

Form 5500

Annual Return/Report of Employee Benefit Plan

OMB Nos. 1210-0110 1210-0089

2024

This Form is Open to Public Inspection

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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.

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, 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, 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, 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: MANAGED ALLOCATION PORTFOLIO POOLED INVESTMENT TRUST
1b Three-digit plan number (PN): 005
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): BOKF, NA
Mailing address (include room, apt., suite no. and street, or P.O. Box): P.O. BOX 2300 TULSA, OK 74192
2b Employer Identification Number (EIN): 73-0780382
2c Plan Sponsor's telephone number: 918-588-6000
2d Business code (see instructions)

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

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

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

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

Form 5500 (2024) v. 240311

3a Plan administrator's name and address <input type="checkbox"/> Same as Plan Sponsor BOKF, NA P.O. BOX 2300 TULSA, OK 74192	3b Administrator's EIN 73-0780382 3c Administrator's telephone number 918-588-6000																				
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 01/01/2024 and ending 12/31/2024

A Name of plan <u>MANAGED ALLOCATION PORTFOLIO POOLED INVESTMENT TRUST</u>	B Three-digit plan number (PN)	<u>005</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BOKF, NA</u>	D Employer Identification Number (EIN) <u>73-0780382</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:		
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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	AERO IT SOLUTIONS, LLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	AERO IT SOLUTIONS, LLC	c EIN-PN 92-1874143-001
a	Plan name	ABATIX CORP. 401(K) PROFIT SHARING	
b	Name of plan sponsor	ABATIX CORP.	c EIN-PN 75-1908110-001
a	Plan name	ABERDEEN DYNAMICS 401(K) PLAN	
b	Name of plan sponsor	ABERDEEN DYNAMICS, LLC	c EIN-PN 20-0457046-001
a	Plan name	ALPHA PROCESS SALES, INC. EMPLOYEES' SAVINGS PLAN	
b	Name of plan sponsor	ALPHA PROCESS SALES, INC.	c EIN-PN 74-1606087-002
a	Plan name	AMERICAN WASTE CONTROL, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	AMERICAN WASTE CONTROL, INC.	c EIN-PN 73-1100270-001
a	Plan name	AMERICA'S CAR-MART, INC. 401(K) PLA	
b	Name of plan sponsor	AMERICAS CAR-MART, INC.	c EIN-PN 71-0791606-001
a	Plan name	AMERIVISION COMMUNICATIONS, INC. 40	
b	Name of plan sponsor	AMERIVISION COMMUNICATIONS, INC.	c EIN-PN 73-1378798-001
a	Plan name	ACTION SPRING COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ACTION SPRING COMPANY, INC.	c EIN-PN 73-1129513-001
a	Plan name	ADVANTAGE TERRAFAB, LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ADVANTAGE TERRAFAB, LLC	c EIN-PN 27-3460775-001
a	Plan name	ADVANCED UROLOGY AND WELLNESS CENTER, MUSKOGEE PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ADVANCED UROLOGY AND WELLNESS CENTER, MUSKOGEE PLLC	c EIN-PN 81-0595538-001
a	Plan name	ADVANTAGE CONTROLS LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	ADVANTAGE CONTROLS, LLC	c EIN-PN 20-1066376-001
a	Plan name	B.E. BLANK & CO LP 401(K) PLAN	
b	Name of plan sponsor	B.E. BLANK & CO LP	c EIN-PN 82-3929150-001

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 CHILD NEUROLOGY OF TULSA, P.C. 401(K) PLAN	
b	Name of plan sponsor CHILD NEUROLOGY OF TULSA, P.C.	c EIN-PN 47-0896402-001
a	Plan name THE DEFELO LAW FIRM RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor TDLF LLC DBA THE DEFELO LAW FIRM	c EIN-PN 45-4697082-001
a	Plan name CHEYENNE MEP, LLC 401(K) PLAN	
b	Name of plan sponsor CHEYENNE MEP, LLC	c EIN-PN 37-1757621-001
a	Plan name CACTUS DRILLING COMPANY, LLC 401(K)	
b	Name of plan sponsor CACTUS DRILLING COMPANY, LLC	c EIN-PN 27-0017663-002
a	Plan name CANCER AND BLOOD CARE, P.C. 401(K)	
b	Name of plan sponsor CANCER AND BLOOD CARE, P.C.	c EIN-PN 73-1527283-001
a	Plan name BELL TRUCKS AMERICA INCORPORATED 401(K) PLAN	
b	Name of plan sponsor BELL TRUCKS AMERICA INCORPORATED	c EIN-PN 46-1596705-002
a	Plan name ALL SOUL'S EPISCOPAL CHURCH 401(K) PLAN	
b	Name of plan sponsor ALL SOUL'S EPISCOPAL CHURCH	c EIN-PN 73-0673490-001
a	Plan name BIG BROTHERS BIG SISTERS OF OKLAHOMA 401(K) PLAN	
b	Name of plan sponsor BIG BROTHERS BIG SISTERS OF OKLAHOMA	c EIN-PN 73-1226237-001
a	Plan name CAREATC, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor CAREATC, INC.	c EIN-PN 73-1598062-002
a	Plan name CHANDLER (U.S.A.), INC. 401(K) THRI	
b	Name of plan sponsor CHANDLER U.S.A., INC.	c EIN-PN 73-1325906-001
a	Plan name CHEEK & FALCONE, PLLC 401(K) PLAN	
b	Name of plan sponsor CHEEK & FALCONE, PLLC	c EIN-PN 20-3767241-001
a	Plan name COLONIAL AUTO FINANCE, INC. 401(K)	
b	Name of plan sponsor COLONIAL AUTO FINANCE, INC.	c EIN-PN 71-0863258-001

