

<p style="text-align: center;">Form 5500</p> <p style="font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="font-size: small;">Department of Labor Employee Benefits Security Administration</p> <hr/> <p style="font-size: x-small;">Pension Benefit Guaranty Corporation</p>	<p>Annual Return/Report of Employee Benefit Plan</p> <p style="font-size: x-small;">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).</p> <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
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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) P

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

<p>1a Name of plan <u>FEDERATED INSTITUTIONAL HIGH YIELD BOND</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>942</u></p>
<p>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>DFE RETURNS</u></p> <p><u>DIVERSIFIED INVESTMENT ADVISORS</u> <u>4333 EDGEWOOD RD NE, MD 0009</u> <u>CEDAR RAPIDS, IA 52499</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>36-6071399</u></p> <p>2c Plan Sponsor's telephone number <u>319-355-5357</u></p> <p>2d Business code (see instructions)</p>

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		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2025	NEIL KOENCK
	Signature of DFE	Date	Enter name of individual signing as DFE

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 _____ (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>FEDERATED INSTITUTIONAL HIGH YIELD BOND</u>	B Three-digit plan number (PN)	<u>942</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DFE RETURNS</u>	D Employer Identification Number (EIN) <u>36-6071399</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)

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	ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE 401(K) PLAN	
b	Name of plan sponsor	ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE	c EIN-PN 31-1120194-001
a	Plan name	CRAMERS' INC EMPLOYEE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CRAMERS' INC	c EIN-PN 34-0671662-001
a	Plan name	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CROWN CRAFTS, INC.	c EIN-PN 58-0678148-002
a	Plan name	CTI CONTROLTECH, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CTI CONTROLTECH, INC.	c EIN-PN 46-0470086-002
a	Plan name	ENVIRO-TOTE, INC. 401(K) PLAN	
b	Name of plan sponsor	ENVIRO-TOTE, INC.	c EIN-PN 02-0445490-001
a	Plan name	GLENWOOD ELECTRIC 401(K) PLAN	
b	Name of plan sponsor	GLENWOOD ELECTRIC	c EIN-PN 31-0913270-001
a	Plan name	GLOBAL SURVEILLANCE ASSOCIATES 401(K) PLAN	
b	Name of plan sponsor	GLOBAL SURVEILLANCE ASSOCIATES	c EIN-PN 88-0230434-001
a	Plan name	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	c EIN-PN 37-1654147-001
a	Plan name	LONG ISLAND COMPREHENSIVE, PLLC CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	c EIN-PN 37-1654147-002
a	Plan name	NATIONAL AUTOMOTIVE ROADS FUEL ASSOCIATION MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	NARFA	c EIN-PN 04-2279821-001
a	Plan name	NATIONAL WATER SERVICES 401(K) PLAN	
b	Name of plan sponsor	NATIONAL WATER SERVICES	c EIN-PN 35-2158046-222
a	Plan name	ROCKET COMPOSITES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCKET COMPOSITES, INC.	c EIN-PN 27-0395707-001

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	ROMAK IRON WORKS PROFIT SHARING PLAN	
b	Name of plan sponsor	ROMAK IRON WORKS	c EIN-PN 94-1333435-001
a	Plan name	ROY SAKUMA PRODUCTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	ROY SAKUMA PRODUCTIONS, INC.	c EIN-PN 99-0173485-001
a	Plan name	TAKANO NAKAMURA LANDSCAPING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TAKANO NAKAMURA LANDSCAPING, INC.	c EIN-PN 99-0204144-001
a	Plan name	TBC CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor	TBC CONSTRUCTION INC	c EIN-PN 45-2195554-001
a	Plan name	TURN-KEY TUNNELING, INC 401(K) PLAN	
b	Name of plan sponsor	TURN-KEY TUNNELING, INC.	c EIN-PN 05-0620667-002
a	Plan name	UNISOURCE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	UNISOURCE SOLUTIONS, INC.	c EIN-PN 95-4117599-001
a	Plan name	417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
b	Name of plan sponsor	417 ROYAL RESTAURANT, LLC	c EIN-PN 46-3172979-001
a	Plan name	ASSOCIATED CONSTRUCTION PRODUCTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ASSOCIATED CONSTRUCTION PRODUCTS, INC.	c EIN-PN 59-2692893-001
a	Plan name	BUX-MONT TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor	BUX-MONT TRANSPORTATION	c EIN-PN 23-1576223-001
a	Plan name	CADILLAC OF MAHWAH LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CADILLAC OF MAHWAH LLC	c EIN-PN 01-0950579-001
a	Plan name	EVERT & WEATHERSBY RETIREMENT PLAN	
b	Name of plan sponsor	EVERT & WEATHERSBY, LLC	c EIN-PN 58-1830721-001
a	Plan name	EVOLVE TREATMENT CENTERS 401(K) PLAN	
b	Name of plan sponsor	EVOLVE GROWTH INITIATIVE, LLC, DBA EVOLVE TREATMENT CENTERS	c EIN-PN 46-5716785-003

