY OF OHIO	c EIN-PN 34-6000817-001
a	Plan name CATHY BYRNS 401K	
b	Name of plan sponsor CATHY BYRNS	c EIN-PN 83-3779663-001

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 GRAYSON TOOL CO 401K PLAN	
b	Name of plan sponsor GRAYSON TOOL COMPANY	c EIN-PN 47-0487114-001
a	Plan name CHARLIE UNIFORM TANGO 401K PLAN	
b	Name of plan sponsor CHARLIEUNIFORMTANGO LP	c EIN-PN 75-2621546-001
a	Plan name SLOSBURG COMPANY 401K RETIREMENT PLAN	
b	Name of plan sponsor SLOSBURG COMPANY	c EIN-PN 47-0721027-001
a	Plan name JC DESMARAIS & ASSOCIATES INC/IRRIGATION	
b	Name of plan sponsor JC DESMARAIS AND ASSOCIATES INC	c EIN-PN 04-3056097-001
a	Plan name MIDWEST WALNUT COMPANY OF IOWA PS PLAN	
b	Name of plan sponsor MIDWEST WALNUT COMPANY OF IOWA	c EIN-PN 42-0768100-001
a	Plan name FRESNO DENTAL PROFESSIONALS 401K RETIREMENT	
b	Name of plan sponsor FRESNO DENTAL PROFESSIONALS	c EIN-PN 94-2371801-002
a	Plan name DIVERSE ACQUISITION COMPANY 401K PLAN	
b	Name of plan sponsor DIVERSE ACQUISITION COMPANY INC	c EIN-PN 20-4707578-001
a	Plan name SWINK COPLEN & COMPANY PC 401K PLAN	
b	Name of plan sponsor SWINK COPLEN & COMPANY PC	c EIN-PN 43-1428008-001
a	Plan name SENTRY ELECTRIC INC 401K PROFIT SHARING	
b	Name of plan sponsor SENTRY ELECTRIC INC	c EIN-PN 47-0638377-001
a	Plan name AMERICAN TARGET ADVERTISING INC 401K PLAN	
b	Name of plan sponsor AMERICAN TARGET ADVERTISING INC	c EIN-PN 54-1648117-001
a	Plan name CAREAGE 401K PLAN	
b	Name of plan sponsor SENIOR MANAGEMENT SERVICES LLC	c EIN-PN 26-3988687-002
a	Plan name TEACHSTONE 401K PLAN	
b	Name of plan sponsor TEACHSTONE TRAINING LLC	c EIN-PN 80-0560774-001

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	STEDMAN FLOOR COMPANY 401K PLAN	
b	Name of plan sponsor	STEDMAN FLOOR COMPANY	c EIN-PN 31-0823623-002
a	Plan name	CITY OF BEAUMONT ELIGIBLE 457 PLAN	
b	Name of plan sponsor	CITY OF BEAUMONT	c EIN-PN 95-6000676-001
a	Plan name	SERVICEONE 401K PLAN	
b	Name of plan sponsor	JC ACQUISITIONS INC&SUBSIDIARIES	c EIN-PN 22-3888799-001
a	Plan name	VALBRUNA STAINLESS INC 401K PLAN	
b	Name of plan sponsor	VALBRUNA STAINLESS INC	c EIN-PN 06-1379799-001
a	Plan name	LEACH CAMPER SALES 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	LEACH CAMPER SALES INC	c EIN-PN 42-0926894-001
a	Plan name	HOUSING AUTHORITY OF BREVARD COUNTY EMPLOYEE	
b	Name of plan sponsor	HOUSING AUTHORITY OF BREVARD COUNTY	c EIN-PN 59-1866364-002
a	Plan name	NIXON & ASSOCIATES LLC 401K PLAN	
b	Name of plan sponsor	NIXON & ASSOCIATES LLC	c EIN-PN 54-1898726-001
a	Plan name	GARY MAY 401K	
b	Name of plan sponsor	GARY D MAY	c EIN-PN 84-1914021-001
a	Plan name	SPECIAL TOOL & ENGINEERING INC 401K PLAN	
b	Name of plan sponsor	SPECIAL TOOL & ENGINEERING INC	c EIN-PN 38-3115207-001
a	Plan name	PHI 401K SAVINGS PLAN	
b	Name of plan sponsor	PARKER HOLDINGS INC	c EIN-PN 47-0826779-001
a	Plan name	ALTHEA B KNIGHT 401K	
b	Name of plan sponsor	ALTHEA B KNIGHT	c EIN-PN 83-3059554-001
a	Plan name	LEACH CAMPER SALES OF LINCOLN 401K PS PLAN	
b	Name of plan sponsor	LEACH CAMPER SALES OF LINCOLN	c EIN-PN 47-0630886-001