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 DOMIAN FAMILY DENTISTRY, P.L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DOMIAN FAMILY DENTISTRY, P.L.L.C.	c EIN-PN 85-3433613-001
a	Plan name EMERGENCY MEDICAL SERVICES AUTHORITY 401(A) MATCHING PLAN	
b	Name of plan sponsor EMERGENCY MEDICAL SERVICES AUTHORITY	c EIN-PN 73-1038915-003
a	Plan name COOPER NATURAL RESOURCES, INC. 401(
b	Name of plan sponsor COOPER NATURAL RESOURCES, INC.	c EIN-PN 43-1753848-001
a	Plan name COX MACHINE, INC. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor COX MACHINE, INC.	c EIN-PN 48-0928813-001
a	Plan name FINOTTA 401(K) PLAN	
b	Name of plan sponsor DESTINY WEALTH, INC.	c EIN-PN 83-1953814-001
a	Plan name GRAHAM D. CHADD, M.D., P.L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor GRAHAM D. CHADD, M.D., P.L.L.C.	c EIN-PN 27-2837177-001
a	Plan name DEBACKERS INC PROFIT SHARING PLAN	
b	Name of plan sponsor DEBACKERS INC	c EIN-PN 48-0775821-001
a	Plan name PARNEL BIOGAS 401(K) PLAN	
b	Name of plan sponsor PARNEL BIOGAS, INC.	c EIN-PN 73-1570805-001
a	Plan name RADIATION ONCOLOGY SERVICES, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor RADIATION ONCOLOGY SERVICES, PC	c EIN-PN 73-1333503-002
a	Plan name NSP PROTEINS 401(K) PLAN	
b	Name of plan sponsor AUXANO HOLDINGS, LLC	c EIN-PN 41-1384046-001
a	Plan name EMERGENCY MEDICAL SERVICES AUTHORITY 457(B) GOVERNMENTAL PLAN	
b	Name of plan sponsor EMERGENCY MEDICAL SERVICES AUTHORITY	c EIN-PN 73-1038915-003
a	Plan name EMERGENCY MEDICAL SERVICES AUTHORITY 457(B) MATCHING PLAN	
b	Name of plan sponsor EMERGENCY MEDICAL SERVICES AUTHORITY	c EIN-PN 73-1038915-004

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.)			
a	Plan name	DVIS 401(K) PLAN	
b	Name of plan sponsor	DOMESTIC VIOLENCE INTERVENTION SERV	c EIN-PN 73-1028332-001
a	Plan name	RAYMOND L. GOODSON, JR. INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	RAYMOND L. GOODSON, JR. INC.	c EIN-PN 75-1082440-001
a	Plan name	EASTERN OKLAHOMA EAR, NOSE AND THRO	
b	Name of plan sponsor	EASTERN OKLAHOMA EAR, NOSE AND THRO	c EIN-PN 73-0978074-001
a	Plan name	EMERGENCY MEDICAL SERVICES AUTHORIT	
b	Name of plan sponsor	EMERGENCY MEDICAL SERVICES AUTHORIT	c EIN-PN 73-1038915-002
a	Plan name	ENERTIA SOFTWARE 401(K) PLAN	
b	Name of plan sponsor	ENERTECH INFORMATION SYSTEMS, INC.	c EIN-PN 75-2221875-001
a	Plan name	DRUMMOND EYE CLINIC, P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRUMMOND EYE CLINIC, P.C.	c EIN-PN 73-0975857-001
a	Plan name	EWING & JONES 401(K) PLAN	
b	Name of plan sponsor	EWING & JONES, PLLC	c EIN-PN 26-1190553-001
a	Plan name	EXPRESS EMPLOYMENT PROFESSIONALS 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	EXPRESS SERVICES INC.	c EIN-PN 84-0909680-003
a	Plan name	EXPRESS SERVICES, INC. RETIREMENT P	
b	Name of plan sponsor	EXPRESS SERVICES	c EIN-PN 84-0909680-001
a	Plan name	FAYETTEVILLE PUBLIC LIBRARY	
b	Name of plan sponsor	FAYETTEVILLE PUBLIC LIBRARY	c EIN-PN 71-6039025-001
a	Plan name	FENTON, FENTON, SMITH, RENEAU & MOO	
b	Name of plan sponsor	FENTON, FENTON, SMITH, RENEAU & MOO	c EIN-PN 73-0957932-001
a	Plan name	FIRST BANK EMPLOYEES' 401(K) PLAN	
b	Name of plan sponsor	FIRST BANK	c EIN-PN 75-0164917-002