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
a	Plan name LONSTEIN LAW OFFICE, P.C. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor LONSTEIN LAW OFFICE, P.C.	c EIN-PN 22-2788008-001
a	Plan name MAKAI HR RETIREMENT PLAN	
b	Name of plan sponsor KCPHI SERVICES, LLC DBA MAKAI HR	c EIN-PN 82-3809240-333
a	Plan name NELSON ANALYTICAL 401(K) PLAN	
b	Name of plan sponsor NELSON ANALYTICAL, LLC	c EIN-PN 02-0527084-001
a	Plan name NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor NEVYAS EYE ASSOCIATES, P.C.	c EIN-PN 23-1715581-005
a	Plan name PHYSICIANS 401(K) SOLUTIONS	
b	Name of plan sponsor ORTHO BENEFITS CORP INC.	c EIN-PN 47-1797746-002
a	Plan name PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PILGRIM CHRISTAKIS LLP	c EIN-PN 26-3175990-001
a	Plan name PK HOUSING 401(K) PLAN	
b	Name of plan sponsor PK HOUSING AND MANAGEMENT COMPANY	c EIN-PN 38-2964283-001
a	Plan name SACATE PELLET MILLS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SACATE PELLET MILLS, INC.	c EIN-PN 86-0509246-001
a	Plan name SAN DIEGO THEATRES, INC. 401(K) PLAN	
b	Name of plan sponsor SAN DIEGO THEATRES, INC.	c EIN-PN 14-1886373-001
a	Plan name TEALL CAPITAL PARTNERS LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEALL CAPITAL PARTNERS, LLC	c EIN-PN 83-0591973-222
a	Plan name TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TECHNOFLO SYSTEMS	c EIN-PN 77-0557580-001
a	Plan name TEE BAR CORPORATION 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor TEE BAR CORPORATION	c EIN-PN 14-1437138-001

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	UNIVERSAL TANK & FABRICATION INC. 401(K) PLAN	
b	Name of plan sponsor	UNIVERSAL TANK & FABRICATION INC.	c EIN-PN 94-4428204-001
a	Plan name	SOUTH BAY FORD, INC. AND FORD WEST 401(K) PLAN	
b	Name of plan sponsor	SOUTH BAY FORD	c EIN-PN 95-4451497-001
a	Plan name	GREENWOOD MOTORS 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	GREENWOOD MOTORS	c EIN-PN 77-0560344-001
a	Plan name	TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TERESI TRUCKING, LLC	c EIN-PN 94-1712166-001
a	Plan name	TEXO MEMBERS 401(K) PLAN	
b	Name of plan sponsor	TEXO ABC/AGC, INC.	c EIN-PN 32-0274111-002
a	Plan name	THE BOYLAND GROUP 401(K) SAVINGS PLAN	
b	Name of plan sponsor	BOYLAND AUTO ORLANDO, LLC	c EIN-PN 05-0546979-001
a	Plan name	HAWTHORNE CHEVROLET 401(K) PLAN	
b	Name of plan sponsor	HAWTHORNE CHEVROLET	c EIN-PN 22-0981720-001
a	Plan name	HDR REMODELING 401(K) PLAN & TRUST	
b	Name of plan sponsor	HDR REMODELING	c EIN-PN 94-3204168-001
a	Plan name	THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST	
b	Name of plan sponsor	WMOG, INC.	c EIN-PN 34-1133357-003
a	Plan name	J & L WINES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J & L WINES, INC.	c EIN-PN 25-1434953-001
a	Plan name	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JAMES H.E. IRELAND, M.D., LLC DBA WEST OAHU NEPHROLOGY	c EIN-PN 26-2257289-001
a	Plan name	JR STRUCTURAL ENGINEERING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JR STRUCTURAL ENGINEERING, INC.	c EIN-PN 94-3347891-001

