

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

2024

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

- 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 [X] 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

1a Name of plan: EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT TRUSTS-MANNING & NAPIER PRO-MIX EXTENDED TERM COLLECTIVE INV TRUST
1b Three-digit plan number (PN): 010
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): EXETER TRUST COMPANY
Mailing address (include room, apt., suite no. and street, or P.O. Box): NEW YORK REPRESENTATIVE OFFICE, 290 WOODCLIFF DR, FAIRPORT, NY 14450-4212
2b Employer Identification Number (EIN): 02-0476209
2c Plan Sponsor's telephone number: 585-325-6880
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

<b>3a</b> Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor  EXETER TRUST COMPANY NEW YORK REPRESENTATIVE OFFICE 290 WOODCLIFF DRIVE FAIRPORT, NY 14450-4212	<b>3b</b> Administrator's EIN 02-0476209  <b>3c</b> Administrator's telephone number 585-325-6880																				
<b>4</b> If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: <b>a</b> Sponsor's name <b>c</b> Plan Name	<b>4b</b> EIN  <b>4d</b> PN																				
<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>																				
<b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). <b>a(1)</b> Total number of active participants at the beginning of the plan year ..... <b>a(2)</b> Total number of active participants at the end of the plan year ..... <b>b</b> Retired or separated participants receiving benefits..... <b>c</b> Other retired or separated participants entitled to future benefits ..... <b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> ..... <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. .... <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> ..... <b>g(1)</b> Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) ..... <b>g(2)</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) ..... <b>h</b> Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100px;"><b>6a(1)</b></td><td></td></tr> <tr><td><b>6a(2)</b></td><td></td></tr> <tr><td><b>6b</b></td><td></td></tr> <tr><td><b>6c</b></td><td></td></tr> <tr><td><b>6d</b></td><td></td></tr> <tr><td><b>6e</b></td><td></td></tr> <tr><td><b>6f</b></td><td></td></tr> <tr><td><b>6g(1)</b></td><td></td></tr> <tr><td><b>6g(2)</b></td><td></td></tr> <tr><td><b>6h</b></td><td></td></tr> </table>	<b>6a(1)</b>		<b>6a(2)</b>		<b>6b</b>		<b>6c</b>		<b>6d</b>		<b>6e</b>		<b>6f</b>		<b>6g(1)</b>		<b>6g(2)</b>		<b>6h</b>	
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<b>6h</b>																					
<b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....	<b>7</b>																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code 0

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<b>SCHEDULE D</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>	<b>DFE/Participating Plan Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).  <b>▶ File as an attachment to Form 5500.</b>	<small>OMB No. 1210-0110</small>  <b>2024</b>  <b>This Form is Open to Public Inspection.</b>
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For calendar plan year 2024 or fiscal plan year beginning 03/01/2024 and ending 02/28/2025

<b>A</b> Name of plan <u>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT TRUSTS-MANNING &amp; NAPIER PRO-MIX EXTENDED TERM COLLECTIVE INV TRUST</u>	<b>B</b> Three-digit plan number (PN)	<u>010</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EXETER TRUST COMPANY</u>	<b>D</b> Employer Identification Number (EIN) <u>02-0476209</u>	

