

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: FIRST CITIZENS GOALVIEW COLLECTIVE RETIREMENT TRUST
1b Three-digit plan number (PN): 001
1c Effective date of plan
2a Plan sponsor's name (employer, if for a single-employer plan): AMERICAN TRUST COMPANY
2b Employer Identification Number (EIN): 92-2348703
2c Plan Sponsor's telephone number: 877-411-8781
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.

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 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>FIRST CITIZENS GOALVIEW COLLECTIVE RETIREMENT TRUST</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>AMERICAN TRUST COMPANY</u>	D Employer Identification Number (EIN) <u>92-2348703</u>	

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

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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):

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d Entity
code

e Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

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103-12 IE at end of year (see instructions)

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103-12 IE at end of year (see instructions)

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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	4C HOLDINGS, LLC PROFIT SHARING AND 401(K) PLAN	
b	Name of plan sponsor	4C HOLDINGS, LLC	c EIN-PN 46-1129845-002
a	Plan name	ENSYSYTEX, INC, 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ENSYSYTEX, INC.	c EIN-PN 56-1893824-001
a	Plan name	THE CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIRST CITIZENS BANK & TRUST COMPANY AND ADOPTING RELATED EMPLOYERS	
b	Name of plan sponsor	FIRST CITIZENS BANK & TRUST COMPANY	c EIN-PN 56-0223230-002
a	Plan name	THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF FIRST CITIZENS BANK & TRUST COMPANY AND ADOPTING RELATED EMPLOYERS	
b	Name of plan sponsor	FIRST CITIZENS BANK & TRUST COMPANY	c EIN-PN 56-0223230-003
a	Plan name	CARY HEALTHCARE ASSOCIATES, P.A. 401(K) PLAN	
b	Name of plan sponsor	CARY HEALTHCARE ASSOCIATES,P.A.	c EIN-PN 56-2229949-001
a	Plan name	CENTER FOR TEACHING QUALITY, INC. 401(K) PLAN	
b	Name of plan sponsor	CENTER FOR TEACHING QUALITY, INC.	c EIN-PN 04-3606319-001
a	Plan name	CRYSTAL COAST FAMILY PRACTICE, P.A. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	CRYSTAL COAST FAMILY PRACTICE, P.A.	c EIN-PN 56-1921599-001
a	Plan name	FAYETTEVILLE CHILDREN'S CLINIC PROFIT SHARING PLAN	
b	Name of plan sponsor	FAYETTEVILLE CHILDRENS CLNIC, P.A.	c EIN-PN 56-1004016-003
a	Plan name	FLORENCE CONCRETE PRODUCTS 401(K) PLAN	
b	Name of plan sponsor	FLORENCE CONCRETE PRODUCTS, INC.	c EIN-PN 57-0353598-002
a	Plan name	GARNER INTERNAL MEDICINE 401(K) PLAN	
b	Name of plan sponsor	GARNER INTERNAL MEDICINE	c EIN-PN 56-2153802-001
a	Plan name	GILL SECURITY RETIREMENT PLAN	
b	Name of plan sponsor	GILL SECURITY SYSTEMS, INC.	c EIN-PN 56-1358178-001
a	Plan name	SOFTDOCS, INC 401(K) PLAN	
b	Name of plan sponsor	SOFTDOCS, INC.	c EIN-PN 57-1072887-001

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 B & S ENTERPRISES 401(K) PLAN	
b	Name of plan sponsor B & S ENTERPRISES, INC.	c EIN-PN 56-0932041-001
a	Plan name CORNERSTONE EAR, NOSE & THROAT, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CORNERSTONE EAR, NOSE & THROAT, P.A.	c EIN-PN 56-1872583-001
a	Plan name OPEN ROADS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor E & J GREER, INC. DBA GREENVILLE NISSAN	c EIN-PN 10-0005131-001
a	Plan name HENRITZE DENTAL GROUP 401(K) PLAN	
b	Name of plan sponsor HENRITZE DENTAL GROUP	c EIN-PN 83-0617708-001
a	Plan name HUBBARD PIPE AND SUPPLY, INC. EMPLOYEES' 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor HUBBARD PIPE AND SUPPLY, INC.	c EIN-PN 56-1005861-001
a	Plan name THE DIRECT MAIL SOLUTIONS EMPLOYEES 401K PLAN	
b	Name of plan sponsor THE MOORE COMPANIES INC. T/A DIRECT MAIL SOLUTIONS	c EIN-PN 54-1870467-001
a	Plan name ANGUS BARN 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor ANGUS BARN, LTD. LLC	c EIN-PN 56-2163933-001
a	Plan name CAROLINA ENT/SAC, P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor CAROLINA ENT/SAC, P.A.	c EIN-PN 56-2152702-002
a	Plan name CLEGG'S TERMITE & PEST CONTROL, LLC 401(K) PLAN	
b	Name of plan sponsor CLEGG'S TERMITE & PEST CONTROL, LLC	c EIN-PN 56-0841233-001
a	Plan name CONRAD INDUSTRIES, INC. RETIREMENT SAVINGS PLAN & TRUST	
b	Name of plan sponsor CONRAD INDUSTRIES, INC. A-B EMBLEM	c EIN-PN 56-0790612-001
a	Plan name COPYPRO, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor COPYPRO, INC.	c EIN-PN 68-0327815-001
a	Plan name DANVILLE PATIENT CARE, INC. 401(K) PLAN	
b	Name of plan sponsor DANVILLE PATIENT CARE, INC.	c EIN-PN 20-5117242-001