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 JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JULIE R. VANHOOSE, DMD AND KYLE GIES, DDS, PC	c EIN-PN 38-2380905-001
a	Plan name ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC. DISCRETIONARY DEFINED CONTRIBUTION / 401(K) PLAN	
b	Name of plan sponsor ASSOCIATION OF SOUTH BAY SURGEONS, A MEDICAL GROUP, INC.	c EIN-PN 95-4223153-001
a	Plan name ASTI'S SOUTH HILLS PHARMACY LLC RETIREMENT PLAN	
b	Name of plan sponsor C & G HEALTH SOLUTIONS DBA ASTIS SOUTH HILLS PHARMACY	c EIN-PN 45-5632914-001
a	Plan name ATHERTON & ASSOCIATES LLP 401(K) PLAN	
b	Name of plan sponsor ATHERTON & ASSOCIATES LLP	c EIN-PN 94-1239084-001
a	Plan name MAPLE LEAF CHEESEMAKERS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MAPLE LEAF CHEESEMAKERS, INC.	c EIN-PN 39-1895024-001
a	Plan name MCGINNIS ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor MCGINNIS ELECTRICAL CONTRACTING COMPANY	c EIN-PN 25-1151382-001
a	Plan name CALCAGNI & KANESKY LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALCAGNI & KANESKY LLP	c EIN-PN 81-2712035-001
a	Plan name CALSOFT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CALSOFT SYSTEMS	c EIN-PN 33-0593327-001
a	Plan name CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING	
b	Name of plan sponsor CAMINO FEDERAL CREDIT UNION	c EIN-PN 95-1676228-002
a	Plan name DAVID&GOLIATH EMPLOYEES 401K/PROFIT SHARING PLAN	
b	Name of plan sponsor DAVID&GOLIATH, LLC	c EIN-PN 13-4088671-001
a	Plan name DAYTON BEHAVIORAL CARE, LLC 401(K) PLAN	
b	Name of plan sponsor DAYTON BEHAVIORAL CARE, LLC	c EIN-PN 20-0273590-001
a	Plan name DE MATTEI CONSTRUCTION INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DE MATTEI CONSTRUCTION INC.	c EIN-PN 77-0210774-001

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	DONIGER/BURROUGHS 401(K)	
b	Name of plan sponsor	DONIGER/BURROUGHS	c EIN-PN 27-4329677-001
a	Plan name	SAN MARINO PEDIATRIC ASSOCIATES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SAN MARINO PEDIATRIC ASSOCIATES	c EIN-PN 80-0949721-001
a	Plan name	SANFORD'S SERVICE CENTER, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SANFORD'S SERVICE CENTER, INC.	c EIN-PN 99-0209901-001
a	Plan name	FARIA 401(K) COMMITTEE	
b	Name of plan sponsor	FARIA BEEDE INSTRUMENTS, INC.	c EIN-PN 06-0774164-001
a	Plan name	ATTAWAY SERVICES CAROLINA, INC. 401(K) PLAN	
b	Name of plan sponsor	ATTAWAY SERVICE CAROLINA, INC.	c EIN-PN 82-2912532-001
a	Plan name	AVAMAR GASTROENTEROLOGY, INC. 401 K PROFIT SHARING PLAN	
b	Name of plan sponsor	AVAMAR GASTROENTEROLOGY, INC.	c EIN-PN 34-1740051-001
a	Plan name	MEDICOM TECHNOLOGIES RETIREMENT PLAN	
b	Name of plan sponsor	MEDICOM TECHNOLOGIES, INC	c EIN-PN 47-5342804-001
a	Plan name	MERCER THOMPSON LLC 401(K) PLAN	
b	Name of plan sponsor	MERCER THOMPSON LLC	c EIN-PN 27-0253380-222
a	Plan name	MERCER THOMPSON LLC ATTORNEYS 401(K) PLAN	
b	Name of plan sponsor	MERCER THOMPSON LLC	c EIN-PN 27-0253380-777
a	Plan name	BETTER NEWSPAPERS INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BETTER NEWSPAPERS, INC.	c EIN-PN 37-1300470-001
a	Plan name	BIAERO, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BIAERO, LLC	c EIN-PN 20-1990837-001
a	Plan name	NORTHWEST 401(K) BENEFITS GROUP	
b	Name of plan sponsor	SOUND FORD, INC	c EIN-PN 91-0906207-001

