

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

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

a single-employer plan  a DFE (specify) 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**

<p><b>1a</b> Name of plan <u>JOHN HANCOCK TRUST COMPANY CORE PLUS FIXED INCOME TRUST</u></p>	<p><b>1b</b> Three-digit plan number (PN) ▶ <u>002</u></p>
<p><b>2a</b> 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>JOHN HANCOCK TRUST COMPANY COLLECTIVE INVESTMENT TRUST I</u></p> <p><u>197 CLARENDON STREET</u> <u>4TH FLOOR, MAIL STOP C-04-19</u> <u>BOSTON, MA 02116</u></p>	<p><b>1c</b> Effective date of plan</p> <hr/> <p><b>2b</b> Employer Identification Number (EIN) <u>45-2395022</u></p> <p><b>2c</b> Plan Sponsor's telephone number <u>617-663-2162</u></p> <p><b>2d</b> Business code (see instructions)</p>

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

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

<b>SIGN HERE</b>		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
<b>SIGN HERE</b>		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	06/11/2025	ERIC ZIZZA
	Signature of DFE	Date	Enter name of individual signing as DFE

<b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	<b>3b</b> Administrator's EIN  <b>3c</b> Administrator's telephone number  <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
<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.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <b>6a(1)</b> <b>6a(2)</b> <b>6b</b> <b>6c</b> <b>6d</b> 0 <b>6e</b> <b>6f</b> <b>6g(1)</b> <b>6g(2)</b> <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 \_\_\_\_\_

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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 01/01/2024 and ending 12/31/2024

<b>A</b> Name of plan <u>JOHN HANCOCK TRUST COMPANY CORE PLUS FIXED INCOME TRUST</u>	<b>B</b> Three-digit plan number (PN) ▶	<u>002</u>
<b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JOHN HANCOCK TRUST COMPANY COLLECTIVE INVESTMENT TRUST I</u>	<b>D</b> Employer Identification Number (EIN) <u>45-2395022</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):		
<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):		
<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):		
<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):		
<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):		
<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):		
<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)



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 PERS OF MISSISSIPPI OPTIONAL RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor PUBLIC EMPLOYEES' RETIREMENT SYSTEM OF MISSISSIPPI	<b>c</b> EIN-PN 64-6001557-004
<b>a</b>	Plan name CITY OF TAUNTON CONTRIBUTORY RETIREMENT SYSTEM	
<b>b</b>	Name of plan sponsor TAUNTON RETIREMENT BOARD 104 DEAN ST, SUITE 203	<b>c</b> EIN-PN 04-6001320-001
<b>a</b>	Plan name CITY PENSION FUND FOR FIREFIGHTERS & POLICE OFFICERS IN PEMBROKE PINES PENSION FUND	
<b>b</b>	Name of plan sponsor CITY PENSION FUND FOR FIREFIGHTERS & POLICE OFFICERS IN PEMBROKE PINES	<b>c</b> EIN-PN 59-2186333-001
<b>a</b>	Plan name VINSON & ELKINS L.L.P. RETIREMENT PLAN MASTER TRUST GENERAL FUND	
<b>b</b>	Name of plan sponsor VINSON & ELKINS L.L.P	<b>c</b> EIN-PN 74-1183015-002
<b>a</b>	Plan name RSA SECURITY 401(K) PLAN	
<b>b</b>	Name of plan sponsor RSA SECURITY LLC	<b>c</b> EIN-PN 27-1496036-001
<b>a</b>	Plan name FLUOR CORPORATION MASTER RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor FLUOR CORPORATION	<b>c</b> EIN-PN 33-0414495-001
<b>a</b>	Plan name MERCER DIVERSIFIED BOND FUND	
<b>b</b>	Name of plan sponsor MERCER DIVERSIFIED BOND FUND, AN INVESTMENT FUND UNDER THE	<b>c</b> EIN-PN 81-3188218-001
<b>a</b>	Plan name DAVIS POLK & WARDWELL MASTER RETIREMENT TRUST	
<b>b</b>	Name of plan sponsor DAVIS POLK & WARDWELL LLP	<b>c</b> EIN-PN 87-3709815-005
<b>a</b>	Plan name LES SCHWAB PROFIT SHARING RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor LES SCHWAB WAREHOUSE CENTER, INC.	<b>c</b> EIN-PN 93-6038440-333
<b>a</b>	Plan name DELL INC 401K PLAN	
<b>b</b>	Name of plan sponsor NFS LLC FEBO FMTC AS TRUSTEE FBO DELL BOND	<b>c</b> EIN-PN 27-1367396-001
<b>a</b>	Plan name HPE US CORE PLUS FIXED INCOME FUND	
<b>b</b>	Name of plan sponsor HPE US CORE PLUS FIXED INCOME FUND	<b>c</b> EIN-PN 82-3667125-001
<b>a</b>	Plan name TEAMSTERS NATIONAL 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BOARD OF TRUSTEES OF THE TEAMSTERS-NATIONAL 401(K) SAVINGS PLAN	<b>c</b> EIN-PN 52-1044197-001