<b>Part I</b>	<b>Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)</b> (Complete as many entries as needed to report all interests in DFEs)
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<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
<b>c</b> EIN-PN	<b>d</b> Entity code	<b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
<b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:		
<b>b</b> Name of sponsor of entity listed in (a):		
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<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS CORPORATION	<b>c</b> EIN-PN 54-2061431-001
<b>a</b>	Plan name	ABSOLUTE ENERGY RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ABSOLUTE ENERGY	<b>c</b> EIN-PN 20-3841025-001
<b>a</b>	Plan name	ADVANCED AESTHETICS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	ADVANCED AESTHETICS, INC.	<b>c</b> EIN-PN 87-0514110-001
<b>a</b>	Plan name	AIR SYSTEMS LLC PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AIR SYSTEMS LLC	<b>c</b> EIN-PN 61-1497192-001
<b>a</b>	Plan name	ALERT-O-LITE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALERT-O-LITE, INC.	<b>c</b> EIN-PN 94-2752915-001
<b>a</b>	Plan name	ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ALL SEASONS WINDOW & DOOR MFG., INC.	<b>c</b> EIN-PN 75-1868821-001
<b>a</b>	Plan name	ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ALLEVITY, INC.	<b>c</b> EIN-PN 94-2264491-001
<b>a</b>	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AREA AMBULANCE SERVICE	<b>c</b> EIN-PN 20-3693455-001
<b>a</b>	Plan name	ARTS CENTER ASSOCIATION 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	ARTS CENTER ASSOCIATION	<b>c</b> EIN-PN 59-6163303-002
<b>a</b>	Plan name	ASBESTOS WORKERS LOCAL 2 ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES ASBESTOS WORKERS LOCAL 2 ANNUITY PLAN	<b>c</b> EIN-PN 25-1400090-002
<b>a</b>	Plan name	ASBESTOS WORKERS SYRACUSE ANNUITY FUND	
<b>b</b>	Name of plan sponsor	ASBESTOS WORKERS SYRACUSE ANNUITY FUND	<b>c</b> EIN-PN 16-1298413-002
<b>a</b>	Plan name	AVENUE CAPITAL GROUP AND AFFILIATES 401K PROFIT SHARING	
<b>b</b>	Name of plan sponsor	AVENUE CAPITAL MANAGEMENT II, LP	<b>c</b> EIN-PN 52-2258514-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	AVKARE, INC. 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	AVKARE, INC.	<b>c</b> EIN-PN 20-8622803-001
<b>a</b>	Plan name	BALTZ ANTONE AB3 401K	
<b>b</b>	Name of plan sponsor	ANTONE E. BALTZ III DBA AB3	<b>c</b> EIN-PN 87-3035894-001
<b>a</b>	Plan name	BEARDOWADAMS, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	BEARDOWADAMS, INC	<b>c</b> EIN-PN 99-0372789-001
<b>a</b>	Plan name	BERK EYE CARE CENTER 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	BERK EYE CARE CENTER	<b>c</b> EIN-PN 31-1261693-001
<b>a</b>	Plan name	BLUSTEIN, SHAPIRO, RICH & BARONE, LLP 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	BLUSTEIN, SHAPIRO, RICH & BARONE, LLP	<b>c</b> EIN-PN 13-4065219-001
<b>a</b>	Plan name	BOATMATE TRAILERS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOATMATE TRAILERS, LLC	<b>c</b> EIN-PN 20-8965178-001
<b>a</b>	Plan name	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOYS & GIRLS CLUB OF BELLEVUE	<b>c</b> EIN-PN 91-0776451-002
<b>a</b>	Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE	<b>c</b> EIN-PN 13-4021585-001
<b>a</b>	Plan name	BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BUILDERS IRON	<b>c</b> EIN-PN 38-3128186-001
<b>a</b>	Plan name	CABERY FERTILIZER, INC. PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CABERY FERTILIZER, INC.	<b>c</b> EIN-PN 37-0909029-001
<b>a</b>	Plan name	CALIBER SOLUTIONS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIME ELECTRICAL WBE, LLC DBA CALIBER SOLUTIONS	<b>c</b> EIN-PN 26-4751651-001
<b>a</b>	Plan name	CARRION, LAFFITTE & CASELLAS, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	CARRION, LAFFITTE & CASELLAS, INC.	<b>c</b> EIN-PN 66-0635623-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	CCK BUILDERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CCK BUILDERS, INC.	<b>c</b> EIN-PN 20-1921403-001
