

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="font-size: 24pt; font-weight: bold; text-align: center;">2024</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
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For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A This return/report is for: a multiemployer plan a multiple-employer plan (Filers checking this box must provide participating employer information in accordance with the form instructions.)

a single-employer plan a DFE (specify) C

B This return/report is: the first return/report the final return/report

an amended return/report a short plan year return/report (less than 12 months)

C If the plan is a collectively-bargained plan, check here.

D Check box if filing under: Form 5558 automatic extension the DFVC program

special extension (enter description)

E If this is a retroactively adopted plan permitted by SECURE Act section 201, check here.

Part II	Basic Plan Information—enter all requested information
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1a Name of plan <u>INTELLICENTS AGGRESSIVE CIF</u>	1b Three-digit plan number (PN) ▶ <u>001</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>INTELLICENTS AGGRESSIVE CIF</u> <u>ALTA TRUST COMPANY</u> <u>3500 S PHILLIPS AVE.</u> <u>STE. 201</u> <u>SIOUX FALLS, SD 57105</u>	2b Employer Identification Number (EIN) <u>87-0860881</u> 2c Plan Sponsor's telephone number <u>303-996-3781</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			
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/06/2025</u>	<u>MACKENZIE LOTHERT</u>
	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>INTELLICENTS AGGRESSIVE CIF</u>	B Three-digit plan number (PN) ▶	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>INTELLICENTS AGGRESSIVE CIF</u>	D Employer Identification Number (EIN) <u>87-0860881</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: <u>ALTA TRUST SHORT TERM INVESTMENT</u>		
b Name of sponsor of entity listed in (a): <u>ALTA TRUST</u>		
c EIN-PN <u>92-0398350-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1970074</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN CENTURY EMERGING MAR</u>		
b Name of sponsor of entity listed in (a): <u>GLOBAL TRUST COMPANY</u>		
c EIN-PN <u>30-6406015-015</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4129024</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>COLUMBIA TRUST DIVIDEND INC</u>		
b Name of sponsor of entity listed in (a): <u>AMERIPRISE TRUST COMPANY</u>		
c EIN-PN <u>87-1854339-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>3061722</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MFS INTERNATIONAL GROWTH FUND</u>		
b Name of sponsor of entity listed in (a): <u>WILMINGTON TRUST</u>		
c EIN-PN <u>38-4126292-595</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7163752</u>
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 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor THE FINWAY GROUP	c EIN-PN 42-1468222-001
a	Plan name 401K SIMPLIFIED & FLEXIBLE	
b	Name of plan sponsor ADVISORTRUST, INC.	c EIN-PN 46-4091337-001
a	Plan name ACCELEVENTS, INC. 401K PLAN	
b	Name of plan sponsor ACCELEVENTS, INC.	c EIN-PN 47-2847565-001
a	Plan name ADAMSON AUTOMOTIVE 401K PLAN	
b	Name of plan sponsor ADAMSON AUTOMOTIVE	c EIN-PN 47-2235789-001
a	Plan name ADVISORTRUST SIMPLIFIED FLEXIBLE POOLED EMPLOYER PLAN (PEP)	
b	Name of plan sponsor ADVISORTRUST, INC.	c EIN-PN 46-4091337-002
a	Plan name ALPINE SURGICAL, LLC 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor ALPINE SURGICAL, LLC	c EIN-PN 26-0723870-001
a	Plan name ALPINE SURGICAL, LLC CASH BALANCE PLAN	
b	Name of plan sponsor ALPINE SURGICAL, LLC	c EIN-PN 26-0723870-001
a	Plan name AMBROSE SALES REITREMENT PLAN	
b	Name of plan sponsor AMBROSE SALES, INC.	c EIN-PN 48-1085288-001
a	Plan name APTUM 401K SAVINGS PLAN	
b	Name of plan sponsor APTUM TECHNOLOGIES (USA) INC.	c EIN-PN 86-1070209-001
a	Plan name AUSCOME ENGINEERING INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor AUSCOM ENGINEERING INC.	c EIN-PN 82-3719843-001
a	Plan name AVI SYSTEMS, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor AVI SYSTEMS, INC.	c EIN-PN 45-0321251-002
a	Plan name BETTER FASTER, LLC 401K PLAN	
b	Name of plan sponsor BETTER FASTER, LLC	c EIN-PN 46-3037460-001