<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	THE KROGER DEFINED CONTRIBUTION PLAN MASTER TRUST	
<b>b</b>	Name of plan sponsor	THE KROGER CO.	<b>c</b> EIN-PN 31-0345740-009
<b>a</b>	Plan name	SUPPLEMENTAL INCOME 401(K) PLAN	
<b>b</b>	Name of plan sponsor	BOARD OF TRUSTEES OF SUPPLEMENTAL INCOME TRUST FUND	<b>c</b> EIN-PN 94-2554388-002
<b>a</b>	Plan name	THRIVEWISE PEP (FKA (K)PRAETORIAN RETIREMENT PLAN)	
<b>b</b>	Name of plan sponsor	PRINCIPAL LIFE INSURANCE COMPANY	<b>c</b> EIN-PN 42-0127290-333
<b>a</b>	Plan name	SAVEWISE PEP	
<b>b</b>	Name of plan sponsor	NEWPORT GROUP	<b>c</b> EIN-PN 27-2037969-016
<b>a</b>	Plan name	BUILDWISE (FKA EZ(K)FLEX POOLED EMPLOYER PLAN)	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 20-1816581-333
<b>a</b>	Plan name	ACCRUEWISE (FKA EZ(K) PLUS PEP)	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 20-1816581-334
<b>a</b>	Plan name	NNPP CONTRACTOR DC MASTER TRUST	
<b>b</b>	Name of plan sponsor	FLUOR MARINE PROPULSION, LLC	<b>c</b> EIN-PN 35-7220852-001
<b>a</b>	Plan name	EMPLOYEES' RETIREMENT PLAN OF BOSE CORPORATION	
<b>b</b>	Name of plan sponsor	BOSE CORPORATION	<b>c</b> EIN-PN 04-2655386-001
<b>a</b>	Plan name	MGM RESORTS 401(K) SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	MGM RESORTS INTERNATIONAL	<b>c</b> EIN-PN 88-3696524-002
<b>a</b>	Plan name	SUCCESSWISE POOLED EMPLOYER PLAN	
<b>b</b>	Name of plan sponsor	PLAN PROFESSIONALS, LLC	<b>c</b> EIN-PN 85-3213245-314
<b>a</b>	Plan name	ICON CLINICAL RESEARCH, LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ICON CLINICAL RESEARCH, LLC	<b>c</b> EIN-PN 23-2689156-001
<b>a</b>	Plan name	MERCEDES-BENZ USA LLC EMPLOYEE RETIREMENT SAVING PLAN	
<b>b</b>	Name of plan sponsor	MERCEDES-BENZ NORTH AMERICA CORPORATION	<b>c</b> EIN-PN 22-2375138-002