<b>a</b>	Plan name	CHILD CARE COUNCIL OF KENTUCKY, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CHILD CARE COUNCIL OF KENTUCKY, INC.	<b>c</b> EIN-PN 31-1102545-001
<b>a</b>	Plan name	CLARITY TELECOM, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CLARITY TELECOM, LLC DBA VAST BROADBAND	<b>c</b> EIN-PN 46-2667900-001
<b>a</b>	Plan name	COLEMAN, HAZZARD, & TAYLOR, P.A. 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	COLEMAN, HAZZARD, & TAYLOR, P.A.	<b>c</b> EIN-PN 20-1618587-001
<b>a</b>	Plan name	COMMUNITY STATE BANK 401(K) PLAN	
<b>b</b>	Name of plan sponsor	COMMUNITY STATE BANK	<b>c</b> EIN-PN 26-0620241-001
<b>a</b>	Plan name	CONTEMPORARY GRAPHICS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CONTEMPORARY GRAPHICS, INC.	<b>c</b> EIN-PN 22-2889890-001
<b>a</b>	Plan name	CONTRACT TRANSPORT, INC 401(K) PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	CONTRACT TRANSPORT, INC	<b>c</b> EIN-PN 42-0981821-002
<b>a</b>	Plan name	CPMM SERVICES GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	CPMM SERVICES GROUP, INC.	<b>c</b> EIN-PN 31-1579010-001
<b>a</b>	Plan name	CPS SACRAMENTO 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	LAWRENCE B. LONG INSURANCE SERVICES, INC. DBA CPS SACRAMENTO	<b>c</b> EIN-PN 68-0046629-001
<b>a</b>	Plan name	CREATIVE FOOD INGREDIENTS, INC. PROFIT SHARING 401(K)	
<b>b</b>	Name of plan sponsor	CREATIVE FOOD INGREDIENTS, INC.	<b>c</b> EIN-PN 98-0449100-001
<b>a</b>	Plan name	D'AMICO LAW OFFICES LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DAMICO LAW OFFICES LLC	<b>c</b> EIN-PN 81-1130413-001
<b>a</b>	Plan name	DESIGN SPACE INPHARMATICS, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	DESIGN SPACE INPHARMATICS, LLC	<b>c</b> EIN-PN 35-2306710-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name <a href="#">DIPONIO CONTRACTING, INC. 401(K) PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">DIPONIO CONTRACTING, INC.</a>	<b>c</b> EIN-PN <a href="#">20-8039399-001</a>
<b>a</b>	Plan name <a href="#">EANMOR, LLC INDIVIDUAL 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EANMOR LLC</a>	<b>c</b> EIN-PN <a href="#">47-2170480-002</a>
<b>a</b>	Plan name <a href="#">EL PASO INTEGRATED PHYSICIANS GROUP, P.A 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EL PASO INTEGRATED PHYSICIANS GROUP, P.A.</a>	<b>c</b> EIN-PN <a href="#">74-2838972-001</a>
<b>a</b>	Plan name <a href="#">EMPIRE CONTROL ABATEMENT, INC. PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMPIRE CONTROL ABATEMENT, INC.</a>	<b>c</b> EIN-PN <a href="#">11-2945779-001</a>
<b>a</b>	Plan name <a href="#">EMPLOYERS RESOURCE 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">EMPLOYERS RESOURCE</a>	<b>c</b> EIN-PN <a href="#">33-0688056-002</a>
<b>a</b>	Plan name <a href="#">EPLAN SERVICES GROUP TRUST</a>	
<b>b</b>	Name of plan sponsor <a href="#">EPLAN SERVICES GROUP TRUST</a>	<b>c</b> EIN-PN <a href="#">77-6214267-001</a>
<b>a</b>	Plan name <a href="#">EXPRESSWAY TRANSPORTATION 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">BILL T. FARRIS &amp; ASSOCIATES, INC., DBA EXPRESSWAY TRANSPORTATION</a>	<b>c</b> EIN-PN <a href="#">33-0547710-001</a>
<b>a</b>	Plan name <a href="#">FIRST COMMUNITY NATIONAL BANK EMPLOYEES SAVINGS &amp; RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FIRST COMMUNITY NATIONAL BANK</a>	<b>c</b> EIN-PN <a href="#">43-0224380-001</a>
<b>a</b>	Plan name <a href="#">FRIEDMAN, FRIEDMAN &amp; LONG, PA 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">FRIEDMAN, FRIEDMAN &amp; LONG PA</a>	<b>c</b> EIN-PN <a href="#">46-4480334-001</a>
<b>a</b>	Plan name <a href="#">GARRY L. JOHNSON &amp; ASSOCIATES, INC. RETIREMENT PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GARRY L. JOHNSON &amp; ASSOCIATES, INC.</a>	<b>c</b> EIN-PN <a href="#">86-0616252-001</a>
<b>a</b>	Plan name <a href="#">GASTROENTEROLOGY GROUP OF ROCHESTER LLP PROFIT SHARING AND 401(K) PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GASTROENTEROLOGY GROUP OF ROCHESTER LLP</a>	<b>c</b> EIN-PN <a href="#">16-1563898-001</a>
<b>a</b>	Plan name <a href="#">GRASSI &amp; GRASSI PC PROFIT SHARING PLAN</a>	
<b>b</b>	Name of plan sponsor <a href="#">GRASSI &amp; GRASSI PC</a>	<b>c</b> EIN-PN <a href="#">16-1003269-001</a>