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	FABRICUT EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor	FABRICUT/S. HARRIS, INC.	c EIN-PN 73-1544931-003
a	Plan name	FOWLER HOLDING COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	FOWLER HOLDING COMPANY, INC.	c EIN-PN 73-1291239-001
a	Plan name	FLINT BUILDERS, INC. 401(K) PLAN	
b	Name of plan sponsor	FLINT BUILDERS, INC.	c EIN-PN 90-0942823-001
a	Plan name	THE EXCHANGE BANK 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE EXCHANGE BANK	c EIN-PN 73-0233290-001
a	Plan name	GMS 401(K) PLAN	
b	Name of plan sponsor	GUTHRIE MAINSTREAM SERVICES, LLC	c EIN-PN 13-4233219-001
a	Plan name	GABLE & GOTWALS 401(K) PROFIT SHARI	
b	Name of plan sponsor	GABLE & GOTWALS, A PROFESSIONAL COR	c EIN-PN 73-0776907-001
a	Plan name	GRAND RIVER ABSTRACT & TITLE CO. PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor	GRAND RIVER ABSTRACT & TITLE CO.	c EIN-PN 73-0745785-001
a	Plan name	GROWING TOGETHER 401(K) PLAN	
b	Name of plan sponsor	GROWING TOGETHER	c EIN-PN 47-1572366-001
a	Plan name	TULSA COUNTY MEDICAL SOCIETY 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	TULSA COUNTY MEDICAL SOCIETY	c EIN-PN 73-0488400-002
a	Plan name	LEVELING 8, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	LEVELING 8, INC.	c EIN-PN 84-1841733-001
a	Plan name	METROCREST HOSPITAL AUTHORITY DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	METROCREST HOSPITAL AUTHORITY	c EIN-PN 75-1495760-002
a	Plan name	FLINT RESOURCES COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	FLINT RESOURCES COMPANY, LLC	c EIN-PN 73-1551842-001

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 THE MONARCH CEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor THE MONARCH CEMENT COMPANY	c EIN-PN 48-0340590-005
a	Plan name TULSA INTERNAL MEDICINE PHYSICIANS, P.L.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor TULSA INTERNAL MEDICINE PHYSICIANS, P.L.L.C.	c EIN-PN 20-0183173-001
a	Plan name UTICA PHYSICIANS' ASSOCIATION LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor UTICA PHYSICIANS ASSOCIATION, LTD.	c EIN-PN 73-1255640-001
a	Plan name CITY WIDE CONSTRUCTION PRODUCTS CO. 401(K) PLAN FOR UNION EMPLOYEES	
b	Name of plan sponsor CITY WIDE CONSTRUCTION PRODUCTS CO.	c EIN-PN 43-1379721-001
a	Plan name HUGHES LUMBER COMPANY EMPLOYEES' RE	
b	Name of plan sponsor HUGHES LUMBER COMPANY	c EIN-PN 73-0705912-001
a	Plan name MESA 401(K) PLAN	
b	Name of plan sponsor MESA PRODUCTS, INC.	c EIN-PN 73-1210252-001
a	Plan name M&A TECHNOLOGY, INC. 401(K) PLAN	
b	Name of plan sponsor M&A TECHNOLOGY, INC.	c EIN-PN 75-2132118-001
a	Plan name OSAGE NATION HEALTH SYSTEM 401(K) PLAN	
b	Name of plan sponsor OSAGE NATION SI-SI A-PE-TXA	c EIN-PN 88-3011074-001
a	Plan name IN2VATE, LLC 401(K) PLAN	
b	Name of plan sponsor IN2VATE, LLC	c EIN-PN 73-1479156-001
a	Plan name U.S. PAYMENTS, LLC 401(K) PLAN AND TRUST	
b	Name of plan sponsor U.S. PAYMENTS, LLC	c EIN-PN 02-0714795-001
a	Plan name INTEGRITY AUTO GROUP 401(K) PLAN	
b	Name of plan sponsor INTEGRITY AUTO SERVICE, LLC	c EIN-PN 20-4001222-001
a	Plan name DALLAS JET INTERNATIONAL, LP 401(K) PLAN	
b	Name of plan sponsor DALLAS JET INTERNATIONAL LP	c EIN-PN 20-8367412-001