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 BOULDER PLASTIC SURGERY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor BOULDER PLASTIC SURGERY PROF. LLC	c EIN-PN 20-3179872-001
a	Plan name BOULWARE LAW 401K RETIREMENT PLAN	
b	Name of plan sponsor BOULWARE LAW, LLC	c EIN-PN 82-4725840-001
a	Plan name BRISTOL ID TECHNOLOGIES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor BRISTOL GRAPHICS, INC. DBA BRISTOL ID TECHNOLOGIES, INC.	c EIN-PN 16-1423296-001
a	Plan name BUILDER DESIGNS INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor BUILDER DESIGNS, INC.	c EIN-PN 42-1600037-001
a	Plan name CALVIN, EDDY & KAPPELMAN, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor CALVIN, EDDY & KAPPELMAN, INC.	c EIN-PN 48-0761468-001
a	Plan name CAPITOL FEDERAL FINANCIAL, INC. PARTNERS IN THRIFT 401K PLAN	
b	Name of plan sponsor CAPITOL FEDERAL FINANCIAL, INC.	c EIN-PN 27-2631712-001
a	Plan name CCB 401K REITREMENT PLAN	
b	Name of plan sponsor COUNTY CLUB BANK	c EIN-PN 44-0574255-001
a	Plan name CCOC, INC, DBA COASTAL CARDIOLOGY OF ORANGE COUNTY 401 (K) PROFIT SHARING PLAN	
b	Name of plan sponsor CCOC, INC., DBA COASTAL CARDIOLOGY OF ORANGE COUNTY	c EIN-PN 27-0990443-001
a	Plan name CENTRAL FARM SERVICE 401 (K) PLAN	
b	Name of plan sponsor CENTRAL FARM SERVICE	c EIN-PN 81-0923572-001
a	Plan name CIRCLE OF FRIENDS CHILD DEVELOPMENT CENTER 401(K) PLAN	
b	Name of plan sponsor CIRCLE OF FRIENDS CHILD DEVELOPMENT CENTER	c EIN-PN 47-4095117-001
a	Plan name COMPLETE TECHNOLOGY SERVICES, LLC 401K PLAN	
b	Name of plan sponsor COMPLETE TECHNOLOGY SERVICES, LLC	c EIN-PN 47-3929497-001
a	Plan name COMPLOY MULTIPLE EMPLOYER PLAN FKA TEAMPLOYER RETIREMENT PLAN	
b	Name of plan sponsor COMPLOY, INC.	c EIN-PN 82-4049206-001

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 CONTI MATERIALS SERVICE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CONTI MATERIALS SERVICE, INC.	c EIN-PN 68-0186217-001
a	Plan name CORNERSTONE AUTO GROUP, LLC 401(K) PLAN	
b	Name of plan sponsor CORNERSTONE AUTO GROUP, LLC	c EIN-PN 41-0985668-001
a	Plan name CROMWELL ENVIRONMENTAL 401(K) PLAN	
b	Name of plan sponsor CROMWELL ENVIRONMENTAL	c EIN-PN 48-1184751-001
a	Plan name CTOS, LLC 401(K) PLAN	
b	Name of plan sponsor CTOS, LLC	c EIN-PN 81-1853358-001
a	Plan name DIGITAL ALLY INC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DIGITAL ALLY, INC.	c EIN-PN 20-0064269-001
a	Plan name DR. J EXCEPTIONAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor JAMES J MAHONEY D.O.P.A. DBA DR. J EXCEPTIONAL MEDICINE	c EIN-PN 76-0355652-001
a	Plan name EAMES INSTITUTE 401K PLAN	
b	Name of plan sponsor THE EAMES INSTITUTE	c EIN-PN 83-3403946-001
a	Plan name EDWARD J. WYNNE LLP PROFIT SHARING PLAN	
b	Name of plan sponsor EDWARD J. WYNNE LLP	c EIN-PN 04-3690842-002
a	Plan name ENDURANCE FXG LOGISTICS, INC. 401(K) PLAN	
b	Name of plan sponsor ENDURANCE FXG LOGISTICS, INC.	c EIN-PN 85-3239519-001
a	Plan name FAMILY HEALTH CENTER OF MARSHFIELD, INC. RETIREMENT PLAN	
b	Name of plan sponsor FAMILY HEALTH CENTER OF MARSHFIELD, INC.	c EIN-PN 39-1681547-001
a	Plan name FRANK L. RASCHILLA DDS, A PROFESSIONAL CORPORATION 401(K) PLAN	
b	Name of plan sponsor FRANK L. RASCHILLA DDS, A PROFESSIONAL CORPORATION	c EIN-PN 81-2199807-001
a	Plan name G&C STAFFING 401K PLAN	
b	Name of plan sponsor G&C STAFFING	c EIN-PN 87-1184436-001