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	GREEN FRONT FURNITURE COMPANY, INC. 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	GREEN FRONT FURNITURE COMPANY, INC.	<b>c</b> EIN-PN 54-0837729-003
<b>a</b>	Plan name	GREENBERG, WEXLER & EIG LLC 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	GREENBERG, WEXLER & EIG, LLC	<b>c</b> EIN-PN 52-2339344-001
<b>a</b>	Plan name	GREENLEAF JOB TRAINING SERVICES 401K	
<b>b</b>	Name of plan sponsor	GREENLEAF JOB TRAINING SERVICES	<b>c</b> EIN-PN 36-4984449-001
<b>a</b>	Plan name	GROSS SHUMAN BRIZDLE & GILFILLAN, PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GROSS, SHUMAN, BRIZDLE & GILFILLAN, PC	<b>c</b> EIN-PN 16-1233539-003
<b>a</b>	Plan name	GUARDHILL FINANCIAL CORP. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	GUARDHILL FINANCIAL CORP.	<b>c</b> EIN-PN 13-3670961-001
<b>a</b>	Plan name	HAYNES-EAGLIN-WATERS, LLP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HAYNES-EAGLIN-WATERS, LLP	<b>c</b> EIN-PN 74-2493879-001
<b>a</b>	Plan name	HEIDELBERG RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	HEIDELBERG AMERICAS, INC.	<b>c</b> EIN-PN 59-2272302-015
<b>a</b>	Plan name	HIGH DESERT COMMUNICATIONS, INC. 401(K)	
<b>b</b>	Name of plan sponsor	HIGH DESERT COMMUNICATIONS, INC.	<b>c</b> EIN-PN 86-0879788-001
<b>a</b>	Plan name	HOLTORF MEDICAL GROUP, INC. PROFIT SHARING	
<b>b</b>	Name of plan sponsor	HOLTORF MEDICAL GROUP, INC.	<b>c</b> EIN-PN 52-2401779-002
<b>a</b>	Plan name	HS1 MEDICAL MANAGEMENT, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	HS1 MEDICAL MANAGEMENT, INC	<b>c</b> EIN-PN 65-0622851-002
<b>a</b>	Plan name	IMPORT LOGISTICS, INC. 401(K) RETIREMENT	
<b>b</b>	Name of plan sponsor	IMPORT LOGISTICS, INC.	<b>c</b> EIN-PN 36-3798354-001
<b>a</b>	Plan name	INTEGRATED LEADERSHIP SYSTEMS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	INTEGRATED LEADERSHIP SYSTEMS	<b>c</b> EIN-PN 94-3462501-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	IP.COM/TEXTWISE 401(K) PLAN	
<b>b</b>	Name of plan sponsor	IP.COM I, LLC	<b>c</b> EIN-PN 27-1521319-001
<b>a</b>	Plan name	J.M. O'NEILL, INC. 401(K) PROFIT SHARING	
<b>b</b>	Name of plan sponsor	J.M. ONEILL, INC.	<b>c</b> EIN-PN 94-2918101-001
<b>a</b>	Plan name	JAY-K INDEPENDENT LUMBER PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	JAY-K INDEPENDENT LUMBER	<b>c</b> EIN-PN 15-0350238-001
<b>a</b>	Plan name	JENNIFER LEPORE CPA, LLC 401(K)	
<b>b</b>	Name of plan sponsor	JENNIFER LEPORE CPA, LLC	<b>c</b> EIN-PN 20-5782479-001
<b>a</b>	Plan name	JETSON TV & APPLIANCE CENTERS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JETSON TV & APPLIANCE CENTERS, INC.	<b>c</b> EIN-PN 59-1508381-001
<b>a</b>	Plan name	JOHN MILLS ELECTRIC INC PSP	
<b>b</b>	Name of plan sponsor	JOHN MILLS ELECTRIC INC	<b>c</b> EIN-PN 16-1293489-001
<b>a</b>	Plan name	KARNES ELECTRIC COOPERATIVE, INC. 401(K)	
<b>b</b>	Name of plan sponsor	KARNES ELECTRIC COOPERATIVE, INC.	<b>c</b> EIN-PN 74-0720615-002
<b>a</b>	Plan name	KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KINGBRIGHT CORPORATION	<b>c</b> EIN-PN 95-4251792-001
<b>a</b>	Plan name	KIRT04 PEO RETIREMENT	
<b>b</b>	Name of plan sponsor	KIRT04	<b>c</b> EIN-PN 45-1965930-001
<b>a</b>	Plan name	KNS INTERNATIONAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	KNS INTERNATIONAL	<b>c</b> EIN-PN 42-1539365-001
<b>a</b>	Plan name	LAKHANI & JORDAN PC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	LAKHANI & JORDAN ENGINEERS, PC	<b>c</b> EIN-PN 13-3695218-003
<b>a</b>	Plan name	MACKENZIE HUGHES LLP RETIREMENT PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	MACKENZIE HUGHES, LLP	<b>c</b> EIN-PN 01-0690915-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name MANNING & NAPIER ADVISORS, LLC 401(K) & PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MANNING & NAPIER ADVISORS, LLC	<b>c</b> EIN-PN 45-3240790-003
<b>a</b>	Plan name MANNING SQUIRES HENNIG CO. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MANNING, SQUIRES, HENNIG CO., INC.	<b>c</b> EIN-PN 16-0851503-001
<b>a</b>	Plan name MCDERMOTT-COSTA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MCDERMOTT-COSTA, INC.	<b>c</b> EIN-PN 94-1375883-002
<b>a</b>	Plan name METRO MARKETS MEDIA 401K	
<b>b</b>	Name of plan sponsor METRO MARKETS MEDIA	<b>c</b> EIN-PN 81-4517505-001
<b>a</b>	Plan name MIDWEST NEUROSCIENCES ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	<b>c</b> EIN-PN 39-1832237-002
<b>a</b>	Plan name MILLER FUNERAL HOMES 401(K) PSP	
<b>b</b>	Name of plan sponsor MILLER FUNERAL HOMES, INC.	<b>c</b> EIN-PN 16-0910009-001
<b>a</b>	Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MJD TRUCKING, INC.	<b>c</b> EIN-PN 65-0831291-001
<b>a</b>	Plan name MOLECULAR PATHOLOGY LABORATORY NETWORK, INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MOLECULAR PATHOLOGY LABORATORY NETWORK, INC.	<b>c</b> EIN-PN 81-0587881-001
<b>a</b>	Plan name MOORE & JACKSON, LLC RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor MOORE & JACKSON, LLC	<b>c</b> EIN-PN 52-2336032-001
<b>a</b>	Plan name MORRIS MULTIMEDIA INC. PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor MORRIS MULTIMEDIA INC	<b>c</b> EIN-PN 58-1093589-001
<b>a</b>	Plan name MUNCIE FAMILY DENTAL CARE, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor MUNCIE FAMILY DENTAL CARE, INC.	<b>c</b> EIN-PN 35-1520023-001
<b>a</b>	Plan name NATIONAL PSORIASIS FOUNDATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor NATIONAL PSORIASIS FOUNDATION	<b>c</b> EIN-PN 93-0571472-001

