

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 <h1 style="text-align: center;">2024</h1> This Form is Open to Public Inspection
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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 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 <u>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT TRUSTS-MANNING & NAPIER PRO-MIX MAXIMUM TERM COLL INVESTMENT TRUST</u>	1b Three-digit plan number (PN) ▶ <u>009</u> 1c Effective date of plan
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>EXETER TRUST COMPANY</u> <u>NEW YORK REPRESENTATIVE OFFICE</u> <u>290 WOODCLIFF DR</u> <u>FAIRPORT, NY 14450-4212</u>	2b Employer Identification Number (EIN) <u>02-0476209</u> 2c Plan Sponsor's telephone number <u>585-325-6880</u> 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.

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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/02/2025</u>	<u>SCOTT WILLIAMS</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor EXETER TRUST COMPANY NEW YORK REPRESENTATIVE OFFICE 290 WOODCLIFF DRIVE FAIRPORT, NY 14450-4212	3b Administrator's EIN 02-0476209 3c Administrator's telephone number 585-325-6880																				
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN																				
5 Total number of participants at the beginning of the plan year	5																				
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="width:100%;">6a(1)</td><td></td></tr> <tr><td>6a(2)</td><td></td></tr> <tr><td>6b</td><td></td></tr> <tr><td>6c</td><td></td></tr> <tr><td>6d</td><td style="text-align: right;">0</td></tr> <tr><td>6e</td><td></td></tr> <tr><td>6f</td><td></td></tr> <tr><td>6g(1)</td><td></td></tr> <tr><td>6g(2)</td><td></td></tr> <tr><td>6h</td><td></td></tr> </table>	6a(1)		6a(2)		6b		6c		6d	0	6e		6f		6g(1)		6g(2)		6h	
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6c																					
6d	0																				
6e																					
6f																					
6g(1)																					
6g(2)																					
6h																					
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7																				

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

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

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

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

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

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

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

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

Receipt Confirmation Code _____

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

A Name of plan <u>EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT TRUSTS-MANNING & NAPIER PRO-MIX MAXIMUM TERM COLL INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>009</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>EXETER TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>02-0476209</u>	

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ABSOLUTE BUSINESS SOLUTIONS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ABSOLUTE BUSINESS SOLUTIONS	c EIN-PN 54-2061431-001
a	Plan name	ABSOLUTE ENERGY RETIREMENT PLAN	
b	Name of plan sponsor	ABSOLUTE ENERGY LLC	c EIN-PN 20-3841025-001
a	Plan name	ACME LIFT CO. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	ACME LIFT CO. LLC	c EIN-PN 86-0900122-001
a	Plan name	AIR SYSTEMS LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	AIR SYSTEMS LLC	c EIN-PN 61-1497192-001
a	Plan name	ALL SEASONS WINDOW & DOOR MFG., INC. 401(K) PLAN	
b	Name of plan sponsor	ALL SEASONS WINDOW & DOOR MFG., INC.	c EIN-PN 75-1868821-001
a	Plan name	ALLEVITY, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ALLEVITY, INC.	c EIN-PN 94-2264491-001
a	Plan name	AREA AMBULANCE SERVICE 401(K) PLAN	
b	Name of plan sponsor	AREA AMBULANCE SERVICE	c EIN-PN 20-3693455-001
a	Plan name	ASBESTOS WORKERS LOCAL 2 ANNUITY PLAN	
b	Name of plan sponsor	BOARD OF TRUSTEES ASBESTOS WORKERS LOCAL 2 ANNUITY PLAN	c EIN-PN 25-1400090-002
a	Plan name	ASBESTOS WORKERS SYRACUSE ANNUITY FUND	
b	Name of plan sponsor	ASBESTOS WORKERS SYRACUSE ANNUITY FUND	c EIN-PN 16-1298413-002
a	Plan name	AUTOBODY EXPRESS 401(K) PLAN	
b	Name of plan sponsor	AUTOBODY EXPRESS	c EIN-PN 59-2714320-001
a	Plan name	AVENUE CAPITAL GROUP AND AFFILIATES 401K PROFIT SHARING	
b	Name of plan sponsor	AVENUE CAPITAL MANAGEMENT II, LP	c EIN-PN 52-2258514-001
a	Plan name	AVKARE, LLC	
b	Name of plan sponsor	AVKARE, LLC	c EIN-PN 20-8622803-001