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 JACMOR, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor JACMOR, INC.	c EIN-PN 73-1321049-001
a	Plan name JGC (USA), INC. 401(K) ACTION PLAN	
b	Name of plan sponsor JGC USA, INC.	c EIN-PN 13-3054936-001
a	Plan name KAISER-FRANCIS OIL COMPANY RETIREME	
b	Name of plan sponsor KAISER-FRANCIS OIL COMPANY	c EIN-PN 73-1006655-003
a	Plan name KNIGHT AUTOMOTIVE GROUP 401(K) RETI	
b	Name of plan sponsor KNIGHT AUTOMOTIVE GROUP, LLC	c EIN-PN 35-2336028-001
a	Plan name UTILITY TRI-STATE 401(K) PLAN	
b	Name of plan sponsor UTILITY TRI-STATE, INC.	c EIN-PN 73-1312253-001
a	Plan name MUSCOGEE NATION BUSINESSES, LLC 401(K) PLAN	
b	Name of plan sponsor MUSCOGEE NATION BUSINESSES, LLC	c EIN-PN 47-3191105-001
a	Plan name NATIONAL EQUIPMENT DEALERS 401(K) PLAN	
b	Name of plan sponsor NATIONAL EQUIPMENT DEALERS, LLC	c EIN-PN 80-0934053-002
a	Plan name LANGDON & EMISON 401(K)PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor LANGDON & EMISON	c EIN-PN 43-1832604-001
a	Plan name MASUDA, FUNAI, EIFERT & MITCHELL, L	
b	Name of plan sponsor MASUDA, FUNAI, EIFERT & MITCHELL, L	c EIN-PN 36-3125637-001
a	Plan name VALLEY BANCSHARES, INC. EMPLOYEE STOCK OWNERSHIP PLAN	
b	Name of plan sponsor VALLEY BANCSHARES, INC.	c EIN-PN 73-1145106-002
a	Plan name MEE HAWKINS GREENHAW & COTNER, PLLP PROFIT SHARING PLAN	
b	Name of plan sponsor MEE HAWKINS GREENHAW & COTNER, PLLP	c EIN-PN 73-1554944-001
a	Plan name MIDWESCO INDUSTRIES, INC. RETIREMEN	
b	Name of plan sponsor MIDWESCO INDUSTRIES, INC.	c EIN-PN 73-0541107-001

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 MUIRFIELD RESOURCES COMPANY 401(K)	
b	Name of plan sponsor MUIRFIELD RESOURCES COMPANY	c EIN-PN 73-1280383-001
a	Plan name MUSKOGEE YOUTH SERVICES 401(K) PLAN	
b	Name of plan sponsor MUSKOGEE COUNTY COUNCIL OF YOUTH SE	c EIN-PN 73-0947232-001
a	Plan name NADEL & GUSSMAN 401(K) PROFIT SHARI	
b	Name of plan sponsor NADEL & GUSSMAN, L.L.C.	c EIN-PN 73-1342852-002
a	Plan name PROFIT SHARING PLAN AND TRUST OF MOODY'S JEWELRY, INC.	
b	Name of plan sponsor MOODY'S JEWELRY, INC.	c EIN-PN 73-0958307-001
a	Plan name METROCREST HOSPITAL AUTHORITY RETIREMENT PLAN	
b	Name of plan sponsor METROCREST HOSPITAL AUTHORITY	c EIN-PN 75-1495760-001
a	Plan name MILAM & ASSOCIATES, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MILAM & ASSOCIATES, PLLC	c EIN-PN 01-0572400-001
a	Plan name OAMIC 401(K) PLAN	
b	Name of plan sponsor OKLAHOMA ATTORNEYS MUTUAL INSURANCE	c EIN-PN 73-1103663-001
a	Plan name MUSCOGEE INTERNATIONAL 401(K) PLAN	
b	Name of plan sponsor MUSCOGEE INTERNATIONAL, LLC	c EIN-PN 45-4148867-001
a	Plan name OGI 401(K) RETIREMENT PLAN	
b	Name of plan sponsor OGI PROCESS EQUIPMENT, INC.	c EIN-PN 73-1471054-003
a	Plan name THE VANGUARD COMPANY 401(K) SAVINGS PLAN	
b	Name of plan sponsor THE VANGUARD COMPANY	c EIN-PN 20-1493997-001
a	Plan name THE MUSCOGEE (CREEK) NATION 401(K) PLAN	
b	Name of plan sponsor THE MUSCOGEE (CREEK) NATION	c EIN-PN 73-0932018-001
a	Plan name ENERGY EXCHANGER COMPANY 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ENERGY EXCHANGER COMPANY	c EIN-PN 73-0964391-001