Part II	Information on Participating Plans (to be completed by DFEs, other than DCGs)	
	(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)	
<b>a</b>	Plan name NATIONAL RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor NATIONAL RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 45-4813651-001
<b>a</b>	Plan name NEWPORT TRUST COMPANY KPI 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NEWPORT TRUST COMPANY	<b>c</b> EIN-PN 87-1039415-001
<b>a</b>	Plan name NICK SANTAMARIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor NICK SANTAMARIA 401(K) PLAN	<b>c</b> EIN-PN 93-4164532-001
<b>a</b>	Plan name NORTHERN ENERGY SERVICES, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor NORTHERN ENERGY SERVICES, INC.	<b>c</b> EIN-PN 04-3308382-001
<b>a</b>	Plan name NORTHLAND CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor NORTHLAND CORPORATION	<b>c</b> EIN-PN 61-0623284-001
<b>a</b>	Plan name OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT	
<b>b</b>	Name of plan sponsor OUTAGAMIE CO-OP SERVICES, INC.	<b>c</b> EIN-PN 39-1316865-001
<b>a</b>	Plan name P/A INDUSTRIES INC 401(K) PS	
<b>b</b>	Name of plan sponsor P/A INDUSTRIES INC.	<b>c</b> EIN-PN 06-0862210-001
<b>a</b>	Plan name PARKWEST WOMEN'S HEALTH PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PARKWEST WOMENS HEALTH PC	<b>c</b> EIN-PN 16-0976609-001
<b>a</b>	Plan name PEAK PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PEAK PEDIATRICS, PLLC	<b>c</b> EIN-PN 84-1564538-001
<b>a</b>	Plan name PENSION SAVINGS PLAN FOR EMPLOYEES OF TELESCOPE CASUAL FURNITURE, INC.	
<b>b</b>	Name of plan sponsor TELESCOPE CASUAL FURNITURE, INC.	<b>c</b> EIN-PN 14-1110750-003
<b>a</b>	Plan name PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor PINNACLE EMPLOYEE SERVICES, LLC	<b>c</b> EIN-PN 47-1368882-333
<b>a</b>	Plan name PRECISION INDUSTRIAL CONTRACTORS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor PRECISION INDUSTRIAL CONTRACTORS, INC.	<b>c</b> EIN-PN 91-2139290-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
<small>(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)</small>			
<b>a</b>	Plan name	PRIEST AMISTADI CREEDON PROFIT SHARING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PRIEST AMISTADI CREEDON	<b>c</b> EIN-PN 94-2507389-001
<b>a</b>	Plan name	RAYO WHOLESALE, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	RAYO WHOLESALE, INC.	<b>c</b> EIN-PN 33-0764606-001
<b>a</b>	Plan name	RETIREMENT SAVINGS PLAN AND TRUST OF RAO MANUFACTURING COMPANY	
<b>b</b>	Name of plan sponsor	RAO MANUFACTURING COMPANY	<b>c</b> EIN-PN 41-0494610-002
<b>a</b>	Plan name	SAVINIS, D'AMICO, AND KANE, LLC 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	SAVINIS, DAMICO, AND KANE, LLC	<b>c</b> EIN-PN 33-1081601-001
<b>a</b>	Plan name	SC CORPORATION RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SUNLED CORPORATION	<b>c</b> EIN-PN 95-4440317-001
<b>a</b>	Plan name	SHARE FOUNDATION FOR HANDICAPPED 401K	
<b>b</b>	Name of plan sponsor	SHARE FOUNDATION FOR HANDICAPPED	<b>c</b> EIN-PN 35-1542762-001
<b>a</b>	Plan name	SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS LOCAL 46	<b>c</b> EIN-PN 16-1168659-002
<b>a</b>	Plan name	SHEET METAL WORKERS LOCAL NO 58 RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SHEET METAL WORKERS LOCAL NO 58 RETIREMENT FUND	<b>c</b> EIN-PN 16-1188938-001
<b>a</b>	Plan name	SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SIGHT SAVERS OF AMERICA, INC.	<b>c</b> EIN-PN 30-0188234-001
<b>a</b>	Plan name	SIGNMEDIA, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SIGNMEDIA, INC.	<b>c</b> EIN-PN 54-1254298-001
<b>a</b>	Plan name	SIMPSON, SPENCE & YOUNG 401(K) RETIREMENT	
<b>b</b>	Name of plan sponsor	SIMPSON, SPENCE & YOUNG	<b>c</b> EIN-PN 13-5395270-001
<b>a</b>	Plan name	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	
<b>b</b>	Name of plan sponsor	SMALL BUSINESS RETIREMENT PLAN EXCHANGE	<b>c</b> EIN-PN 45-4813650-001