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 ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ORCHESTRA MANAGEMENT SOLUTIONS	c EIN-PN 22-3737010-001
a	Plan name OUTBOARD MOTOR SHOP 401(K) PLAN	
b	Name of plan sponsor OUTBOARD MOTOR SHOP	c EIN-PN 94-3159599-001
a	Plan name PRECISION 2000 401(K) PLAN	
b	Name of plan sponsor PRECISION 2000, INC.	c EIN-PN 58-2427359-001
a	Plan name DYNAMIC RESEARCH, INC. RETIREMENT PLAN	
b	Name of plan sponsor DYNAMIC RESEARCH	c EIN-PN 95-3385947-001
a	Plan name FAXON LAW GROUP 401(K) PLAN	
b	Name of plan sponsor FAXON LAW GROUP	c EIN-PN 27-0061719-001
a	Plan name FORTIN WELDING & MANUFACTURING, INC. 401(K) PLAN	
b	Name of plan sponsor FORTIN WELDING & MANUFACTURING, INC.	c EIN-PN 31-0873755-002
a	Plan name SOUTHEAST PERSONNEL LEASING RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor SOUTHEAST PERSONNEL LEASING, INC.	c EIN-PN 59-3298197-333
a	Plan name HARBERSON HOLDINGS, INC 401(K) SAVINGS & INVESTMENT PLAN	
b	Name of plan sponsor HARBERSON HOLDINGS INC.	c EIN-PN 56-2438638-002
a	Plan name HICI 401(K) PLAN	
b	Name of plan sponsor BEAUTY CAREER'S INSTITUTE, INC.	c EIN-PN 65-1025807-001
a	Plan name THE SCHUMACHER CONSTRUCTION COMPANY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor THE SCHUMACHER CONSTRUCTION COMPANY	c EIN-PN 34-1091859-001
a	Plan name THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor THE WORTHE REAL ESTATE GROUP, INC.	c EIN-PN 95-4521084-001
a	Plan name ADAPTIVE SOLUTIONS MULTI SERVICES 401(K) PLAN	
b	Name of plan sponsor ADAPTIVE SOLUTIONS MULTI SERVICES PLLC	c EIN-PN 27-4147286-001

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 JEFFREY A. WELLER, D.D.S., PC 401(K) PLAN	
b	Name of plan sponsor JEFFREY A. WELLER, D.D.S., PC	c EIN-PN 36-4052634-777
a	Plan name VALLEY ALLERGY CLINIC, PC EMPLOYEES PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor VALLEY ALLERGY CLINIC, PC.	c EIN-PN 38-2209197-001
a	Plan name VAN DE POEL, LEVY, THOMAS LLP 401(K) PLAN	
b	Name of plan sponsor VAN DE POEL	c EIN-PN 68-0485819-001
a	Plan name KELLEHER + HOLLAND GROUP 401(K) PLAN	
b	Name of plan sponsor KELLEHER + HOLLAND, LLC	c EIN-PN 85-2363788-001
a	Plan name AGILEX BUSINESS SOLUTIONS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor AGILEX BUSINESS SOLUTIONS, LLC	c EIN-PN 81-1011017-001
a	Plan name BADGER TRUCK & AUTOMOTIVE GROUP 401(K) PLAN	
b	Name of plan sponsor BADGER TRUCK & AUTOMOTIVE GROUP	c EIN-PN 39-1044839-002
a	Plan name BIOTAP MEDICAL 401K RETIREMENT PLAN	
b	Name of plan sponsor VERRALAB JA, LLC	c EIN-PN 45-4430352-001
a	Plan name BISCO 401K PLAN	
b	Name of plan sponsor BONNEVILLE INDUSTRIAL SUPPLY	c EIN-PN 87-0329139-001
a	Plan name BLUE DARNER GROUP, LTD PROFIT SHARING PLAN	
b	Name of plan sponsor BLUE DARNER GROUP, LTD	c EIN-PN 20-3008356-001
a	Plan name CEDAR HILL FURNITURE 401(K) SAFE HARBOR PROFIT SHARING PLAN	
b	Name of plan sponsor GFS CORP; CEDAR HILL COMFORT SHOPPE DBA CEDAR HILL FURNITURE	c EIN-PN 31-0920114-001
a	Plan name DIFIORE CONSTRUCTION, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor DIFIORE CONSTRUCTION, INC.	c EIN-PN 16-0741509-002
a	Plan name DIGESTIVE CARE MEDICAL CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DIGESTIVE CARE MEDICAL CENTER, INC.	c EIN-PN 75-3037371-003