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	BALTZ ANTONE AB3 401K	
b	Name of plan sponsor	ANTONE E. BALTZ III DBA AB3	c EIN-PN 87-3035894-001
a	Plan name	BEARDOWADAMS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BEARDOWADAMS, INC.	c EIN-PN 99-0372789-001
a	Plan name	BENSON ENTERPRISES, INC. PROFIT SHARING & 401(K) PLAN	
b	Name of plan sponsor	BENSON ENTERPRISES, INC.	c EIN-PN 74-2963795-001
a	Plan name	BERK EYE CARE CENTER 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	BERK EYE CARE CENTER	c EIN-PN 31-1261693-001
a	Plan name	BK MILL & FIXTURES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	B-K MILL & FIXTURES, INC	c EIN-PN 94-2366234-001
a	Plan name	BLUSTEIN, SHAPIRO, RICH & BARONE, LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	BLUSTEIN, SHAPIRO, RICH & BARONE, LLP	c EIN-PN 13-4065219-001
a	Plan name	BOYS & GIRLS CLUB OF BELLEVUE 401(K) PLAN	
b	Name of plan sponsor	BOYS & GIRLS CLUBS OF BELLEVUE	c EIN-PN 91-0776451-001
a	Plan name	BRONX CENTER HEALTHCARE SYSTEMS 401(K) PLAN	
b	Name of plan sponsor	BRONX CENTER FOR REHABILITATION AND HEALTHCARE	c EIN-PN 13-4021585-001
a	Plan name	BUILDERS IRON SAVINGS AND RETIREMENT PLAN	
b	Name of plan sponsor	BUILDERS IRON	c EIN-PN 38-3128186-001
a	Plan name	CAVINS, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CAVINS, INC.	c EIN-PN 27-3977682-001
a	Plan name	CCK BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	CCK BUILDERS, INC.	c EIN-PN 20-1921403-001
a	Plan name	CHILD CARE COUNCIL OF KENTUCKY, INC. 401(K) PLAN	
b	Name of plan sponsor	CHILD CARE COUNCIL OF KENTUCKY, INC.	c EIN-PN 31-1102545-001

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	CLARITY TELECOM, LLC 401(K) PLAN	
b	Name of plan sponsor	CLARITY TELECOM, LLC DBA VAST BROADBAND	c EIN-PN 46-2667900-001
a	Plan name	CLARKE PACKING 401(K) PLAN	
b	Name of plan sponsor	CLARKE PACKING & CRATING COMPANY	c EIN-PN 36-3828267-001
a	Plan name	COLEMAN, HAZZARD, & TAYLOR, PA 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COLEMAN, HAZZARD, & TAYLOR, PA	c EIN-PN 20-1618587-001
a	Plan name	COMMUNITY STATE BANK 401(K) PLAN	
b	Name of plan sponsor	COMMUNITY STATE BANK	c EIN-PN 26-0620241-001
a	Plan name	CONTEMPORARY GRAPHICS, INC. 401(K) PLAN	
b	Name of plan sponsor	CONTEMPORARY GRAPHICS, INC.	c EIN-PN 22-2889890-001
a	Plan name	CONTRACT TRANSPORT, INC. 401(K) PLAN AND TRUST	
b	Name of plan sponsor	CONTRACT TRANSPORT, INC.	c EIN-PN 42-0981821-002
a	Plan name	CREATIVE FOOD INGREDIENTS, INC. PROFIT SHARING 401 (K)	
b	Name of plan sponsor	CREATIVE FOOD INGREDIENTS, INC.	c EIN-PN 98-0449100-001
a	Plan name	D'AMICO LAW OFFICES LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DAMICO LAW OFFICES LLC	c EIN-PN 81-1130413-001
a	Plan name	EAST MAIN DENTAL CENTER, LLP 401(K) DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	EAST MAIN DENTAL CENTER, LLP	c EIN-PN 93-0679201-001
a	Plan name	EL PASO INTEGRATED PHYSICIANS GROUP, P.A 401(K) PLAN	
b	Name of plan sponsor	EL PASO INTEGRATED PHYSICIANS GROUP, P.A.	c EIN-PN 74-2838972-001
a	Plan name	ELM HEATING AND COOLING, INC. PROFIT SHARING	
b	Name of plan sponsor	ELM HEATING & COOLING, INC.	c EIN-PN 36-4021033-001
a	Plan name	EMPIRE CONTROL ABATEMENT, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	EMPIRE CONTROL ABATEMENT, INC.	c EIN-PN 11-2945779-001