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 GM LAW PC PROFIT SHARING PLAN	
b	Name of plan sponsor GM LAW PC	c EIN-PN 43-1612019-001
a	Plan name GRAHAM CONSTRUCTION 401(K) PLAN	
b	Name of plan sponsor GRAHAM CONSTRUCTION COMPANY	c EIN-PN 42-1167952-001
a	Plan name HAMMOND POWER SOLUTIONS, INC. PENSION PLAN	
b	Name of plan sponsor HAMMOND POWER SOLUTIONS, INC	c EIN-PN 39-1239958-001
a	Plan name HANSON CONSULTING GROUP, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HANSON CONSULTING GROUP, INC.	c EIN-PN 26-3409805-001
a	Plan name HIDDEN HILLS RETIREMENT PLAN	
b	Name of plan sponsor HIDDEN HILLS CLUB, LLC	c EIN-PN 88-1612925-001
a	Plan name IB INDUSTRIES, INC. 401(K) PLAN	
b	Name of plan sponsor IB INDUSTRIES, INC.	c EIN-PN 36-3485339-001
a	Plan name IDEO. ORG 401K SAFE HARBOR PLAN	
b	Name of plan sponsor IDEO. ORG	c EIN-PN 27-3755556-001
a	Plan name INTELLI(K) POOLED EMPLOYER PLAN (PEP)	
b	Name of plan sponsor STANDARD RETIREMENT SERVICES	c EIN-PN 93-0242990-041
a	Plan name INTELLICENTS INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor INTELLICENTS INC	c EIN-PN 41-1471080-002
a	Plan name JIM AND DUDE'S 401(K) PLAN	
b	Name of plan sponsor JIM AND DUDE'S	c EIN-PN 41-1427600-001
a	Plan name KARL CHEVROLET, INC. 401(K) PLAN	
b	Name of plan sponsor KARL CHEVROLET	c EIN-PN 42-1092272-001
a	Plan name KAWERAK, INC. RETIREMENT PLAN	
b	Name of plan sponsor KAWERAK, INC.	c EIN-PN 92-0047009-002

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	KEANE LAW LLC 401(K) PLAN	
b	Name of plan sponsor	KEANE LAW LLC	c EIN-PN 47-3697557-001
a	Plan name	KIPHIC 401(K) PLAN	
b	Name of plan sponsor	KANSAS INSTITUTE FOR POSITIVE HEALTHY AND INCLUSIVE COMMUNITIES	c EIN-PN 85-3978952-001
a	Plan name	KOOIMA COMPANY LLC 401K PLAN	
b	Name of plan sponsor	KOOIMA COMPANY LLC	c EIN-PN 84-3367778-001
a	Plan name	KUPFERLE LLC 401K PLAN	
b	Name of plan sponsor	KUPFERLE LLC 401K PLAN	c EIN-PN 92-1245064-001
a	Plan name	L. EHRLICH & ASSOCIATES MEDICAL CLINIC, PLLC PROFIT SHARING PLAN	
b	Name of plan sponsor	L. EHRLICH & ASSOCIATES MEDICAL CLINIC, PLLC	c EIN-PN 04-3587446-001
a	Plan name	LEXIPOL COMPANY RETIREMENT READINESS 401K PLAN	
b	Name of plan sponsor	LEXIPOL LLC	c EIN-PN 71-0934113-001
a	Plan name	LMT ONSRUD LP RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	LMT ONSRUD LP	c EIN-PN 52-2136091-002
a	Plan name	LMT TOOLS USA, LP 401K PLAN	
b	Name of plan sponsor	LMT TOOLS USA, LP	c EIN-PN 82-3262544-001
a	Plan name	LOST BOYS INTERACTIVE, LLC 401K RETIREMENT PLAN	
b	Name of plan sponsor	LOST BOYS INTERACTIVE, LLC	c EIN-PN 81-4946442-001
a	Plan name	MAINLINE PRINTING, INC. 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	MAINLINE PRINTING, INC.	c EIN-PN 48-1028409-001
a	Plan name	MCKEEVER ENTERPRISES, INC. 401K RETIREMENT PLAN	
b	Name of plan sponsor	MCKEEVER ENTERPRISES, INC.	c EIN-PN 43-1376889-002
a	Plan name	MEADE NEESE LLP 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	MEADE NEESE LLP	c EIN-PN 82-1068043-001