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 DIESEL EQUIPMENT COMPANY EMPLOYEES' PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor DIESEL EQUIPMENT COMPANY	c EIN-PN 56-1049409-001
a	Plan name EASTERN CAROLINA CARDIOVASCULAR, P.A. EMPLOYEES' 401(K) AND PROFIT SHARING PLAN	
b	Name of plan sponsor EASTERN CAROLINA CARDIOVASCULAR, P.A.	c EIN-PN 56-1898263-002
a	Plan name FABRICATION ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor FABRICATION ASSOCIATES, INC.	c EIN-PN 56-1974155-001
a	Plan name GILLESPIE & MURPHY, P.A. PROFIT SHARING PLAN	
b	Name of plan sponsor GILLESPIE & MURPHY, P.A.	c EIN-PN 56-1749776-001
a	Plan name HALIFAX LINEN SERVICE, INC. 401 (K) PLAN	
b	Name of plan sponsor HALIFAX LINEN SERVICE, INC.	c EIN-PN 56-1068119-001
a	Plan name IMOCO, INC. SAVINGS/RETIREMENT PLAN	
b	Name of plan sponsor IMOCO, INC.	c EIN-PN 20-4302578-001
a	Plan name JERNIGAN OIL COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JERNIGAN OIL COMPANY, INC.	c EIN-PN 56-0795696-001
a	Plan name PARKWAY OF WILMINGTON 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WILMINGTON AUTO GROUP	c EIN-PN 56-2085550-001
a	Plan name PENN-DAVIS COATINGS, INC. 401(K) PLAN	
b	Name of plan sponsor PENN-DAVIS COATINGS, INC.	c EIN-PN 56-1351470-001
a	Plan name PIEDMONT FRESH, LLC 401(K) PLAN	
b	Name of plan sponsor PIEDMONT FRESH, LLC	c EIN-PN 54-2027310-001
a	Plan name RAMSEY PRODUCTS CORPORATION RETIREMENT PLAN	
b	Name of plan sponsor RAMSEY PRODUCTS CORPORATION	c EIN-PN 14-1436592-002
a	Plan name RUEHLEN SUPPLY COMPANY, INC. 401(K) RETIREMENT PLAN	
b	Name of plan sponsor HUBBARD PIPE AND SUPPLY, INC. D/B/A RUEHLEN SUPPLY COMPANY, INC.	c EIN-PN 56-1005861-002

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 STEVEN R. ADAMS, DDS, PA 401(K) PLAN	
b	Name of plan sponsor STEVEN R. ADAMS, DDS, PA	c EIN-PN 56-2245421-001
a	Plan name WADE HAMPTON GOLF CLUB 401K PROFIT SHARING PLAN	
b	Name of plan sponsor WADE HAMPTON GOLF CLUB	c EIN-PN 56-1518201-001
a	Plan name WORLEY, SCHILLING & RANDALL, INC 401(K) SALARY REDUCTION PLAN & TRUST	
b	Name of plan sponsor WORLEY, SCHILLING & RANDALL, INC	c EIN-PN 58-0205870-001
a	Plan name CAROLINA ARTHRITIS CENTER, P.A. 401(K) PLAN	
b	Name of plan sponsor CAROLINA ARTHRITIS CENTER, P.A.	c EIN-PN 56-2257862-001
a	Plan name PINE NEEDLES COUNTY CLUB, INC PROFIT SHARING PLAN	
b	Name of plan sponsor PINE NEEDLES COUNTY CLUB, INC	c EIN-PN 56-0585178-001
a	Plan name SNIPES INSURANCE SERVICE, INC. 401(K) PLAN	
b	Name of plan sponsor SNIPES INSURANCE SERVICE, INC.	c EIN-PN 56-1075260-001
a	Plan name SOUTHEASTERN TOOL & DIE, INC. EMPLOYEE'S PROFIT SHARING PLAN	
b	Name of plan sponsor SOUTHEASTERN TOOL & DIE, INC	c EIN-PN 56-1446323-001
a	Plan name SPECTRUM 401K PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor SPECTRUM FAMILY EYE CENTERS	c EIN-PN 56-1935396-001
a	Plan name STEVENS TOWING CO., INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor STEVENS TOWING CO., INC.	c EIN-PN 57-0668649-001
a	Plan name UNITED COMPANIES RETIREMENT PLAN	
b	Name of plan sponsor UNITED PROTECTIVE TECHNOLOGIES, LLC	c EIN-PN 45-3193833-001
a	Plan name WELLS GLOBAL, PLLC 401(K) PLAN	
b	Name of plan sponsor WELLS GLOBAL, PLLC	c EIN-PN 56-2233701-001
a	Plan name PALMETTO BONE & JOINT, P. A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PALMETTO BONE & JOINT, P.A.	c EIN-PN 57-0957418-003