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	OMNI AIR INTERNATIONAL, INC. 401(K)	
b	Name of plan sponsor	OMNI AIR INTERNATIONAL, INC.	c EIN-PN 20-0605928-001
a	Plan name	OPTRONICS INTERNATIONAL, LLC EMPLOY	
b	Name of plan sponsor	OPTRONICS INTERNATIONAL, LLC	c EIN-PN 26-4740529-001
a	Plan name	PEOPLE INC. 401(K) PLAN	
b	Name of plan sponsor	PEOPLE INC. OF SEQUOYAH COUNTY	c EIN-PN 73-1243774-002
a	Plan name	THE PAUL & LACKEY 401(K) PLAN	
b	Name of plan sponsor	PAUL & LACKEY, A PROFESSIONAL CORPORATION	c EIN-PN 73-1463953-001
a	Plan name	PETERS & CHANDLER, PC EMPLOYEES' PR	
b	Name of plan sponsor	PETERS & CHANDLER, PC	c EIN-PN 73-1078763-002
a	Plan name	PIZZA VENTURE OF SAN ANTONIO LLC 40	
b	Name of plan sponsor	PIZZA VENTURE OF SAN ANTONIO, LLC	c EIN-PN 74-2746842-001
a	Plan name	OCE 401(K) PLAN	
b	Name of plan sponsor	OIL CAPITAL ELECTRIC, LLC	c EIN-PN 27-0012349-001
a	Plan name	POWERHOUSE RESOURCES INTERNATIONAL, INC. 401(K) PLAN	
b	Name of plan sponsor	POWERHOUSE RESOURCES INTERNATIONAL, INC.	c EIN-PN 27-3158812-001
a	Plan name	RAMEY AND WALSH BANKING GROUP SAVIN	
b	Name of plan sponsor	BANK OF COMMERCE	c EIN-PN 73-1081417-001
a	Plan name	READY-MIXED CONCRETE 401(K) PLAN	
b	Name of plan sponsor	THE MONARCH CEMENT COMPANY	c EIN-PN 48-0340590-004
a	Plan name	REBCON, INC. 401(K) SAVINGS PLAN	
b	Name of plan sponsor	REBCON, INC.	c EIN-PN 75-2084179-001
a	Plan name	RIGGS, ABNEY, NEAL, TURPEN, ORBISON	
b	Name of plan sponsor	RIGGS, ABNEY, NEAL, TURPEN, ORBISON	c EIN-PN 73-0966815-001

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	ROGERS COUNTY EMPLOYER DISCRETIONARY PLAN	
b	Name of plan sponsor	COUNTY OFFICERS AND EMPLOYEES DEFERRED SAVINGS INCENTIVE PLAN FUND AUT	c EIN-PN 82-1157401-001
a	Plan name	ROGERS COUNTY DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	COUNTY OFFICERS AND EMPLOYEES DEFERRED SAVINGS INCENTIVE PLAN FUND AUT	c EIN-PN 82-1157401-002
a	Plan name	RUFFIN COMPANIES 401(K) PLAN	
b	Name of plan sponsor	RUFFIN HOLDINGS, INC.	c EIN-PN 48-1157556-001
a	Plan name	S&R COMPRESSION, LLC 401(K) PROFIT	
b	Name of plan sponsor	S&R COMPRESSION, LLC	c EIN-PN 26-0294978-001
a	Plan name	OSAGE CASINO 401(K) PLAN	
b	Name of plan sponsor	OSAGE NATION GAMING ENTERPRISES DBA OSAGE CASINOS	c EIN-PN 06-1794657-001
a	Plan name	OSAGE NATION 401(K) PLAN	
b	Name of plan sponsor	OSAGE NATION	c EIN-PN 73-1509406-002
a	Plan name	SENIOR STAR MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	SENIOR STAR MANAGEMENT COMPANY	c EIN-PN 73-1220378-001
a	Plan name	SOUTHERN HILLS COUNTRY CLUB RETIREM	
b	Name of plan sponsor	SOUTHERN HILLS COUNTRY CLUB	c EIN-PN 73-0475850-002
a	Plan name	SPARLING CONSTRUCTION COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	SPARLING CONSTRUCTION COMPANY, INC.	c EIN-PN 85-0354090-001
a	Plan name	FRAZER BANK 401(K) PLAN	
b	Name of plan sponsor	FRAZER BANK	c EIN-PN 73-0125375-002
a	Plan name	STARK & STARK EMPLOYEES' PROFIT SHA	
b	Name of plan sponsor	STARK & STARK, P.C.	c EIN-PN 22-2092476-001
a	Plan name	SUNRAY GAMING OF NEW MEXICO 401(K)	
b	Name of plan sponsor	SUNRAY GAMING OF NEW MEXICO, LLC	c EIN-PN 86-0875493-001