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	MEDICAL CARE SOLUTIONS EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	HEALTH CARE ASSOCIATED EMERGENCY PHYSICIANS	c EIN-PN 20-1652231-001
a	Plan name	MEDICAL EXTRUSION TECHNOLOGIES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MEDICAL EXTRUSION TECHNOLOGIES, INC.	c EIN-PN 33-0428715-001
a	Plan name	MODERN DESIGN, LLC 401(K) PLAN	
b	Name of plan sponsor	MODERN DESIGN, LLC	c EIN-PN 41-1967304-001
a	Plan name	MYFREIGHTWORLD 401K PLAN	
b	Name of plan sponsor	MYFREIGHTWORLD TECHNOLOGIES, INC.	c EIN-PN 26-1995770-001
a	Plan name	NEUROTEXAS PLLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NEUROTEXAS PLLC	c EIN-PN 26-0736159-001
a	Plan name	PARANET SOLUTIONS, LLC PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	PARANET SOLUTIONS, LLC	c EIN-PN 72-1534825-001
a	Plan name	PEARL STREET COLLECTIVE 401(K) PLAN	
b	Name of plan sponsor	PEARL STREET COLLECTIVE, LLC	c EIN-PN 84-1974817-001
a	Plan name	PENSION TRANSFER TRUST PLAN	
b	Name of plan sponsor	PENSION TRANSFER ADVISORS, LLC D/B/A ACCELEFUND	c EIN-PN 45-3113208-001
a	Plan name	PRIVATE JETS, INC./JETSET FBO, LLC 401(K) PLAN	
b	Name of plan sponsor	PRIVATE JETS, INC.	c EIN-PN 68-0565126-001
a	Plan name	QUALITY AUTO SALES, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	QUALITY AUTO SALES, LLC	c EIN-PN 92-0174707-001
a	Plan name	RASMUSSEN DICKEY MOORE, LLC 401K RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	RASMUSSEN DICKEY MOORE, LLC	c EIN-PN 43-1761034-001
a	Plan name	RESOLVE TECH SOLUTIONS LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	RESOLVE TECH SOLUTIONS LLC	c EIN-PN 27-1973305-001

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 RESTORE MEDICAL, INC. 401(K) SAVINGS PLAN & TRUST	
b	Name of plan sponsor RESTORE MEDICAL, INC.	c EIN-PN 47-1872829-001
a	Plan name ROCK MFG LLC 401(K) PLAN	
b	Name of plan sponsor ROCK MFG LLC	c EIN-PN 92-1880202-001
a	Plan name ROCKY MOUNTAIN POOLED-EMPLOYER PLAN (PEP)	
b	Name of plan sponsor ROCKY MOUNTAIN EMPLOYEE BENEFITS, INC.	c EIN-PN 87-0364490-004
a	Plan name RUBY MARINE INCORPORATED PROFIT SHARING PLAN	
b	Name of plan sponsor RUBY MARINE, INCORPORATED	c EIN-PN 20-4256567-001
a	Plan name SANDERS WARREN RUSSELL & SCHEER LLP 401K PROFIT SHARING PLAN	
b	Name of plan sponsor SANDER WARREN RUSSELL & SCHEER	c EIN-PN 43-1842593-001
a	Plan name SCHURLE SIGNS, INC. 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SCHURLE SIGNS, INC.	c EIN-PN 48-1025312-001
a	Plan name SCHWAB-EATON, P.A. 401(K) PLAN	
b	Name of plan sponsor SCHWAB-EATON, P.A.	c EIN-PN 48-0880169-001
a	Plan name SCS DEVELOPMENT COMPANY 401K PLAN	
b	Name of plan sponsor SCS DEVELOPMENT CO.	c EIN-PN 94-2394368-001
a	Plan name SERVICE MANAGEMENT GROUP 401K PLAN	
b	Name of plan sponsor SERVICE MANAGEMENT GROUP, LLC	c EIN-PN 43-1910102-001
a	Plan name SHINE BROS. CORP. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor SHINE BROS. CORP	c EIN-PN 42-1155461-002
a	Plan name SHIPTON'S BIG R, INC. MONTANA PROFIT SHARING PLAN	
b	Name of plan sponsor SHIPTON'S BIG R, INC.	c EIN-PN 81-0251220-001
a	Plan name SMITH DENISON CONSTRUCTION COMPANY 401(K) PLAN	
b	Name of plan sponsor SMITH DENISON CONSTRUCTION COMPANY	c EIN-PN 94-3120981-001