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	TRIAD RADIOLOGY ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	TRIAD RADIOLOGY ASSOCIATES, PLLC	c EIN-PN 20-5383005-001
a	Plan name	HUFF ORTHOPAEDICS & SPORTS MEDICINE, P.A. 401(K) PLAN	
b	Name of plan sponsor	HUFF ORTHOPAEDICS & SPORTS MEDICINE, P.A.	c EIN-PN 56-2089886-002
a	Plan name	KEYMARK, INC. 401(K) PLAN	
b	Name of plan sponsor	KEYMARK, INC.	c EIN-PN 57-1113419-001
a	Plan name	SOUTHERN INSURANCE UNDERWRITERS, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	SOUTHERN INSURANCE UNDERWRITERS, INC.	c EIN-PN 58-0939621-001
a	Plan name	TAYLOR ENTERPRISES INC. 401(K) PLAN	
b	Name of plan sponsor	TAYLOR ENTERPRISES INC.	c EIN-PN 20-5203874-001
a	Plan name	TFE, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	TFE, INC.	c EIN-PN 59-2928338-005
a	Plan name	UNITED TOOL & MOLD 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	UNITED TOOL & MOLD, INC.	c EIN-PN 57-1016077-001
a	Plan name	MID PINES DEVELOPMENT GROUP, LLC. PROFIT SHARING PLAN	
b	Name of plan sponsor	MID PINES DEVELOPMENT GROUP, LLC.	c EIN-PN 56-1866163-001
a	Plan name	PRECISION HOSE, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PRECISION HOSE, INC.	c EIN-PN 58-1992237-001
a	Plan name	EMPIRE EQUIPMENT COMPANY, LLC 401(K) PLAN	
b	Name of plan sponsor	EMPIRE EQUIPMENT COMPANY, LLC	c EIN-PN 81-0867472-001
a	Plan name	NORTH CAROLINA HOME BUILDERS ASSOCIATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	NORTH CAROLINA HOME BUILDERS, INC.	c EIN-PN 56-0891671-001
a	Plan name	STEVENS TOWING COMPANY OF NC, LLC 401(K) PLAN	
b	Name of plan sponsor	STEVENS TOWING COMPANY OF NC, LLC	c EIN-PN 20-2329090-001

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	NIGHT OWL CONTRACTORS, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	NIGHT OWL CONTRACTORS, INC	c EIN-PN 16-1534807-001
a	Plan name	YSM DESIGN, PC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	YSM DESIGN, PC	c EIN-PN 58-2157309-002
a	Plan name	FOSS AUTO RECYCLING, INC. 401(K) PLAN	
b	Name of plan sponsor	FOSS AUTO RECYCLING, INC.	c EIN-PN 56-1782897-001
a	Plan name	HOWARD MANAGEMENT COMPANY 401(K) PLAN	
b	Name of plan sponsor	HOWARD MANAGEMENT COMPANY, INC.	c EIN-PN 56-1552021-001
a	Plan name	ADD EQUIPMENT INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	ADD EQUIPMENT, INC.	c EIN-PN 54-2012562-001
a	Plan name	CAROLINA APOTHECARY, INC. EMPLOYEES PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor	CAROLINA APOTHECARY, INC.	c EIN-PN 56-1306590-001
a	Plan name	DRS. SUSAN AND BEN THOMPSON 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DRS. SUSAN AND BEN THOMPSON	c EIN-PN 20-3872850-001
a	Plan name	THE ENHANCED CAPITAL ACCUMULATION PLAN FOR THE EMPLOYEES OF THE FIDELITY BANK	
b	Name of plan sponsor	THE FIDELITY BANK	c EIN-PN 56-0132040-003
a	Plan name	CDH PARTNERS INC. 401K PLAN	
b	Name of plan sponsor	CDH PARTNERS INC	c EIN-PN 58-2025595-001
a	Plan name	CABARRUS ROWAN COMMUNITY HEALTH CENTERS 401(K) PLAN	
b	Name of plan sponsor	CABARRUS ROWAN COMMUNITY HEALTH CENTERS	c EIN-PN 61-1459826-001
a	Plan name	LAW OFFICES OF PERRY R. SAFRAN 401(K) PS PLAN	
b	Name of plan sponsor	LAW OFFICES OF PERRY R. SAFRAN	c EIN-PN 56-2013095-001
a	Plan name	ATLANTA FLOORING DESIGN CENTERS INC. 401K PLAN	
b	Name of plan sponsor	ATLANTA FLOORING DESIGN CENTERS	c EIN-PN 58-1621134-001