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	TCF 401(K) PLAN
b	Name of plan sponsor	TULSA COMMUNITY FOUNDATION
c	EIN-PN	73-1554474-002
a	Plan name	THE CITY OF FAYETTEVILLE EMPLOYEE R
b	Name of plan sponsor	CITY OF FAYETTEVILLE
c	EIN-PN	71-6018462-002
a	Plan name	THE CUMMINS CONSTRUCTION COMPANY, I
b	Name of plan sponsor	CUMMINS CONSTRUCTION COMPANY, INC.
c	EIN-PN	73-0626847-001
a	Plan name	THE EYE INSTITUTE, INC. 401(K) PROF
b	Name of plan sponsor	THE EYE INSTITUE, INC.
c	EIN-PN	73-1373096-001
a	Plan name	THE GC BROACH COMPANY PROFIT SHARIN
b	Name of plan sponsor	THE GC BROACH COMPANY
c	EIN-PN	73-0710803-002
a	Plan name	THE NICHOLS COMPANIES, INC. 401(K)
b	Name of plan sponsor	THE NICHOLS COMPANIES, INC.
c	EIN-PN	73-1006025-001
a	Plan name	THE UNIVERSITY CLUB 401(K) PROFIT S
b	Name of plan sponsor	THE UNIVERSITY CLUB
c	EIN-PN	84-0341700-002
a	Plan name	TTCU FEDERAL CREDIT UNION 457(B) PLAN
b	Name of plan sponsor	TTCU FEDERAL CREDIT UNION
c	EIN-PN	73-0489468-002
a	Plan name	TULSA COUNTY 401(A) MATCHING PLAN
b	Name of plan sponsor	TULSA COUNTY
c	EIN-PN	73-6006419-001
a	Plan name	TULSA REGIONAL STEM ALLIANCE 401(K) PLAN
b	Name of plan sponsor	TULSA REGIONAL STEM ALLIANCE, INC.
c	EIN-PN	81-4051559-001
a	Plan name	U.S. GLOBAL INVESTORS, INC. 401(K)
b	Name of plan sponsor	U.S. GLOBAL INVESTORS, INC.
c	EIN-PN	74-1598370-002
a	Plan name	UNIVERSAL FIDELITY LIFE INSURANCE 4
b	Name of plan sponsor	UNIVERSAL FIDELITY LIFE INSURANCE C
c	EIN-PN	73-0493220-001

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	UROLOGIC SPECIALISTS OF OKLAHOMA, I	
b	Name of plan sponsor	UROLOGIC SPECIALISTS OF OKLAHOMA, I	c EIN-PN 73-0729369-001
a	Plan name	USA SOFTBALL PROFIT SHARING PLAN	
b	Name of plan sponsor	USA SOFTBALL, INC.	c EIN-PN 23-7132249-002
a	Plan name	UTICA EYE CARE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CURTIS V. WOLF, II M.D., P.C.	c EIN-PN 20-2222535-001
a	Plan name	TULSA COUNTY 457 DEFERRED COMPENSATION PLAN	
b	Name of plan sponsor	TULSA COUNTY	c EIN-PN 73-6006419-002
a	Plan name	W.D. DISTRIBUTING, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	W.D. DISTRIBUTING, INC.	c EIN-PN 95-2634245-001
a	Plan name	WEBCO INDUSTRIES, INC. EMPLOYEE INVESTMENT PLAN	
b	Name of plan sponsor	WEBCO INDUSTRIES, INC.	c EIN-PN 73-1097133-001
a	Plan name	WELLS & CUELLAR PC PROFIT SHARING PLAN	
b	Name of plan sponsor	WELLS & CUELLAR PC	c EIN-PN 76-0219276-001
a	Plan name	WILLIFORD COMPANIES SAVINGS PLAN	
b	Name of plan sponsor	WILLIFORD ENERGY COMPANY	c EIN-PN 73-1062169-001
a	Plan name	WYANDOTTE NATION GOVERNMENT 401(K) PLAN	
b	Name of plan sponsor	WYANDOTTE NATION	c EIN-PN 73-1029082-001
a	Plan name	WYANDOTTE TRIBAL CORPORATION	
b	Name of plan sponsor	WYANDOTTE TRIBE OF OKLAHOMA	c EIN-PN 02-0735724-001
a	Plan name	MORROW AND LAI, D.D.S., P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	MORROW AND LAI, D.D.S., P.C.	c EIN-PN 73-1384453-001
a	Plan name	YELLOW CAB COMPANIES OF TEXAS 401(K) PLAN	
b	Name of plan sponsor	YELLOW CAB COMPANIES OF HOUSTON, INC.	c EIN-PN 74-1206048-001

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 THE OKLAHOMA CITY INDIAN CLINIC 401(K) PLAN	
b	Name of plan sponsor CENTRAL OKLAHOMA AMERICAN INDIAN HEALTH COUNCIL, INC.	c EIN-PN 73-0955756-001
a	Plan name OLYMPIA ANESTHESIA P.L.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OLYMPIA ANESTHESIA, P.L.C.	c EIN-PN 20-3722324-001
a	Plan name AMERICAN EXCHANGE BANK PROFIT SHARING PLAN	
b	Name of plan sponsor AMERICAN EXCHANGE BANK	c EIN-PN 73-0126300-002
a	Plan name B.C. CLARK, INC. PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor B.C. CLARK, INC.	c EIN-PN 73-0574210-001
a	Plan name BOK FINANCIAL 401(K) PLAN	
b	Name of plan sponsor BOKF, NA	c EIN-PN 73-0780382-002
a	Plan name OVERHEAD DOOR COMPANY OF TULSA, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor OVERHEAD DOOR COMPANY OF TULSA, INC.	c EIN-PN 73-0769041-001
a	Plan name PEDIATRIC PRACTITIONERS OF OKLAHOMA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PATRICIA A. FARMER, APRN-CNP, PLLC	c EIN-PN 45-4617029-001
a	Plan name BOWLIN TRAVEL CENTERS, INC. 401(K) PLAN	
b	Name of plan sponsor BOWLIN TRAVEL CENTERS, INC.	c EIN-PN 85-0473277-002
a	Plan name CRAWLEY PETROLEUM SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor CRAWLEY PETROLEUM CORPORATION	c EIN-PN 73-0936765-001
a	Plan name HARTZOG CONGER CASON & NEVILLE 401(K) PLAN	
b	Name of plan sponsor HARTZOG CONGER CASON & NEVILLE, LLP	c EIN-PN 20-1997652-002
a	Plan name HEAT TRANSFER EQUIPMENT COMPANY SAVINGS PLAN	
b	Name of plan sponsor HEAT TRANSFER EQUIPMENT COMPANY	c EIN-PN 73-0961266-001
a	Plan name MARK A. DAWKINS, MD SAVINGS INCENTIVE PLAN	
b	Name of plan sponsor MARK A. DAWKINS, MD, PC	c EIN-PN 73-1593192-001