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 SPECTRUM PENSION CONSULTANTS, INC. 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SPECTRUM PENSION CONSULTANTS	c EIN-PN 91-1035498-001
a	Plan name SPOTLIGHT LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor SPOTLIGHT LLC	c EIN-PN 45-3060308-001
a	Plan name TARIAN GROUP 401(K) PLAN	
b	Name of plan sponsor TARIAN GROUP, LLC	c EIN-PN 88-0707272-001
a	Plan name THE SYNERGY COMPANY OF UTAH RETIREMENT PLAN	
b	Name of plan sponsor THE SYNERGY COMPANY OF UTAH, LLC	c EIN-PN 87-0497272-001
a	Plan name TIMOTHY T. PINTHER, DDS, LTD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TIMOTHY T. PINTHER, DDS LTD	c EIN-PN 86-0870014-001
a	Plan name TJN PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor TJN ENTERPRISES, INC.	c EIN-PN 42-1325452-001
a	Plan name TRI 3, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TRI 3, INC.	c EIN-PN 48-1097531-001
a	Plan name TRIPLE S PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor STATE STEEL SUPPLY CO	c EIN-PN 42-0872471-001
a	Plan name TRUE MANUFACTURING COMPANY, INC. 401K PLAN	
b	Name of plan sponsor TRUE MANUFACTURING COMPANY, INC.	c EIN-PN 43-0709967-002
a	Plan name TULIP KIDS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RAJANDSAM INC.	c EIN-PN 47-1225665-001
a	Plan name TWO GOOD SONS, INC 401(K) PLAN	
b	Name of plan sponsor TWO GOOD SONS, INC.	c EIN-PN 81-1101990-001
a	Plan name UBG 401(K) - AG PARTNERS	
b	Name of plan sponsor AG PARTNERS COOPERATIVE INC	c EIN-PN 48-0612412-002

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	UBG 401(K) - ALLIANCE AG & GRAIN	
b Name of plan sponsor	ALLIANCE AG AND GRAIN, LLC	c EIN-PN 47-5469106-001
a Plan name	UBG 401(K) - ASTRA ENERGY	
b Name of plan sponsor	CO-MARK ENERGY CO-OP DBA ASTRA ENERGY SOLUTIONS	c EIN-PN 46-4083437-001
a Plan name	UBG 401(K) - CLARKSON GRAIN	
b Name of plan sponsor	CLARKSON GRAIN COMPANY, INC.	c EIN-PN 37-1062319-001
a Plan name	UBG 401(K) - CONSUMERS OIL & SUPPLY	
b Name of plan sponsor	CONSUMERS OIL & SUPPLY COMPANY	c EIN-PN 44-0209460-001
a Plan name	UBG 401(K) - FARMERS COOPERATIVE	
b Name of plan sponsor	FARMERS COOPERATIVE	c EIN-PN 47-0155629-002
a Plan name	UBG 401(K) - FCA/VISION AG	
b Name of plan sponsor	FARMERS CO-OP ASSOCIATION	c EIN-PN 42-0248005-002
a Plan name	UBG 401(K) - GARDEN CITY	
b Name of plan sponsor	GARDEN CITY CO-OP INC	c EIN-PN 48-0231740-002
a Plan name	UBG 401(K) - HI-PLAINS CO-OP	
b Name of plan sponsor	HI-PLAINS CO-OP ASSN	c EIN-PN 48-0536234-001
a Plan name	UBG 401(K) - HULL COOP	
b Name of plan sponsor	HULL COOPERATIVE ASSOCIATION	c EIN-PN 42-0241700-030
a Plan name	UBG 401(K) - IMPERIAL	
b Name of plan sponsor	FRENCHMAN VALLEY FARMERS COOPERATIVE	c EIN-PN 47-0522190-002
a Plan name	UBG 401(K) - KEY COOP	
b Name of plan sponsor	KEY COOPERATIVE	c EIN-PN 42-0242395-030
a Plan name	UBG 401(K) - MIDWAY CO-OP	
b Name of plan sponsor	MIDWAY CO-OP ASSOCIATION INC.	c EIN-PN 48-0359855-001