<b>Part II</b>		<b>Information on Participating Plans (to be completed by DFEs, other than DCGs)</b>	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
<b>a</b>	Plan name	STEEL-FAB, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	STEEL-FAB, INC.	<b>c</b> EIN-PN 04-2396722-004
<b>a</b>	Plan name	STRONGWELL CORP. 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor	STRONGWELL CORP.	<b>c</b> EIN-PN 54-1670655-001
<b>a</b>	Plan name	SUN CITY GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SUN CITY GROUP	<b>c</b> EIN-PN 20-5001442-001
<b>a</b>	Plan name	TAMARA L. HIESTER, DDS 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TAMARA L. HIESTER, DDS	<b>c</b> EIN-PN 35-2051065-001
<b>a</b>	Plan name	TEMPLETON & ASSOCIATES ENGINEERING SALES, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TEMPLETON & ASSOCIATES ENGINEERING	<b>c</b> EIN-PN 84-2050914-011
<b>a</b>	Plan name	THE ASHLEY GROUP EMPLOYEES RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	ASHLEY MANAGEMENT CORPORATION	<b>c</b> EIN-PN 16-1182083-001
<b>a</b>	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	THE TM GROUP, INC.	<b>c</b> EIN-PN 38-3156552-001
<b>a</b>	Plan name	THE VMC GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	THE VMC GROUP	<b>c</b> EIN-PN 20-2305737-002
<b>a</b>	Plan name	TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	TRADITIONAL BANK, INC.	<b>c</b> EIN-PN 61-0284535-003
<b>a</b>	Plan name	TRI STAR MARKETING, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	TRI STAR MARKETING, INC.	<b>c</b> EIN-PN 37-0809985-001
<b>a</b>	Plan name	TRIAD LEADERSHIP CONSULTANTS, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TRIAD LEADERSHIP CONSULTANTS, LLC	<b>c</b> EIN-PN 05-0630715-001
<b>a</b>	Plan name	TRUXAW & ASSOCIATES 401(K) PLAN	
<b>b</b>	Name of plan sponsor	JOSEPH C. TRUXAW AND ASSOCIATES, INC.	<b>c</b> EIN-PN 95-2992708-001