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	EO TECHNICAL SOLUTIONS RETIREMENT TRUST	
b	Name of plan sponsor	EO TECHNICAL SOLUTIONS	c EIN-PN 80-0517205-001
a	Plan name	EPLAN SERVICES GROUP TRUST	
b	Name of plan sponsor	EPLAN SERVICES GROUP TRUST	c EIN-PN 77-6214267-001
a	Plan name	EXPRESSWAY TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor	BILL T. FARRIS & ASSOCIATES, INC., DBA EXPRESSWAY TRANSPORTATION	c EIN-PN 33-0547710-001
a	Plan name	FIRST COMMUNITY NATIONAL BANK EMPLOYEES SAVINGS & RETIREMENT PLAN	
b	Name of plan sponsor	FIRST COMMUNITY NATIONAL BANK	c EIN-PN 43-0224380-001
a	Plan name	FOREMOST GRAPHICS GROUP 401(K) PLAN	
b	Name of plan sponsor	FOREMOST GRAPHICS, LLC.	c EIN-PN 38-3213304-001
a	Plan name	GARRY L. JOHNSON & ASSOCIATES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	GARRY L. JOHNSON & ASSOCIATES, INC.	c EIN-PN 86-0616252-001
a	Plan name	GASTROENTEROLOGY GROUP OF ROCHESTER LLP PROFIT SHARING AND 401 (K) PLAN	
b	Name of plan sponsor	GASTROENTEROLOGY GROUP OF ROCHESTER LLP	c EIN-PN 16-1563898-001
a	Plan name	GILTON SOLID WASTE MANAGEMENT, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GILTON SOLID WASTE MANAGEMENT, INC.	c EIN-PN 94-2268035-001
a	Plan name	GOPATH 401(K) PLAN	
b	Name of plan sponsor	GOPATH GLOBAL LLC	c EIN-PN 27-1105704-001
a	Plan name	GOSHGARIAN & MARSHALL, PLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	GOSHGARIAN & MARSHALL PROFESSIONAL LAW CORP.	c EIN-PN 95-4126335-001
a	Plan name	GRASSI & GRASSI PC PROFIT SHARING PLAN	
b	Name of plan sponsor	GRASSI & GRASSI PC	c EIN-PN 16-1003269-001
a	Plan name	GREENBERG, WEXLER & EIG LLC 401 (K) PLAN	
b	Name of plan sponsor	GREENBERG, WEXLER & EIG, LLC	c EIN-PN 52-2339344-001

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	GREENLEAF JOB TRAINING SERVICES 401K	
b	Name of plan sponsor	GREENLEAF JOB TRAINING SERVICES	c EIN-PN 36-4984449-001
a	Plan name	GUARDHILL FINANCIAL CORP. 401(K) PLAN	
b	Name of plan sponsor	GUARDHILL FINANCIAL CORP.	c EIN-PN 13-3670961-001
a	Plan name	GULF SOUTH EYE ASSOCIATES (APMC) PROFIT	
b	Name of plan sponsor	GULF SOUTH EYE ASSOCIATES (APMC)	c EIN-PN 72-1076001-001
a	Plan name	H & D TITLE 401(K) PLAN	
b	Name of plan sponsor	H & D TITLE AND CLOSING SERVICES, LLC	c EIN-PN 20-3601896-001
a	Plan name	HEIDELBERG RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	HEIDELBERG AMERICAS, INC.	c EIN-PN 59-2272302-015
a	Plan name	HIGH DESERT COMMUNICATIONS, INC. 401(K)	
b	Name of plan sponsor	HIGH DESERT COMMUNICATIONS, INC.	c EIN-PN 86-0879788-001
a	Plan name	HRBENEFIX 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	HRBENEFIX	c EIN-PN 27-4391628-001
a	Plan name	HS1 MEDICAL MANAGEMENT, INC. 401(K) PLAN	
b	Name of plan sponsor	HS1 MEDICAL MANAGEMENT, INC	c EIN-PN 65-0622851-002
a	Plan name	IMAGE INTEGRATOR 401(K) PLAN	
b	Name of plan sponsor	IMAGE INTERGRATOR	c EIN-PN 27-0080053-001
a	Plan name	IMPORT LOGISTICS, INC. 401(K) RETIREMENT	
b	Name of plan sponsor	IMPORT LOGISTICS, INC.	c EIN-PN 36-3798354-001
a	Plan name	IP.COM/TEXTWISE 401(K) PLAN	
b	Name of plan sponsor	IP.COM I, LLC	c EIN-PN 27-1521319-001
a	Plan name	J M O'NEILL, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	J M ONEILL, INC.	c EIN-PN 94-2918101-001