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 ENVIRONMENTAL REMEDIES, LLC 401K PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor ENVIRONMENTAL REMEDIES, LLC	c EIN-PN 58-2400750-001
a	Plan name SPARTAN SYSTEMS 401K RETIREMENT PLAN	
b	Name of plan sponsor SPARTAN SYSTEMS, LLC	c EIN-PN 92-1728241-001
a	Plan name JOHNSON CURRAN OPTOMETRY CENTERS, PC 401(K) PLAN	
b	Name of plan sponsor JOHNSON CURRAN OPTOMETRY CENTERS	c EIN-PN 47-1396663-001
a	Plan name GEORGIA NEPHROLOGY LLC 401K PROFIT SHARING PLAN	
b	Name of plan sponsor GEORGIA NEPHROLOGY LLC	c EIN-PN 58-2146852-001
a	Plan name RESPIRATORY CONSULTANTS OF GEORGIA, LLC RETIREMENT PLAN	
b	Name of plan sponsor RESPIRATORY CONSULTANTS OF GEORGIA, LLC	c EIN-PN 20-3693780-001
a	Plan name NATIONAL AUTOMOTIVE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor NATIONAL AUTOMOTIVE GROUP, INC.	c EIN-PN 56-1171417-002
a	Plan name PIEDMONT DENTAL SPECIALISTS RETIREMENT PLAN	
b	Name of plan sponsor PIEDMONT DMC, LLC	c EIN-PN 85-2832670-001
a	Plan name ADC ENGINEERING 401(K) PLAN	
b	Name of plan sponsor ADC ENGINEERING, INC.	c EIN-PN 57-0902258-001
a	Plan name COASTAL CAROLINA ENT, D.O., P.A. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor COASTAL CAROLINA ENT, D.O., P.A.	c EIN-PN 56-2151484-001
a	Plan name TEKTONE 401(K) AND PROFIT SHARING TRUST	
b	Name of plan sponsor TEKTONE SOUND & SIGNAL MFG., INC.	c EIN-PN 59-1500771-002
a	Plan name WINDERMERE INSURANCE GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor WINDERMERE INSURANCE GROUP	c EIN-PN 45-3387144-001
a	Plan name MOUNTAIN AREA PEDIATRIC ASSOCIATES 401(K)	
b	Name of plan sponsor MOUNTAIN AREA PEDIATRIC ASSOCIATES	c EIN-PN 56-1989591-001