<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).  <b>▶ File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <b>2024</b>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2024 or fiscal plan year beginning <b>03/01/2024</b> and ending <b>02/28/2025</b>	
<b>A</b> Name of plan <b>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT TRUSTS-MANNING &amp; NAPIER PRO-MIX EXTENDED TERM COLLECTIVE INV TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>010</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>EXETER TRUST COMPANY</b>	<b>D</b> Employer Identification Number (EIN) <b>02-0476209</b>

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

		(a) Beginning of Year	(b) End of Year
<b>Assets</b>			
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>		
<b>b</b> Receivables (less allowance for doubtful accounts):			
<b>(1)</b> Employer contributions .....	<b>1b(1)</b>		
<b>(2)</b> Participant contributions .....	<b>1b(2)</b>		
<b>(3)</b> Other .....	<b>1b(3)</b>	1703871	5524727
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	4703438	27852
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	90542429	59251402
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>		
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	31202234	24543428
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>		
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	142949603	149567782
<b>(5)</b> Partnership/joint venture interests .....	<b>1c(5)</b>		
<b>(6)</b> Real estate (other than employer real property) .....	<b>1c(6)</b>		
<b>(7)</b> Loans (other than to participants) .....	<b>1c(7)</b>		
<b>(8)</b> Participant loans .....	<b>1c(8)</b>		
<b>(9)</b> Value of interest in common/collective trusts .....	<b>1c(9)</b>		
<b>(10)</b> Value of interest in pooled separate accounts .....	<b>1c(10)</b>		
<b>(11)</b> Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
<b>(12)</b> Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
<b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....	<b>1c(13)</b>	11442856	0
<b>(14)</b> Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
<b>(15)</b> Other.....	<b>1c(15)</b>	26028391	23612303