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 JAY-K INDEPENDENT LUMBER PROFIT SHARING PLAN	
b	Name of plan sponsor JAY-K INDEPENDENT LUMBER	c EIN-PN 15-0350238-001
a	Plan name JENNIFER LEPORE CPA, LLC 401(K)	
b	Name of plan sponsor JENNIFER LEPORE CPA, LLC	c EIN-PN 20-5782479-001
a	Plan name JOHN MILLS ELECTRIC INC PSP	
b	Name of plan sponsor JOHN MILLS ELECTRIC INC	c EIN-PN 16-1293489-001
a	Plan name JOHNSON COUNTY DERMATOLOGY, P.A. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor JOHNSON COUNTY DERMATOLOGY, P.A.	c EIN-PN 04-3586031-002
a	Plan name KARNES ELECTRIC COOPERATIVE, INC. 401(K)	
b	Name of plan sponsor KARNES ELECTRIC COOPERATIVE, INC.	c EIN-PN 74-0720615-002
a	Plan name KINGBRIGHT USA CORPORATION EMPLOYEE RETIREMENT	
b	Name of plan sponsor KINGBRIGHT CORPORATION	c EIN-PN 95-4251792-001
a	Plan name KIRT04 PEO RETIREMENT	
b	Name of plan sponsor KIRT04	c EIN-PN 45-1965930-001
a	Plan name KNS INTERNATIONAL RETIREMENT PLAN	
b	Name of plan sponsor KNS INTERNATIONAL	c EIN-PN 42-1539365-001
a	Plan name KPI 401(K) RETIREMENT PLAN	
b	Name of plan sponsor KUECKER PULSE INTEGRATION L.P.	c EIN-PN 87-1039415-001
a	Plan name KVH INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor KVH INDUSTRIES, INC.	c EIN-PN 05-0420589-001
a	Plan name LAKHANI & JORDAN PC 401(K) PLAN	
b	Name of plan sponsor LAKHANI & JORDAN ENGINEERS, PC	c EIN-PN 13-3695218-003
a	Plan name LAUREL FOWLER INSURANCE BROKER, INC. 401(K) PLAN	
b	Name of plan sponsor LAUREL FOWLER INSURANCE BROKER, INC.	c EIN-PN 77-0393444-001