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 OPTHALMIC PARTNERS, PA 401(K) PLAN	
b	Name of plan sponsor OPTHALMIC PARTNERS, PA	c EIN-PN 75-2664866-001
a	Plan name TULSA DERMATOLOGY CLINIC INC. 401(K) PLAN	
b	Name of plan sponsor TULSA DERMATOLOGY CLINIC, INC.	c EIN-PN 73-0776171-001
a	Plan name BERKELEY EYE CENTER 401(K) PLAN	
b	Name of plan sponsor BERKELEY EYE CENTER	c EIN-PN 43-2012505-001
a	Plan name RAMSEY INDUSTRIES, INC. DEFINED BENEFIT REPLACEMENT ALLOCATION PLAN	
b	Name of plan sponsor RAMSEY INDUSTRIES, INC.	c EIN-PN 73-1103219-001
a	Plan name TECHSICO ENTERPRISE SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor TECHSICO ENTERPRISE SOLUTIONS, INC.	c EIN-PN 26-1747891-001
a	Plan name CMR 401(K)/PROFIT SHARING PLAN	
b	Name of plan sponsor CLAIMS MANAGEMENT RESOURCES, INC.	c EIN-PN 73-1399656-001
a	Plan name TECHSICO, INC.	
b	Name of plan sponsor TECHSICO, INC. 401(K) PLAN	c EIN-PN 83-1488543-001
a	Plan name THE COLORADO EDUCATION INITIATIVE 401(K) PLAN	
b	Name of plan sponsor COLORADO EDUCATION INITIATIVE	c EIN-PN 26-1597530-001
a	Plan name RAMSEY INDUSTRIES 401(K) SAVINGS PLAN	
b	Name of plan sponsor RAMSEY INDUSTRIES, INC.	c EIN-PN 73-1103219-003
a	Plan name HIGHSIDE 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HIGHSIDE CAPITAL MANAGEMENT, L.P.	c EIN-PN 74-3091871-001
a	Plan name MACCOURT PRODUCTS 401(K) PLAN	
b	Name of plan sponsor MACCOURT PRODUCTS, INC.	c EIN-PN 84-0920428-001
a	Plan name MICHAEL DERRICK MOODY, DDS, MSO, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor MICHAEL DERRICK MOODY, DDS, MSO, INC.	c EIN-PN 85-3963148-001

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 MIDWEST MEDICAL GROUP, P.L.L.C. 401(K) PLAN	
b	Name of plan sponsor MIDWEST MEDICAL GROUP, P.L.L.C.	c EIN-PN 73-1620308-001
a	Plan name NORMAN RADIOLOGY SERVICES, INC. EMPLOYEE PROFIT SHARING PLAN	
b	Name of plan sponsor NORMAN RADIOLOGY SERVICES, INC.	c EIN-PN 73-0797222-001
a	Plan name OKLAHOMA DEPARTMENT OF WILDLIFE CONSER DEFINED CONTRIBUTION PLAN	
b	Name of plan sponsor OKLAHOMA DEPARTMENT OF WILDLIFE CONSERVATION	c EIN-PN 73-6017987-002
a	Plan name OKLAHOMA CITY NATIONAL MEMORIAL FOUNDATION 401(K) PLAN	
b	Name of plan sponsor OKLAHOMA CITY NATIONAL MEMORIAL FOUNDATION	c EIN-PN 73-1472725-001
a	Plan name PATHOLOGY LABORATORY ASSOCIATES, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor PATHOLOGY LABORATORY ASSOCIATES, INC.	c EIN-PN 73-1085650-001
a	Plan name PEDIATRIC & ADOLESCENT CARE, L.L.P. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PEDIATRIC & ADOLESCENT CARE, L.L.P.	c EIN-PN 73-1183811-001
a	Plan name SOUTH TULSA PEDIATRICS, PLLC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTH TULSA PEDIATRICS, PLLC	c EIN-PN 20-0207585-001
a	Plan name STAGHORN PETROLEUM, LLC 401(K) PLAN	
b	Name of plan sponsor STAGHORN PETROLEUM, LLC	c EIN-PN 47-4609574-001
a	Plan name TTCU RETIREMENT PLAN	
b	Name of plan sponsor TULSA TEACHERS CREDIT UNION	c EIN-PN 73-0489468-001
a	Plan name THE MUSCOGEE (CREEK) NATION CASINO 401(K) PLAN	
b	Name of plan sponsor GAMING OPERATIONS AUTHORITY BOARD	c EIN-PN 27-0984046-001
a	Plan name 401(K) PROFIT SHARING PLAN FOR EMPLOYEES OF SANTA MARIA EL MIRADOR	
b	Name of plan sponsor SANTA MARIA EL MIRADOR	c EIN-PN 74-2830135-001
a	Plan name PUEBLO OF SANTA ANA COMMERCIAL ENTERPRISES 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PUEBLO OF SANTA ANA	c EIN-PN 85-0217024-002