<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	FERRO CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	VIBRANTZ CORPORATION	<b>c</b> EIN-PN 34-0217820-031
<b>a</b>	Plan name	WALGREEN RETIREMENT SAVINGS MASTER TRUST	
<b>b</b>	Name of plan sponsor	WALGREEN CO	<b>c</b> EIN-PN 36-6046717-003
<b>a</b>	Plan name	PHELPS COUNTY REGIONAL MEDICAL CENTER SUPPLEMENTAL SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	PHELPS COUNTY REGIONAL MEDICAL CENTER	<b>c</b> EIN-PN 43-6004435-002
<b>a</b>	Plan name	MCKENNEY'S INC. AND AFFILIATED COMPANIES PROFIT SHARING AND 401 K	
<b>b</b>	Name of plan sponsor	MCKENNEY'S, INC.	<b>c</b> EIN-PN 58-0501197-001
<b>a</b>	Plan name	US FARATHANE, LLC 401K PLAN	
<b>b</b>	Name of plan sponsor	US FARATHANE, LLC	<b>c</b> EIN-PN 46-3221181-001
<b>a</b>	Plan name	J.F. SHEA CO., INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	J.F. SHEA COMPANY, INC.	<b>c</b> EIN-PN 94-1530032-333
<b>a</b>	Plan name	BLUESTAR RESORT & GOLF 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	BLUESTAR RESORT & GOLD LLC	<b>c</b> EIN-PN 20-3663263-001
<b>a</b>	Plan name	THE AAFP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	AMERICAN ACADEMY OF FAMILY PHYSICIANS	<b>c</b> EIN-PN 44-0536051-003
<b>a</b>	Plan name	WALSH JESUIT HIGH SCHOOL 401 (K) PLAN	
<b>b</b>	Name of plan sponsor	WALSH JESUIT HIGH SCHOOL	<b>c</b> EIN-PN 34-0947373-003
<b>a</b>	Plan name	PHELPS HEALTH 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	PHELPS HEALTH PHELPS COUNTY REGIONAL MEDICAL CENTER	<b>c</b> EIN-PN 43-6004435-001
<b>a</b>	Plan name	112/73 RETIREMENT PLAN NECA-IBEW	
<b>b</b>	Name of plan sponsor	THE BOARD OF TRUSTEES OF THE 112/73 RETIREMENT PLAN NECA-IBEW	<b>c</b> EIN-PN 91-1167290-001
<b>a</b>	Plan name	ABRASIVE-FORM, LLC SALARY SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	ABRASIVE-FORM, LLC	<b>c</b> EIN-PN 47-5282271-002

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.)	
<b>a</b>	Plan name ADVISER COMPLIANCE ASSOCIATES, LLC DBA ACA GROUP 401(K) PLAN	
<b>b</b>	Name of plan sponsor ADVISER COMPLIANCE ASSOCIATES, LLC DBA ACA GROUP	<b>c</b> EIN-PN 75-2987063-001
<b>a</b>	Plan name ADVANCED MICRO DEVICES, INC. RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor ADVANCED MICRO DEVICES, INC.	<b>c</b> EIN-PN 94-1692300-003
<b>a</b>	Plan name AMWINS GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor AMWINS GROUP, INC.	<b>c</b> EIN-PN 13-4009411-001
<b>a</b>	Plan name ARCHER RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor ARCHER TECHNOLOGIES LLC	<b>c</b> EIN-PN 88-3906788-001
<b>a</b>	Plan name ATLANTIC POWER SERVICES 401(K) AND PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor ATLANTIC POWER SERVICES, LLC	<b>c</b> EIN-PN 45-2821416-001
<b>a</b>	Plan name ATTENTIVE MOBILE 401(K) PLAN	
<b>b</b>	Name of plan sponsor ATTENTIVE MOBILE INC.	<b>c</b> EIN-PN 81-3899446-001
<b>a</b>	Plan name AXILLON AEROSPACE 401(K) PLAN	
<b>b</b>	Name of plan sponsor CARBON TOPCO, INC.	<b>c</b> EIN-PN 99-4576537-001
<b>a</b>	Plan name BATH & BODY WORKS INC. 401(K) SAVINGS AND RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor BATH & BODY WORKS, INC.	<b>c</b> EIN-PN 31-1048997-002
<b>a</b>	Plan name BGIS GLOBAL INTEGRATED SOLUTIONS, US LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor BGIS GLOBAL INTEGRATED SOLUTIONS US, LLC	<b>c</b> EIN-PN 81-1765198-001
<b>a</b>	Plan name CLEARWATER SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor CLEARWATER SOLUTIONS, LLC	<b>c</b> EIN-PN 20-8152510-001
<b>a</b>	Plan name DIT-MCO INTERNATIONAL LLC RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor DIT-MCO INTERNATIONAL LLC	<b>c</b> EIN-PN 32-0472658-001
<b>a</b>	Plan name G&W ELECTRIC COMPANY PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor G&W ELECTRIC COMPANY	<b>c</b> EIN-PN 36-1113440-004