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ECG, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ECG, INC.	c EIN-PN 22-2944262-001
a	Plan name	ECOLOGY SERVICES, INC. (NON-UNION) 401(K) PLAN	
b	Name of plan sponsor	ECOLOGY SERVICES, INC.	c EIN-PN 52-1633982-002
a	Plan name	ECOLOGY SERVICES, INC. UNION 401(K) PLAN	
b	Name of plan sponsor	ECOLOGY SERVICES, INC.	c EIN-PN 52-1633980-001
a	Plan name	HARMS CARPET CENTER, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	HARMS CARPET CENTER, INC.	c EIN-PN 34-1327861-001
a	Plan name	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	HAWAII DIAGNOSTIC RADIOLOGY SERVICES, LLC	c EIN-PN 99-0143112-001
a	Plan name	HINSHAW, MARSH, STILL & HINSHAW, LLP PROFIT SHARING AND TAX DEFERRED SAVINGS PLAN	
b	Name of plan sponsor	HINSHAW, MARSH, STILL & HINSHAW, LLP	c EIN-PN 35-2447620-001
a	Plan name	JOHN MULLEN & COMPANY, INC. 401(K) RETIREMENT SAVINGS PLAN - PLAN A	
b	Name of plan sponsor	JOHN MULLEN & COMPANY, INC.	c EIN-PN 99-0109877-001
a	Plan name	JOLI DIAGNOSTIC, INC. 401(K) PLAN	
b	Name of plan sponsor	JOLI DIAGNOSTIC, INC.	c EIN-PN 16-1454895-001
a	Plan name	JOSEPH J. SCHIFINI MD, LTD 401(K) PLAN	
b	Name of plan sponsor	JOSEPH J. SCHIFINI MD, LTD	c EIN-PN 88-0424633-001
a	Plan name	KINGDOM TITLE SOLUTIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	KINGDOM TITLE SOLUTIONS, INC.	c EIN-PN 20-8646472-001
a	Plan name	PRODUCT DEVELOPMENT ASSOCIATES RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	PRODUCT DEVELOPMENT ASSOCIATES, INC.	c EIN-PN 41-1791080-001
a	Plan name	PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001

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 PROFILE RACING INC. EMPLOYEE RETIREMENT PLAN	
b	Name of plan sponsor PROFILE RACING, INC.	c EIN-PN 22-1921633-001
a	Plan name PROJECT C.U.R.E., INC. 401(K) PLAN	
b	Name of plan sponsor PROJECT C.U.R.E., INC.	c EIN-PN 31-0804358-001
a	Plan name PROPACK LOGISTICS US, LLC 401(K) PLAN	
b	Name of plan sponsor PROPACK LOGISTICS US, LLC	c EIN-PN 82-1965778-001
a	Plan name RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RALPH BRENNAN RESTAURANT GROUP, L.L.C.	c EIN-PN 72-1350467-001
a	Plan name RED RIVER MANAGEMENT 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor RED RIVER MANAGEMENT	c EIN-PN 30-0220873-001
a	Plan name SHIPMAN DIXON & LIVINGSTON CO. LPA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHIPMAN DIXON & LIVINGSTON	c EIN-PN 31-1434412-601
a	Plan name SIGNALS AUDIO VIDEO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SIGNALS AUDIO VIDEO, INC.	c EIN-PN 95-4602729-001
a	Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a	Plan name WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	c EIN-PN 86-1091681-001
a	Plan name AMERICAN MARINE SERVICES GROUP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN WORKBOATS, INC.	c EIN-PN 99-0164323-001
a	Plan name BLUEBERRY BLVD., LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BLUEBERRY BLVD., LLC	c EIN-PN 11-3559983-001
a	Plan name BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor BOLAND MARINE & INDUSTRIAL, LLC	c EIN-PN 85-0485227-001