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	HALLIDAY SCHWARTZ & CO. 401(K) PS PLAN	
b	Name of plan sponsor	HALLIDAY SCHWARTZ & CO.	c EIN-PN 57-0925346-001
a	Plan name	GRCC RETIREMENT PLAN	
b	Name of plan sponsor	GOOSEMANN ROSE COLVARD & CRAMER, P.A.	c EIN-PN 56-1922501-001
a	Plan name	JD SERVICE NOW, INC. 401(K) PLAN	
b	Name of plan sponsor	JD SERVICE NOW, INC.	c EIN-PN 68-0612385-001
a	Plan name	MOTOVARIO CORPORATION 401K PLAN	
b	Name of plan sponsor	MOTOVARIO CORPORATION	c EIN-PN 58-2351210-002
a	Plan name	COLONY TIRE CORPORATION 401(K) PLAN	
b	Name of plan sponsor	COLONY TIRE CORPORATION	c EIN-PN 56-2167232-002
a	Plan name	RICHMOND NATIONAL SERVICES, INC. 401(K) PLAN	
b	Name of plan sponsor	RICHMOND NATIONAL SERVICES, INC.	c EIN-PN 87-2521969-001
a	Plan name	FAYETTEVILLE PULMONOLOGY, P.C. 401(K) PLAN	
b	Name of plan sponsor	FAYETTEVILLE PULMONOLOGY, P.C.	c EIN-PN 56-1958613-001
a	Plan name	TIETEX INTERNATIONAL, LTD., 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	TIETEX INTERNATIONAL, LTD.	c EIN-PN 57-0551905-002
a	Plan name	GILLAM & ASSOCIATES, INC. 401K PROFIT SHARING PLAN	
b	Name of plan sponsor	GILLAM & ASSOCIATES, INC.	c EIN-PN 57-0805043-001
a	Plan name	MCCARTHA ORTHODONTICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	DOUGLAS C. MCCARTHA, DMD, LLC.	c EIN-PN 45-3989291-001
a	Plan name	NORTH STATE ENVIRONMENTAL, INC. 401(K) PLAN	
b	Name of plan sponsor	NORTH STATE ENVIRONMENTAL, INC.	c EIN-PN 56-1890266-001
a	Plan name	BARNHARDT MANUFACTURING COMPANY 401(K) PLAN	
b	Name of plan sponsor	BARNHARDT MANUFACTURING COMPANY	c EIN-PN 56-0134380-004

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	MILLS & MAHONEY, P.A. PROFIT SHARING TRUST	
b	Name of plan sponsor	MILLS & MAHONEY, P.A.	c EIN-PN 56-1437794-002
a	Plan name	SIMPSON ELECTRIC COMPANY PROFIT SHARING PLAN	
b	Name of plan sponsor	SIMPSON ELECTRIC COMPANY	c EIN-PN 56-0787504-001
a	Plan name	GENESIS HEALTHCARE, INC. 401(K) PLAN	
b	Name of plan sponsor	GENESIS HEALTHCARE INC.	c EIN-PN 01-0932846-001
a	Plan name	WALEX 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	WALEX PRODUCTS COMPANY, INC.	c EIN-PN 56-1587224-001
a	Plan name	HENDERSON OIL COMPANY, INC. 401(K) PLAN	
b	Name of plan sponsor	HENDERSON OIL COMPANY, INC.	c EIN-PN 56-0986390-001
a	Plan name	GCR UNION 401(K) PLAN	
b	Name of plan sponsor	GOVERNMENT CONTRACTING RESOURCES, INC.	c EIN-PN 54-1590229-002
a	Plan name	ASHEVILLE CHRISTIAN ACADEMY 401(K) PLAN	
b	Name of plan sponsor	ASHEVILLE CHRISTIAN ACADEMY	c EIN-PN 56-0889168-001
a	Plan name	MCLEOD ADDICTIVE DISEASE CENTER, INC. 401(K) PLAN	
b	Name of plan sponsor	MCLEOD ADDICTIVE DISEASE CENTER, INC.	c EIN-PN 56-0953783-001
a	Plan name	WILLIAM C. REYNOLDS COMPANY, INC. CAPITAL ACCUMULATION PLAN	
b	Name of plan sponsor	WILLIAM C. REYNOLDS COMPANY, INC.	c EIN-PN 56-0887844-001
a	Plan name	EDWARD FERRELL & LEWIS MITTMAN 401(K) PLAN	
b	Name of plan sponsor	DFF, INC. DBA EDWARD FERRELL & LEWIS MITTMAN	c EIN-PN 56-1533604-001
a	Plan name	JEFFERSON OBSTETRICS AND GYNECOLOGY, LTD. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	JEFFERSON OBSTETRICS AND GYNECOLOGY, LTD.	c EIN-PN 54-1005347-001
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 FIRST CITIZENS GOALVIEW COLLECTIVE RETIREMENT TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 AMERICAN TRUST COMPANY	D Employer Identification Number (EIN) 92-2348703

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)	38682 75134
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2367891 3294293
(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)	139491421 163679041
(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	141897994	167048468
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j	145680	116085
k Total liabilities (add all amounts in lines 1g through 1j).....	1k	145680	116085
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	141752314	166932383

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)	146305	
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		146305
(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)	3599412	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3599412
(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)		14700758
c Other income	2c		3733
d Total income. Add all income amounts in column (b) and enter total.....	2d		18450208

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)	20205	
(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)	154743	
(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)		174948
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		174948

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		18275260
l Transfers of assets:			
(1) To this plan.....	2l(1)		27038407
(2) From this plan	2l(2)		20133598

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 _____.