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 GUARDIAN ALARM COMPANY 401(K) PROFIT SHARING PLAN AND TRUST	
<b>b</b>	Name of plan sponsor GA BUSINESS PURCHASER, LLC DBA GUARDIAN ALARM	<b>c</b> EIN-PN 81-4849018-001
<b>a</b>	Plan name GUIDANT RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TITAN METER BIDCO CORP. DBA GUIDANT	<b>c</b> EIN-PN 99-0687996-001
<b>a</b>	Plan name HNTB OWNERSHIP DIVERSIFICATION PLAN SUB-PLAN OF HNTB OWNERSHIP PLAN	
<b>b</b>	Name of plan sponsor HNTB HOLDINGS LTD.	<b>c</b> EIN-PN 56-2422024-003
<b>a</b>	Plan name HNTB RETIREMENT AND SAVINGS PLAN	
<b>b</b>	Name of plan sponsor HNTB HOLDINGS LTD.	<b>c</b> EIN-PN 56-2422024-002
<b>a</b>	Plan name HOERBIGER US RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor HOERBIGER AMERICA HOLDING, INC.	<b>c</b> EIN-PN 20-3965560-001
<b>a</b>	Plan name KDC PLATFORM LLC 401(K) PLAN	
<b>b</b>	Name of plan sponsor KDC PLATFORM LLC	<b>c</b> EIN-PN 41-2091415-001
<b>a</b>	Plan name KNOXVILLE UTILITIES BOARD PENSION PLAN	
<b>b</b>	Name of plan sponsor KNOXVILLE UTILITIES BOARD	<b>c</b> EIN-PN 62-6000324-002
<b>a</b>	Plan name L BRANDS PUERTO RICO RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor BATH & BODY WORKS, INC.	<b>c</b> EIN-PN 31-1048997-003
<b>a</b>	Plan name LARSON DESIGN GROUP, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor LARSON DESIGN GROUP, INC.	<b>c</b> EIN-PN 23-2615527-001
<b>a</b>	Plan name LGG INDUSTRIAL RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LGG INDUSTRIAL	<b>c</b> EIN-PN 46-4585115-002
<b>a</b>	Plan name LHOIST NORTH AMERICA 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor LHOIST NORTH AMERICA, INC.	<b>c</b> EIN-PN 52-2120637-001
<b>a</b>	Plan name LOUIS DREYFUS RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor LOUIS DREYFUS COMPANY LLC	<b>c</b> EIN-PN 27-3304138-007

<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	MCAFEE & TAFT RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	MCAFEE & TAFT A PROFESSIONAL CORPORATION	<b>c</b> EIN-PN 73-0781676-001
<b>a</b>	Plan name	Q SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
<b>b</b>	Name of plan sponsor	Q SERVICES, LLC	<b>c</b> EIN-PN 27-3775020-001
<b>a</b>	Plan name	MICHAEL L. HAMANN, DDS PA PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor	MICHAEL L. HAMANN, DDS, P.A.	<b>c</b> EIN-PN 41-1319248-001
<b>a</b>	Plan name	MOOD 401(K) SAVINGS & RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	DMX, LLC DBA MOOD MEDIA CORPORATION	<b>c</b> EIN-PN 20-2796414-002
<b>a</b>	Plan name	NEXPERA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	NEXPERA MIDCO, LLC	<b>c</b> EIN-PN 99-3849456-001
<b>a</b>	Plan name	NORTHSTAR ANESTHESIA 401(K) PLAN	
<b>b</b>	Name of plan sponsor	ANESTHESIA CONSULTING & MANAGEMENT, LP	<b>c</b> EIN-PN 01-0826101-005
<b>a</b>	Plan name	PIEPER-OLSON VET HOSPITAL EMPLOYEES PLAN	
<b>b</b>	Name of plan sponsor	PIEPER-OLSON VET HOSPITAL, INC.	<b>c</b> EIN-PN 06-1155979-001
<b>a</b>	Plan name	RESOLVIT RESOURCES, LLC 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	RESOLVIT RESOURCES, LLC	<b>c</b> EIN-PN 02-0538092-001
<b>a</b>	Plan name	RLI CORP 401(K) PLAN	
<b>b</b>	Name of plan sponsor	RLI CORP	<b>c</b> EIN-PN 37-0889946-003
<b>a</b>	Plan name	RSM MAINTENANCE 401(K) RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	RSM MAINTENANCE, LLC	<b>c</b> EIN-PN 11-3709518-001
<b>a</b>	Plan name	SAAMA TECHNOLOGIES, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	SAAMA TECHNOLOGIES, INC.	<b>c</b> EIN-PN 77-0456182-001
<b>a</b>	Plan name	SAWTOOTH MOUNTAIN CLINIC, INC. EMPLOYEE RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor	SAWTOOTH MOUNTAIN CLINIC, INC.	<b>c</b> EIN-PN 41-1347593-001