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	PUEBLO OF SANTA ANA GOVERNMENTAL 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PUEBLO OF SANTA ANA	c EIN-PN 85-0217024-001
a	Plan name	H.O.W. FOUNDATION 401(K) PLAN	
b	Name of plan sponsor	H.O.W. FOUNDATION	c EIN-PN 73-1130618-001
a	Plan name	JAMES E. WEBB, JR. D.P.M., P.C. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JAMES E. WEBB, JR., D.P.M., P.C.	c EIN-PN 32-0000291-001
a	Plan name	WINDACRE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE WINDACRE PARTNERSHIP LLC	c EIN-PN 46-2439914-001
a	Plan name	MASONIC CHARITY FOUNDATION OF OKLAHOMA 401(K) PLAN	
b	Name of plan sponsor	MASONIC CHARITY FOUNDATION OF OKLAHOMA	c EIN-PN 73-6097262-001
a	Plan name	MISSISSIPPI BLOOD SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	MISSISSIPPI BLOOD SERVICES, INC.	c EIN-PN 23-7447676-001
a	Plan name	OMNI AIR TRANSPORT, LLC 401(K) PLAN	
b	Name of plan sponsor	OMNI AIR TRANSPORT, LLC	c EIN-PN 20-2773232-001
a	Plan name	OMNI AIR INTERNATIONAL, INC. 401(K) PLAN FOR FLIGHT DECK CREW MEMBERS	
b	Name of plan sponsor	OMNI AIR INTERNATIONAL	c EIN-PN 20-0605928-002
a	Plan name	VALIR HEALTH 401(K) PLAN	
b	Name of plan sponsor	VALIR HEALTH, LLC	c EIN-PN 73-1577996-001
a	Plan name	PEAKVIEW OPERATING COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	PEAKVIEW OPERATING COMPANY, LLC	c EIN-PN 80-0783091-001
a	Plan name	SHINN FU PROFIT SHARING TRUST	
b	Name of plan sponsor	SHINN FU COMPANY OF AMERICA, INC.	c EIN-PN 43-1242271-001
a	Plan name	WINDACRE 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	THE WINDACRE PARTNERSHIP LLC	c EIN-PN 46-2439914-001

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	YALE OIL ASSOCIATION, INC. 401(K) PLAN	
b Name of plan sponsor	YALE OIL ASSOCIATION, INC.	c EIN-PN 73-0520095-002

a Plan name	ZUNIS CAPITAL MANAGEMENT, INC. 401(K) PROFIT SHARING PLAN	
b Name of plan sponsor	ZUNIS CAPITAL MANAGEMENT, INC.	c EIN-PN 84-3966404-001

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

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.	OMB No. 1210-0110 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 MANAGED ALLOCATION PORTFOLIO POOLED INVESTMENT TRUST	B Three-digit plan number (PN) ▶ 005
C Plan sponsor's name as shown on line 2a of Form 5500 BOKF, NA	D Employer Identification Number (EIN) 73-0780382

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

Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions	1b(1)	
(2) Participant contributions	1b(2)	
(3) Other	1b(3)	8667573 3631338
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	8996466 15530451
(2) U.S. Government securities	1c(2)	
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	
(B) Common	1c(4)(B)	
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property)	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	1095218440 1223771632
(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	1112882479	1242933421
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	11109585	902098
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	11109585	902098
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	1101772894	1242031323

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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(B) U.S. Government securities.....	2b(1)(B)		
(C) Corporate debt instruments.....	2b(1)(C)		
(D) Loans (other than to participants).....	2b(1)(D)		
(E) Participant loans.....	2b(1)(E)		
(F) Other.....	2b(1)(F)	2937087	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2937087
(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)	33347326	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		33347326
(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)	65794284	
(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)		29216039
c Other income	2c		48200
d Total income. Add all income amounts in column (b) and enter total.....	2d		131342936

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)		0
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)	3285795	
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		3285795
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3285795

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		128057141
l Transfers of assets:			
(1) To this plan.....	2l(1)		266899785
(2) From this plan	2l(2)		254698497

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 _____.