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 MACKENZIE HUGHES RETIREMENT PLAN & TRUST	
b	Name of plan sponsor MACKENZIE HUGHES LLP	c EIN-PN 01-0690915-001
a	Plan name MANNING & NAPIER ADVISORS, LLC 401 (K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor MANNING & NAPIER ADVISORS, LLC	c EIN-PN 45-3240790-003
a	Plan name MANNING SQUIRES HENNIG CO. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor MANNING, SQUIRES, HENNIG CO., INC.	c EIN-PN 16-0851503-001
a	Plan name METRO MARKETS MEDIA 401(K)	
b	Name of plan sponsor METRO MARKETS MEDIA	c EIN-PN 81-4517505-001
a	Plan name MIDWEST NEUROSCIENCES ASSOCIATES 401(K)	
b	Name of plan sponsor NEUROSURGERY AND ENDOVASCULAR ASSOCIATES OF MILWAUKEE, S.C.	c EIN-PN 39-1832237-002
a	Plan name MILLER FUNERAL HOMES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor MILLER FUNERAL & CREMATION SERVICES	c EIN-PN 16-0910009-001
a	Plan name MJD TRUCKING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MJD TRUCKING, INC.	c EIN-PN 65-0831291-001
a	Plan name MOLECULAR PATHOLOGY LABORATORY NETWORK	
b	Name of plan sponsor MOLECULAR PATHOLOGY LABORATORY NETWORK	c EIN-PN 81-0587881-501
a	Plan name MOORE & JACKSON, LLC RETIREMENT SAVING PLAN	
b	Name of plan sponsor MOORE & JACKSON, LLC	c EIN-PN 52-2336032-001
a	Plan name MORRIS MULTIMEDIA INC PROFIT SHARING PLAN	
b	Name of plan sponsor MORRIS MULTIMEDIA, INC	c EIN-PN 58-1093589-001
a	Plan name MYERS CONSULTING GROUP LLC 401K PLAN	
b	Name of plan sponsor MYERS CONSULTING GROUP LLC	c EIN-PN 61-2215991-001
a	Plan name NASSAU SHORES AUTOMOTIVE INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor NASSAU SHORES AUTOMOTIVE INC.	c EIN-PN 11-3146542-001

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	NATIONAL RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor	NATIONAL RETIREMENT PLAN EXCHANGE	c EIN-PN 45-4813651-001
a	Plan name	NICK SANTAMARIA 401(K) PLAN	
b	Name of plan sponsor	NICK SANTAMARIA 401(K) PLAN	c EIN-PN 93-4164532-001
a	Plan name	NORTHERN ENERGY SERVICES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	NORTHERN ENERGY SERVICES, INC.	c EIN-PN 04-3308382-001
a	Plan name	NORTHLAND CORPORATION 401(K) PLAN	
b	Name of plan sponsor	NORTHLAND CORPORATION	c EIN-PN 61-0623284-001
a	Plan name	OAK CRAFT, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor	OAK CRAFT, INC.	c EIN-PN 86-0463849-002
a	Plan name	OK MEDIA SOLUTIONS, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	OK MEDIA SOLUTIONS, INC.	c EIN-PN 45-2633274-001
a	Plan name	OUTAGAMIE CO-OP SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	OUTAGAMIE CO-OP SERVICES, INC.	c EIN-PN 39-1316865-001
a	Plan name	P/A INDUSTRIES INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	P/A INDUSTRIES, INC.	c EIN-PN 06-0862210-001
a	Plan name	PAIN INTERVENTIONS, PLLC EMPLOYEE'S DEFERRED SAVINGS AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PAIN INTERVENTIONS, PLLC	c EIN-PN 20-3941999-001
a	Plan name	PARKWEST WOMEN'S HEALTH PROFIT SHARING PLAN	
b	Name of plan sponsor	PARKWEST WOMENS HEALTH PC	c EIN-PN 16-0976609-001
a	Plan name	PAUL MILLER FORD AND ASSOCIATES RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	PAUL MILLER FORD AND ASSOCIATES	c EIN-PN 61-0481346-001
a	Plan name	PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY LLC 401(K) PLAN	
b	Name of plan sponsor	PHYSICIANS MANAGEMENT - EMPLOYEE LEASING COMPANY LLC	c EIN-PN 26-1612259-001