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 STEAD AUTOMOTIVE GROUP #2 401K PLAN	
b	Name of plan sponsor WAYNE STEAD CADILLAC INC	c EIN-PN 94-2673324-003
a	Plan name J&J'S TRI-STATE DELIVERY SERVICE PS PLAN	
b	Name of plan sponsor J&JS TRI-STATE DELIVERY SERVICE INC	c EIN-PN 22-2827737-001
a	Plan name UCHIDA OF AMERICA CORPORATION 401K SALARY	
b	Name of plan sponsor UCHIDA OF AMERICA CORPORATION	c EIN-PN 13-2755324-001
a	Plan name THOMAS REAL ESTATE INC 401K RETIREMENT	
b	Name of plan sponsor THOMAS REAL ESTATE INC	c EIN-PN 57-0709940-001
a	Plan name BANKS HARDWOODS INC 401K PS PLAN & TRUST	
b	Name of plan sponsor BANKS HARDWOODS INC	c EIN-PN 35-1641369-001
a	Plan name BORSHEIM JEWELRY COMPANY 401K SAVINGS PLAN	
b	Name of plan sponsor BORSHEIM JEWELRY COMPANY INC	c EIN-PN 47-0546003-001
a	Plan name ICRB 401K PLAN	
b	Name of plan sponsor INDIANA COMPENSATION RATING BUREAU	c EIN-PN 35-0837318-002
a	Plan name BAYPORT CREDIT UNION 401K PLAN AND TRUST	
b	Name of plan sponsor BAYPORT CREDIT UNION	c EIN-PN 54-0314180-002
a	Plan name THE SHERWOOD FOUNDATION 401K PSP	
b	Name of plan sponsor THE SHERWOOD FOUNDATION	c EIN-PN 47-0824755-001
a	Plan name ENVOY AEROSPACE LLC 401K PLAN	
b	Name of plan sponsor ENVOY AEROSPACE LLC	c EIN-PN 20-2712990-001
a	Plan name PATRICIA BROWN-BARNES 401K PLAN	
b	Name of plan sponsor PATRICIA BROWN-BARNES	c EIN-PN 06-1799926-001
a	Plan name MURRAY & STAFFORD INC PSP	
b	Name of plan sponsor MURRAY & STAFFORD INC	c EIN-PN 84-0568215-001

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.	OMB No. 1210-0110 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 DIRECTIONS 2 - MODERATELY CONSERVATIVE	B Three-digit plan number (PN) ▶ 242
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)	15065
		11577
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	772394
(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)	46141136
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	
(15) Other	1c(15)	

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	46928595	43734072
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	2853	2728
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	2853	2728
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	46925742	43731344

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)	39030	
(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)		39030
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds).....	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	9737092	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	8607119	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		1129973
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	2673822	
(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		3842825

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		0
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)	16004	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)	5726	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		21730
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		21730

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3821095
l Transfers of assets:			
(1) To this plan.....	2l(1)		6934817
(2) From this plan	2l(2)		13950310

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 _____.