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	UBG 401(K) - MOTT EQUITY EXCHANGE	
b	Name of plan sponsor	MOTT EQUITY EXCHANGE	c EIN-PN 45-0169330-001
a	Plan name	UBG 401(K) - NRRA	
b	Name of plan sponsor	NEBRASKA RURAL RADIO ASSOCIATION	c EIN-PN 47-0364672-002
a	Plan name	UBG 401(K) - OACC	
b	Name of plan sponsor	OKLAHOMA AGRICULTURAL COOPERATIVE COUNCIL, INC	c EIN-PN 23-7394403-001
a	Plan name	UBG 401(K) - UBG	
b	Name of plan sponsor	UNITED BENEFITS GROUP	c EIN-PN 01-0689331-001
a	Plan name	UBG 401(K)- ATC	
b	Name of plan sponsor	AGRI TRAILS CO-OP INC	c EIN-PN 47-5603846-005
a	Plan name	UBG 401(K)- COUNTRY PARTNERS COOP	
b	Name of plan sponsor	COUNTRY PARTNERS COOPERATIVE	c EIN-PN 47-0303317-001
a	Plan name	UBG 401(K)- COUNTRYSIDE FEED	
b	Name of plan sponsor	COUNTRYSIDE FEED LLC	c EIN-PN 74-2855854-001
a	Plan name	UBG 401(K)- CPI	
b	Name of plan sponsor	COOPERATIVE PRODUCERS, INC.	c EIN-PN 47-0206858-001
a	Plan name	UBG 401(K)- FLAGLER	
b	Name of plan sponsor	FLAGLER COOPERATIVE ASSOCIATION	c EIN-PN 84-0203780-002
a	Plan name	UBG 401(K)- FRONTIER COOPERATIVE	
b	Name of plan sponsor	FRONTIER COOPERATIVE COMPANY	c EIN-PN 47-0156130-003
a	Plan name	UBG 401(K)- STRATTON	
b	Name of plan sponsor	STRATTON EQUITY CO-OP CO	c EIN-PN 84-0330380-002
a	Plan name	UBG 401(K)-AG PLUS COOPERATIVE	
b	Name of plan sponsor	AG PLUS COOPERATIVE	c EIN-PN 41-0251170-002