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	PINNACLE EMPLOYEE SERVICES, LLC 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor	PINNACLE EMPLOYEE SERVICES, LLC	c EIN-PN 47-1368882-333
a	Plan name	PRIEST AMISTADI PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	PRIEST AMISTADI	c EIN-PN 94-2507389-001
a	Plan name	RALPHS - PUGH CO., INC. 401(K) PLAN	
b	Name of plan sponsor	RALPHS - PUGH CO., INC.	c EIN-PN 94-0791950-001
a	Plan name	RAYO WHOLESALE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAYO WHOLESALE, INC.	c EIN-PN 33-0764606-001
a	Plan name	RENOWN TAG AND LABEL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RENOWN TAG AND LABEL INCORPORATED	c EIN-PN 11-2530597-001
a	Plan name	RETIREMENT SAVINGS PLAN & TRUST OF RAO MANUFACTURING COMPANY	
b	Name of plan sponsor	RAO MANUFACTURING COMPANY	c EIN-PN 41-0494610-002
a	Plan name	RINEY PACKARD 401(K) PLAN	
b	Name of plan sponsor	RINEY PACKARD	c EIN-PN 20-4072167-001
a	Plan name	SAINT COLMAN'S HOME, INC. 401(K) PLAN	
b	Name of plan sponsor	SAINT COLMANS HOME, INC.	c EIN-PN 14-1338501-001
a	Plan name	SAVINIS, D'AMICO AND KANE, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	SAVINIS, DAMICO AND KANE, LLC	c EIN-PN 33-1081601-001
a	Plan name	SC CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor	SUNLED CORPORATION	c EIN-PN 95-4440317-001
a	Plan name	SELECTRODE INDUSTRIES, INC. RETIREMENT PLAN	
b	Name of plan sponsor	SELECTRODE INDUSTRIES, INC.	c EIN-PN 11-2677850-002
a	Plan name	SHARE FOUNDATION FOR HANDICAPPED 401K	
b	Name of plan sponsor	SHARE FOUNDATION FOR HANDICAPPED	c EIN-PN 35-1542762-001

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 SHEET METAL WORKERS LOCAL 46 ANNUITY FUND	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL 46 ANNUITY PLAN BOARD OF TRUSTEES	c EIN-PN 16-1168659-002
a	Plan name SHEET METAL WORKERS LOCAL 58 RETIREMENT PLAN	
b	Name of plan sponsor SHEET METAL WORKERS LOCAL 58	c EIN-PN 16-1188938-001
a	Plan name SIGHT SAVERS OF AMERICA, INC. RETIREMENT PLAN	
b	Name of plan sponsor SIGHT SAVERS OF AMERICA, INC.	c EIN-PN 30-0188234-001
a	Plan name SIMPSON SPENCE YOUNG 401K RETIREMENT PLAN	
b	Name of plan sponsor SIMPSON SPENCE YOUNG	c EIN-PN 13-5395270-001
a	Plan name SMALL BUSINESS RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor SMALL BUSINESS RETIREMENT PLAN EXCHANGE	c EIN-PN 45-4813650-001
a	Plan name SONOMA GRAPHIC PRODUCTS 401(K) PLAN	
b	Name of plan sponsor SONOMA GRAPHIC PRODUCTS	c EIN-PN 68-0441691-001
a	Plan name STEEL-FAB, INC. 401(K) PLAN	
b	Name of plan sponsor STEEL-FAB, INC.	c EIN-PN 04-2396722-004
a	Plan name STEVEN NUDO 401K PLAN	
b	Name of plan sponsor STEVEN NUDO 401K PLAN	c EIN-PN 26-0390680-002
a	Plan name STEVENS TRANSPORTATION, INC. 401(K) PLAN	
b	Name of plan sponsor STEVENS TRANSPORTATION, INC.	c EIN-PN 77-0009655-001
a	Plan name STRONGWELL CORP. 401 (K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor STRONGWELL CORP.	c EIN-PN 54-1670655-001
a	Plan name SUN CITY GROUP 401(K) PLAN	
b	Name of plan sponsor SUN CITY GROUP	c EIN-PN 20-5001442-001
a	Plan name TEMPLETON & ASSOCIATES ENGINEERING SALES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TEMPLETON & ASSOCIATES ENGINEERING	c EIN-PN 84-2050914-011