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	<b>1d(1)</b>		
(2) Employer real property.....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation.....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e).....	<b>1f</b>	308572822	262527494
<b>Liabilities</b>			
<b>g</b> Benefit claims payable.....	<b>1g</b>		
<b>h</b> Operating payables.....	<b>1h</b>		
<b>i</b> Acquisition indebtedness.....	<b>1i</b>		
<b>j</b> Other liabilities.....	<b>1j</b>	596045	1995118
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	596045	1995118
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	307976777	260532376

**Part II Income and Expense Statement**

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

<b>Income</b>		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers.....	<b>2a(1)(A)</b>		
<b>(B)</b> Participants.....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers).....	<b>2a(1)(C)</b>		
(2) Noncash contributions.....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		0
<b>b Earnings on investments:</b>			
<b>(1) Interest:</b>			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit).....	<b>2b(1)(A)</b>	317196	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	2964029	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	1740739	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	977389	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		5999353
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	2407806	
<b>(C)</b> Registered investment company shares (e.g. mutual funds).....	<b>2b(2)(C)</b>		
<b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		2407806
<b>(3)</b> Rents.....	<b>2b(3)</b>		
<b>(4) Net gain (loss) on sale of assets:</b>			
<b>(A)</b> Aggregate proceeds.....	<b>2b(4)(A)</b>	294374852	
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	284280521	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result.....	<b>2b(4)(C)</b>		10094331
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>		
<b>(B)</b> Other.....	<b>2b(5)(B)</b>	12637506	
<b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds) .....	<b>2b(10)</b>		
<b>c</b> Other income .....	<b>2c</b>		
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		31138996

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	<b>2e(1)</b>		
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other.....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		0
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses:			
(1) Salaries and allowances .....	<b>2i(1)</b>		
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Recordkeeping fees .....	<b>2i(3)</b>		
(4) IQPA audit fees .....	<b>2i(4)</b>		
(5) Investment advisory and investment management fees .....	<b>2i(5)</b>	1339279	
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>	146390	
(7) Actuarial fees .....	<b>2i(7)</b>		
(8) Legal fees .....	<b>2i(8)</b>		
(9) Valuation/appraisal fees .....	<b>2i(9)</b>		
(10) Other trustee fees and expenses .....	<b>2i(10)</b>		
(11) Other expenses.....	<b>2i(11)</b>		
(12) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(11)</b> .....	<b>2i(12)</b>		1485669
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		1485669

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		29653327
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		47420445
(2) From this plan .....	<b>2l(2)</b>		124518173

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1)  Unmodified (2)  Qualified (3)  Disclaimer (4)  Adverse

**b** Check the appropriate box(es) to indicate whether the IQPA performed an ERISA section 103(a)(3)(C) audit. Check both boxes (1) and (2) if the audit was performed pursuant to both 29 CFR 2520.103-8 and 29 CFR 2520.103-12(d). Check box (3) if pursuant to neither.

(1)  DOL Regulation 2520.103-8 (2)  DOL Regulation 2520.103-12(d) (3)  neither DOL Regulation 2520.103-8 nor DOL Regulation 2520.103-12(d).

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name:

(2) EIN:

**d** The opinion of an independent qualified public accountant is **not attached** as part of Schedule H because:

(1)  This form is filed for a CCT, PSA, DCG or MTIA. (2)  It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

**4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l. DCGs do not complete lines 4e, 4f, 4k, 4l, and 5, and DCGs generally complete the rest of Part IV collectively for all plans in the DCG, except as otherwise provided (see instructions).

During the plan year:

	Yes	No	Amount
<b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)			
<b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)			
<b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
<b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)			
<b>e</b> Was this plan covered by a fidelity bond?			
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?			
<b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?			
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)			
<b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked and see instructions for format requirements.)			
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?			
<b>l</b> Has the plan failed to provide any benefit when due under the plan?			
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
<b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

**5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  Yes  No  
If "Yes," enter the amount of any plan assets that reverted to the employer this year \_\_\_\_\_.

**5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

<b>5b(1)</b> Name of plan(s)	<b>5b(2)</b> EIN(s)	<b>5b(3)</b> PN(s)

**5c** Was the plan a defined benefit plan covered under the PBGC insurance program at any time during this plan year? (See ERISA section 4021 and instructions.) .....  Yes  No  Not determined

If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year \_\_\_\_\_.