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	UBG 401(K)-AG VALLEY COOP	
b Name of plan sponsor	AG VALLEY COOPERATIVE NON STOCK	c EIN-PN 47-0404632-003
a Plan name	UBG 401(K)-AGLAND	
b Name of plan sponsor	AGLAND CO-OP	c EIN-PN 46-0175335-002
a Plan name	UBG 401(K)-AGTEGRA	
b Name of plan sponsor	AGTEGRA COOPERATIVE	c EIN-PN 46-0191930-002
a Plan name	UBG 401(K)-APC	
b Name of plan sponsor	AG PRODUCERS CO-OP	c EIN-PN 75-0592145-003
a Plan name	UBG 401(K)-CENTRAL PLAINS MILLING	
b Name of plan sponsor	CENTRAL PLAINS MILLING LLC	c EIN-PN 20-8870374-003
a Plan name	UBG 401(K)-COOPERATIVE GRAIN & SUPPLY	
b Name of plan sponsor	COOPERATIVE GRAIN & SUPPLY	c EIN-PN 48-0723746-002
a Plan name	UBG 401(K)-FIRST COOPERATIVE	
b Name of plan sponsor	FIRST COOPERATIVE ASSOCIATION	c EIN-PN 42-0243900-003
a Plan name	UBG 401(K)-GARDEN PLAIN	
b Name of plan sponsor	FARMERS CO-OP ELEVATOR CO	c EIN-PN 48-0214440-002
a Plan name	UBG 401(K)-GPC	
b Name of plan sponsor	GREAT PLAINS COMMONDITIES, LLC	c EIN-PN 81-0868248-001
a Plan name	UBG 401(K)-MKC	
b Name of plan sponsor	MID-KANSAS COOPERATIVE ASSOCIATION	c EIN-PN 48-0695087-003
a Plan name	UBG 401(K)-PEETZ	
b Name of plan sponsor	PEETZ FARMERS CO-OP CO	c EIN-PN 84-0288955-002
a Plan name	UBG 401(K)-PLANTERS COOP	
b Name of plan sponsor	PLANTERS COOPERATIVE ASSOCIATION	c EIN-PN 73-0404390-003

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	UBG 401(K)-SUBLETTE	
b	Name of plan sponsor	SUBLETTE COOPERATIVE INC	c EIN-PN 48-0181420-001
a	Plan name	UBG 401(K)-TOP AG COOPERATIVE	
b	Name of plan sponsor	TOP AG COOPERATIVE INC	c EIN-PN 13-4290420-001
a	Plan name	UBG 401(K)-WESTERN COOPERATIVE	
b	Name of plan sponsor	WESTERN COOPERATIVE CO	c EIN-PN 47-0344432-002
a	Plan name	UBG 401K - AMERICAN PLAINS COOP FKA GREAT BEND	
b	Name of plan sponsor	THE GREAT BEND COOPERATIVE ASSOCIATION	c EIN-PN 48-0646838-002
a	Plan name	UBG 401K - ANTHONY CO-OP	
b	Name of plan sponsor	ANTHONY FARMERS COOPERATIVE ELEVATOR COMPANY	c EIN-PN 48-0122780-002
a	Plan name	UBG 401K - CPC STERLING	
b	Name of plan sponsor	CENTRAL PRAIRIE CO-OP	c EIN-PN 48-0214460-001
a	Plan name	UBG 401K - FCA	
b	Name of plan sponsor	FARMERS COOPERATIVE ASSOCIATION	c EIN-PN 48-0548704-002
a	Plan name	UBG 401K- AGSTATE SH MATCH	
b	Name of plan sponsor	AGSTATE-ALBERT CITY	c EIN-PN 42-0243900-001
a	Plan name	UBG 401K- BARTLETT CO-OP	
b	Name of plan sponsor	BARTLETT CO-OP ASSN	c EIN-PN 48-0538481-002
a	Plan name	UBG 401K DAKOTALAND FEEDS	
b	Name of plan sponsor	DAKOTALAND FEEDS, LLC	c EIN-PN 46-0457628-002
a	Plan name	UBG 401K EQUITY EXCHANGE	
b	Name of plan sponsor	PERRYTON EQUITY EXCHANGE	c EIN-PN 75-0491660-002
a	Plan name	UBG 401K FRONTIER AG TRUST	
b	Name of plan sponsor	FRONTIER AG, INC.	c EIN-PN 20-8325734-002