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 SCATTERMESH 401(K) PLAN	
<b>b</b>	Name of plan sponsor SCATTERMESH, LLC	<b>c</b> EIN-PN 82-1573526-001
<b>a</b>	Plan name SPARTAN LIGHT METAL PRODUCTS 401(K) PROFIT SHARING PLAN	
<b>b</b>	Name of plan sponsor SPARTAN LIGHT METAL PRODUCTS, INC.	<b>c</b> EIN-PN 37-0805188-002
<b>a</b>	Plan name STARTEK 401(K) PLAN	
<b>b</b>	Name of plan sponsor STARTEK USA, INC.	<b>c</b> EIN-PN 84-1063922-001
<b>a</b>	Plan name TETCO, INC. EMPLOYEES' SAVINGS PLAN	
<b>b</b>	Name of plan sponsor TETCO, INC.	<b>c</b> EIN-PN 74-2240616-001
<b>a</b>	Plan name THE 401K PLAN OF STRIKE CONSTRUCTION LLC	
<b>b</b>	Name of plan sponsor STRIKE CONSTRUCTION LLC	<b>c</b> EIN-PN 87-4262928-001
<b>a</b>	Plan name THE SPECTRIS GROUP SAFE HARBOR 401(K) RETIREMENT PLAN	
<b>b</b>	Name of plan sponsor SPECTRIS INCORPORATED	<b>c</b> EIN-PN 51-0363173-003
<b>a</b>	Plan name TPUSA 401(K) PLAN	
<b>b</b>	Name of plan sponsor TPUSA, INC.	<b>c</b> EIN-PN 87-0512021-001
<b>a</b>	Plan name VHMS 401(K) PLAN	
<b>b</b>	Name of plan sponsor VINCI HIGHWAYS MOBILITY SOLUTIONS, INC.	<b>c</b> EIN-PN 85-4242450-001
<b>a</b>	Plan name WATERFIELD TECHNOLOGIES 401(K) PLAN	
<b>b</b>	Name of plan sponsor WATERFIELD TECHNOLOGIES	<b>c</b> EIN-PN 47-1044432-001
<b>a</b>	Plan name WEIGEL BROADCASTING CO. EMPLOYEES PROFIT SHARING AND 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor WEIGEL BROADCASTING CO	<b>c</b> EIN-PN 36-2497545-001
<b>a</b>	Plan name WORLDLY RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor WORLDLY HOLDINGS, INC.	<b>c</b> EIN-PN 83-4312755-001
<b>a</b>	Plan name THE W.W. WILLIAMS CO EMPLOYEES SAVINGS PLAN AND TRUST 3(21)	
<b>b</b>	Name of plan sponsor W.W. WILLIAMS CO.	<b>c</b> EIN-PN 31-4343230-002