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	TEXAS GOLF ASSOCIATION 401(K) PLAN	
b	Name of plan sponsor	TEXAS GOLF ASSOCIATION	c EIN-PN 75-0715222-001
a	Plan name	THE ASHLEY GROUP EMPLOYEES RETIREMENT PLAN	
b	Name of plan sponsor	ASHLEY MANAGEMENT CORP	c EIN-PN 16-1182083-001
a	Plan name	THE TM GROUP, INC. RETIREMENT PLAN	
b	Name of plan sponsor	THE TM GROUP, INC.	c EIN-PN 38-3156552-001
a	Plan name	THE VMC GROUP 401(K) PLAN	
b	Name of plan sponsor	THE VMC GROUP	c EIN-PN 20-2305737-002
a	Plan name	TRACTION TAMPA BAY 401(K) PLAN	
b	Name of plan sponsor	TRACTION TAMPA BAY CBP	c EIN-PN 83-1032925-001
a	Plan name	TRADITIONAL BANK, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TRADITIONAL BANK, INC.	c EIN-PN 61-0284535-003
a	Plan name	TRI STAR MARKETING, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TRI STAR MARKETING, INC.	c EIN-PN 37-0809985-001
a	Plan name	TURBO TRANSPORTATION, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	TURBO TRANSPORTATION, INC.	c EIN-PN 47-2895452-001
a	Plan name	VALLEY SMALL BUSINESS DEVELOPMENT CORPORATION	
b	Name of plan sponsor	VALLEY SMALL BUSINESS DEVELOPMENT CORP	c EIN-PN 94-2461685-003
a	Plan name	VR SYSTEMS, INC. 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor	VR SYSTEMS, INC.	c EIN-PN 59-3135736-001
a	Plan name	VULCAN FIRE SYSTEMS, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	VULCAN FIRE SYSTEMS, INC.	c EIN-PN 61-1057957-001
a	Plan name	WESTERN PENNSYLVANIA ELECTRICAL EMPLOYEES DEFERRED COMP PLAN	
b	Name of plan sponsor	WESTERN PENNSYLVANIA ELECTRICAL	c EIN-PN 25-1368983-002

Part II Information on Participating Plans (to be completed by DFEs, other than DCGs)
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)

a Plan name	WILDER AUTO RETIREMENT PLAN	
b Name of plan sponsor	WILDER AUTO GROUP	c EIN-PN 91-1130065-001

a Plan name	XL SCREW CORPORATION EMPLOYEES' PROFIT SHARING PLAN	
b Name of plan sponsor	XL SCREW CORPORATION	c EIN-PN 36-2665591-001

a Plan name	ZAHARONI INDUSTRIES, INC. PROFIT SHARING	
b Name of plan sponsor	ZAHARONI INDUSTRIES, INC.	c EIN-PN 95-3768219-001

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

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

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

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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 03/01/2024 and ending 02/28/2025	
A Name of plan EXETER TRUST COMPANY COLLECTIVE INVESTMENT FUNDS FOR EMPLOYEE BENEFIT TRUSTS-MANNING & NAPIER PRO-MIX MAXIMUM TERM COLL INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 009
C Plan sponsor's name as shown on line 2a of Form 5500 EXETER TRUST COMPANY	D Employer Identification Number (EIN) 02-0476209

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.

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	1789943	2487746
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8324440	1065764
(2) U.S. Government securities	1c(2)	57030530	34322989
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	16600795	15059676
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	0
(B) Common	1c(4)(B)	327910591	293393136
(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)	0	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	350468	50380

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	412006767	346379691
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	396559	4631253
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	396559	4631253
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	411610208	341748438

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)	535447	
(B) U.S. Government securities.....	2b(1)(B)	1527377	
(C) Corporate debt instruments.....	2b(1)(C)	1048601	
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	5249	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3116674
(2) Dividends:			
(A) Preferred stock.....	2b(2)(A)		
(B) Common stock.....	2b(2)(B)	3952646	
(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)		3952646
(3) Rents.....	2b(3)		
(4) Net gain (loss) on sale of assets:			
(A) Aggregate proceeds.....	2b(4)(A)	402357935	
(B) Aggregate carrying amount (see instructions).....	2b(4)(B)	386546961	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result.....	2b(4)(C)		15810974
(5) Unrealized appreciation (depreciation) of assets:			
(A) Real estate.....	2b(5)(A)		
(B) Other.....	2b(5)(B)	28402704	
(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		51282998

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)	1859252	
(6) Bank or trust company trustee/custodial fees	2i(6)	201396	
(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)		2060648
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2060648

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		49222350
l Transfers of assets:			
(1) To this plan	2l(1)		48838181
(2) From this plan	2l(2)		167922301

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 _____.