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	UBG 401K HUMPHREYS COOP	
b	Name of plan sponsor	FARMERS UNION COOPERATIVE GIN	c EIN-PN 73-0620822-001
a	Plan name	UBG 401K MIDLAND MARKETING	
b	Name of plan sponsor	MIDLAND MARKETING COOP INC	c EIN-PN 48-0214170-001
a	Plan name	UBG 401K- PRAIRIE CENTRAL	
b	Name of plan sponsor	PRAIRIE CENTRAL COOPERATIVE, INC.	c EIN-PN 37-0582170-002
a	Plan name	UBG 401K- SERVICE & SUPPLY CO-OP	
b	Name of plan sponsor	SERVICE & SUPPLY CO-OP	c EIN-PN 43-0832916-002
a	Plan name	UCL 401K RETIREMENT PLAN	
b	Name of plan sponsor	URGENT CARE LAKEWOOD, INC	c EIN-PN 81-0799828-001
a	Plan name	VEDCO, INC. 401K PLAN	
b	Name of plan sponsor	VEDCO, INC.	c EIN-PN 47-0619280-001
a	Plan name	VENDIGI, INC. 401K PLAN	
b	Name of plan sponsor	VENDIGI, INC.	c EIN-PN 47-1581827-001
a	Plan name	VIGILNET AMERICA LLC 401K PLAN	
b	Name of plan sponsor	VIGILNET	c EIN-PN 20-3952684-001
a	Plan name	VIP HEALTH SERVICES, LLC PROFIT SHARING PLAN	
b	Name of plan sponsor	VIP HEALTH SERVICES, LLC	c EIN-PN 45-2425098-002
a	Plan name	VIRTUS 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	VIRTUS, INC.	c EIN-PN 46-3745376-001
a	Plan name	VSI, LLC RETIREMENT PLAN AND TRUST	
b	Name of plan sponsor	VSI, LLC	c EIN-PN 20-3175733-001
a	Plan name	V-TEK, INCORPORATED 401K PLAN	
b	Name of plan sponsor	V-TEK, INCORPORATED	c EIN-PN 82-0920283-001

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	WALNUT RISK MANAGEMENT LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	WALNUT RISK MANAGEMENT LLC	c EIN-PN 46-1060332-001
a	Plan name	WHITE SEED CO. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WHITE SEED COMPANY	c EIN-PN 77-0139666-001
a	Plan name	WILSON TRAILER COMPANY RETIREMENT PLAN FOR OFFICE EMPLOYEES	
b	Name of plan sponsor	WILSON TRAILER COMPANY	c EIN-PN 42-0603090-001
a	Plan name	WILSON TRAILER COMPANY RETIREMENT PLAN FOR PRODUCTION EMPLOYEES	
b	Name of plan sponsor	WILSON TRAILER COMPANY	c EIN-PN 42-0603090-001
a	Plan name	WILSON TRAILER COMPANY RETIREMENT PLAN FOR S EMPLOYEES	
b	Name of plan sponsor	WILSON TRAILER COMPANY	c EIN-PN 42-0603090-003
a	Plan name	WILSON TRAILER COMPANY RETIREMENT PLAN FOR SALES EMPLOYEES	
b	Name of plan sponsor	WILSON TRAILER COMPANY	c EIN-PN 42-0603090-001
a	Plan name	WINNEBAGO MANUFACTURING CO. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WINNEBAGO MANUFACTURING CO. INC.	c EIN-PN 41-0799526-001
a	Plan name	WURK 401K PLAN MEP	
b	Name of plan sponsor	WURKFORCE, INC.	c EIN-PN 81-2794951-001
a	Plan name	XALOY 401(K) PLAN	
b	Name of plan sponsor	XALOY, LLC	c EIN-PN 81-4251752-001
a	Plan name	ZAMBOO, LLC DISCRETIONARY DEFINED CONTRIBUTION/401(K) PLAN	
b	Name of plan sponsor	ZAMBOO, LLC	c EIN-PN 95-4661497-001
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 INTELLICENTS AGGRESSIVE CIF	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 INTELLICENTS AGGRESSIVE CIF	D Employer Identification Number (EIN) 87-0860881

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	401494	151706
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	30169	275195
(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)	19556368	16324572
(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)	48025649	86803132
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities.....	1d(1)		
(2) Employer real property.....	1d(2)		
e Buildings and other property used in plan operation.....	1e		
f Total assets (add all amounts in lines 1a through 1e).....	1f	68013680	103554605
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h	13837	28053
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	36062	30752
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	49899	58805
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	67963781	103495800

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)	57206	
(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)	166	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		57372
(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)	2193854	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		2193854
(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)		
(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		9046413
d Total income. Add all income amounts in column (b) and enter total	2d		11297639

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)	51661	
(11) Other expenses	2i(11)	36679	
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		88340
j Total expenses. Add all expense amounts in column (b) and enter total	2j		88340

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11209299
l Transfers of assets:			
(1) To this plan	2l(1)		41102907
(2) From this plan	2l(2)		16780187

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 _____.