<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	WILEY X, INC. 401(K) PLAN & TRUST	
<b>b</b>	Name of plan sponsor	WILEY X, INC.	<b>c</b> EIN-PN 77-0162376-001
<b>a</b>	Plan name	NETSKOPE RETIREMENT SAVINGS PLAN	
<b>b</b>	Name of plan sponsor	NETSKOPE, INC.	<b>c</b> EIN-PN 46-1141117-001
<b>a</b>	Plan name	PROGRESS LIGHTING 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROGRESS LIGHTING, LLC	<b>c</b> EIN-PN 51-0305291-001
<b>a</b>	Plan name	PROS, INC. 401(K) PLAN	
<b>b</b>	Name of plan sponsor	PROS, INC.	<b>c</b> EIN-PN 45-5498401-001
<b>a</b>	Plan name	SAN LUIS & DELTA MENDOTA 401A PLAN	
<b>b</b>	Name of plan sponsor	SAN LUIS & DELTA MENDOTA WATER AUTHORITY	<b>c</b> EIN-PN 52-1717350-001
<b>a</b>	Plan name	SAN LUIS & DELTA MENDOTA 457(B) PLAN	
<b>b</b>	Name of plan sponsor	SAN LUIS & DELTA MENDOTA WATER AUTHORITY	<b>c</b> EIN-PN 52-1717350-002
<b>a</b>	Plan name	SAN LUIS & DELTA MENDOTA WATER AUTHORITY 401A PLAN	
<b>b</b>	Name of plan sponsor	SAN LUIS & DELTA MENDOTA WATER AUTHORITY	<b>c</b> EIN-PN 52-1717350-003
<b>a</b>	Plan name	TECHPRO POWER GROUP INC. 401K PLAN	
<b>b</b>	Name of plan sponsor	TECHPRO POWER GROUP, INC. DBA TDS HOLD CO. INC	<b>c</b> EIN-PN 82-2380877-001
<b>a</b>	Plan name	TENSION ENVELOPE CORPORATION 401(K) PLAN	
<b>b</b>	Name of plan sponsor	TENSION ENVELOPE CORPORATION	<b>c</b> EIN-PN 22-1589367-006
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN
<b>a</b>	Plan name		
<b>b</b>	Name of plan sponsor		<b>c</b> EIN-PN

<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>	<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 <b>01/01/2024</b> and ending <b>12/31/2024</b>	
<b>A</b> Name of plan <b>JOHN HANCOCK TRUST COMPANY CORE PLUS FIXED INCOME TRUST</b>	<b>B</b> Three-digit plan number (PN) ▶ <b>002</b>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <b>JOHN HANCOCK TRUST COMPANY COLLECTIVE INVESTMENT TRUST I</b>	<b>D</b> Employer Identification Number (EIN) <b>45-2395022</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>	0	84363
<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>	73836220	131976087
<b>c</b> General investments:			
<b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	7055779	13076922
<b>(2)</b> U.S. Government securities .....	<b>1c(2)</b>	1128148024	1367131026
<b>(3)</b> Corporate debt instruments (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(3)(A)</b>	208367322	191649383
<b>(B)</b> All other .....	<b>1c(3)(B)</b>	722833143	847586625
<b>(4)</b> Corporate stocks (other than employer securities):			
<b>(A)</b> Preferred .....	<b>1c(4)(A)</b>	756888	821442
<b>(B)</b> Common .....	<b>1c(4)(B)</b>	1447122	211113
<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>	82298685	85023937
<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>		
<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>	2463768	1134788

<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>	2227206951	2638695686
<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>	45786803	111967040
<b>k</b> Total liabilities (add all amounts in lines 1g through 1j).....	<b>1k</b>	45786803	111967040
<b>Net Assets</b>			
<b>l</b> Net assets (subtract line 1k from line 1f).....	<b>1l</b>	2181420148	2526728646

**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>	946298	
<b>(B)</b> U.S. Government securities.....	<b>2b(1)(B)</b>	56179634	
<b>(C)</b> Corporate debt instruments.....	<b>2b(1)(C)</b>	51538598	
<b>(D)</b> Loans (other than to participants).....	<b>2b(1)(D)</b>	3043815	
<b>(E)</b> Participant loans.....	<b>2b(1)(E)</b>		
<b>(F)</b> Other.....	<b>2b(1)(F)</b>	176768	
<b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		111885113
<b>(2) Dividends:</b>			
<b>(A)</b> Preferred stock.....	<b>2b(2)(A)</b>	71757	
<b>(B)</b> Common stock.....	<b>2b(2)(B)</b>	53452	
<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>		125209
(3) 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>		
<b>(B)</b> Aggregate carrying amount (see instructions).....	<b>2b(4)(B)</b>	19867199	
<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>		
<b>(5) Unrealized appreciation (depreciation) of assets:</b>			
<b>(A)</b> Real estate.....	<b>2b(5)(A)</b>	-29840718	
<b>(B)</b> Other.....	<b>2b(5)(B)</b>		
<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>		62302405

**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>		
(6) Bank or trust company trustee/custodial fees .....	<b>2i(6)</b>		
(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>		0
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total .....	<b>2j</b>		0

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		62302405
<b>l</b> Transfers of assets:			
(1) To this plan .....	<b>2l(1)</b>		618342708
(2) From this plan .....	<b>2l(2)</b>		335336615

**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 \_\_\_\_\_.