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	COLUMBUS PACIFIC DEVELOPMENT LLC 401(K) PLAN	
b	Name of plan sponsor	COLUMBUS PACIFIC DEVELOPMENT LLC	c EIN-PN 81-3151427-001
a	Plan name	COLUMBUS PACIFIC PROPERTIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLUMBUS PACIFIC PROPERTIES, INC.	c EIN-PN 31-1480429-003
a	Plan name	ELEVATED SOLAR PERFORMANCE, INC. 401K PLAN	
b	Name of plan sponsor	ELEVATED SOLAR PERFORMANCE, INC.	c EIN-PN 81-3830390-001
a	Plan name	PASADENA CHAMBER OF COMMERCE MEMBER RETIREMENT PLAN	
b	Name of plan sponsor	CHAMBER OF COMMERCE AND CIVIC ASSOCIATION OF PASADENA	c EIN-PN 95-0616125-002
a	Plan name	STORMS DWORAK LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	STORMS DWORAK, LLC	c EIN-PN 46-2104644-001
a	Plan name	TITUS PRECISION 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TITUS PRECISION COMPANY	c EIN-PN 87-3842552-222
a	Plan name	TOTAL RETIREMENT SOLUTIONS POOLED EMPLOYER PLAN	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-315
a	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001
a	Plan name	WINDES, INC. RETIREMENT TRUST	
b	Name of plan sponsor	WINDES, INC.	c EIN-PN 95-3001179-016
a	Plan name	ANDERSON TRANSPORTATION COMPANY, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	ANDERSON TRANSPORTATION COMPANY, INC.	c EIN-PN 36-3606920-001
a	Plan name	BONDY-HANEY SERVICE, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	BONDY-HANEY SERVICE, INC.	c EIN-PN 95-2391151-002
a	Plan name	BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN	
b	Name of plan sponsor	BOO-KER OIL & GAS CORP.	c EIN-PN 72-0750276-001

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	BOS ENTERTAINMENT, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BOS ENTERTAINMENT, INC. DBA THE EXCHANGE	c EIN-PN 45-1962530-001
a	Plan name	CONSTRUCTION INDUSTRY 401(K) PLAN	
b	Name of plan sponsor	BUILDERS EXCHANGE OF SOUTHERN TIER, INC.	c EIN-PN 16-0820649-333
a	Plan name	IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	IAI AMERICA, INC.	c EIN-PN 33-0337859-001
a	Plan name	IBP & HPI 401(K) PLAN	
b	Name of plan sponsor	ISLAND BREEZE PRODUCTIONS, INC.	c EIN-PN 99-0276955-001
a	Plan name	MONROVIA CHAMBER MEMBER 401(K) PLAN	
b	Name of plan sponsor	MONROVIA CHAMBER OF COMMERCE	c EIN-PN 95-1019540-001
a	Plan name	MONTANA HEALTH NETWORK 401(K) PLAN	
b	Name of plan sponsor	MONTANA HEALTH NETWORK	c EIN-PN 81-0440728-002
a	Plan name	PATRIOT HEALTH PARTNERS INC. MULTIPLE EMPLOYER PLAN	
b	Name of plan sponsor	PATRIOT HEALTH PARTNERS INC.	c EIN-PN 84-1755108-001
a	Plan name	RFC RETIREMENT PLAN	
b	Name of plan sponsor	ROMANOFF FLOOR COVERING, INC.	c EIN-PN 58-1349072-001
a	Plan name	SUNDOWN RANCH, INC. 401(K) PLAN	
b	Name of plan sponsor	SUNDOWN RANCH, INC.	c EIN-PN 75-2195214-001
a	Plan name	SUPERIOR STEEL PRODUCTS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	SUPERIOR STEEL PRODUCTS, INC.	c EIN-PN 82-0484250-001
a	Plan name	SURGICAL ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SURGICAL ASSOCIATES, INC.	c EIN-PN 99-0287995-002
a	Plan name	SUSTAINABLEHR RETIREMENT PLAN	
b	Name of plan sponsor	SUSTAINABLEHR PEO, LLC	c EIN-PN 84-2747571-001

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	TOYOTA BOSHOKU AKI USA, LLC 401(K) PLAN	
b	Name of plan sponsor	TOYOTA BOSHOKU AKI USA, LLC	c EIN-PN 84-2857865-001
a	Plan name	WITMER'S, INC. 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	WITMER'S, INC.	c EIN-PN 34-1016582-001
a	Plan name	WORKCENTRIC RETIREMENT SAVINGS PROGRAM	
b	Name of plan sponsor	WORKCENTRIC, LLC	c EIN-PN 84-3894931-333
a	Plan name	MPRM, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MPRM, LLC	c EIN-PN 95-4676804-001
a	Plan name	NAMDHARI USAGRISEEDS, INC. 401(K) PLAN	
b	Name of plan sponsor	NAMDHARI USAGRISEEDS, INC.	c EIN-PN 26-4558159-001
a	Plan name	NATIONAL AUTO CARE 401(K) PLAN	
b	Name of plan sponsor	NATIONAL AUTO CARE CORP.	c EIN-PN 31-1115893-001
a	Plan name	RIDGEMONT EQUITY PARTNERS 401(K) PLAN	
b	Name of plan sponsor	RIDGEMONT EQUITY PARTNERS	c EIN-PN 27-2566095-001
a	Plan name	RIVERSIDE MFG., LLC 401(K) PLAN	
b	Name of plan sponsor	RIVERSIDE MFG., LLC	c EIN-PN 26-0332652-001
a	Plan name	ZIMA HOLDINGS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ZIMA HOLDINGS INC	c EIN-PN 82-4032100-002
a	Plan name	ANIMAL & BIRD HOSPITAL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ANIMAL & BIRD HOSPITAL, INC.	c EIN-PN 33-0078013-001
a	Plan name	BRIAN S. KUBO, DDS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRIAN S. KUBO, DDS, INC.	c EIN-PN 99-0333085-001
a	Plan name	BRONX PARK REHABILITATION AND NURSING CENTER 401(K) PLAN	
b	Name of plan sponsor	WHITE PLAINS NURSING HOME INC. D/B/A BRONX PARK	c EIN-PN 13-3992987-001

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	BRYAN CHEVROLET, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BRYAN CHEVROLET LLC	c EIN-PN 72-0477660-001
a	Plan name	CONTECH INSTRUMENTATION, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTECH INSTRUMENTATION, INC.	c EIN-PN 22-3226840-001
a	Plan name	CONTRACT ENVIRONMENTS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CONTRACT ENVIRONMENTS, INC.	c EIN-PN 51-0301181-001
a	Plan name	CORPORATE BUILDING SERVICES INC. 401(K) PLAN	
b	Name of plan sponsor	CORPORATE BUILDING SERVICES INC	c EIN-PN 14-1732520-001
a	Plan name	EMPLOYERS RESOURCE 401(K) PLAN	
b	Name of plan sponsor	EMPLOYERS RESOURCE	c EIN-PN 33-0688056-002
a	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001
a	Plan name	INSPIRING HEALTHCARE RESOURCES 401(K) PLAN	
b	Name of plan sponsor	INSPIRING HEALTHCARE RESOURCES, LLC	c EIN-PN 45-0663989-001
a	Plan name	INSTANT INFOSYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	INSTANT INFOSYSTEMS	c EIN-PN 95-4400744-001
a	Plan name	LEGON FODIMAN & SUDDUTH, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor	LEGON FODIMAN & SUDDUTH, P.A.	c EIN-PN 65-0520887-001
a	Plan name	LIBERTY RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	PLAN PROFESSIONALS, LLC D/B/A NPPG PLAN PROFESSIONALS	c EIN-PN 85-3213245-777
a	Plan name		
b	Name of plan sponsor		c EIN-PN
a	Plan name		
b	Name of plan sponsor		c EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024	
A Name of plan FEDERATED INSTITUTIONAL HIGH YIELD BOND	B Three-digit plan number (PN) ▶ 942
C Plan sponsor's name as shown on line 2a of Form 5500 DFE RETURNS	D Employer Identification Number (EIN) 36-6071399

Part I	Asset and Liability Statement
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1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(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)	12777544
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	13196686
(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	12777544	13196686
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	12777544	13196686

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)		
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)		
(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)		
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)		
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	845198	
(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		845198

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)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		845198
l Transfers of assets:			
(1) To this plan.....	2l(1)		2129347
(2) From this plan	2l(2)		2555403

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 _____.