

<p style="text-align: center;">Form 5500</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>Annual Return/Report of Employee Benefit Plan</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 style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	<p style="font-size: x-small;">OMB Nos. 1210-0110 1210-0089</p> <hr/> <p style="font-size: large; font-weight: bold; text-align: center;">2024</p> <hr/> <p style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</p>
---	---	---

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) P

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>1a Name of plan <u>PIONEER SELECT MID CAP GROWTH</u></p>	<p>1b Three-digit plan number (PN) ▶ <u>956</u></p>
<p>2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>DFE RETURNS</u></p> <p><u>DIVERSIFIED INVESTMENT ADVISORS</u> <u>4333 EDGEWOOD RD NE, MD 0009</u> <u>CEDAR RAPIDS, IA 52499</u></p>	<p>1c Effective date of plan</p> <hr/> <p>2b Employer Identification Number (EIN) <u>36-6071399</u></p> <hr/> <p>2c Plan Sponsor's telephone number <u>319-355-5357</u></p> <hr/> <p>2d 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.

SIGN HERE		Date	
	Signature of plan administrator		Enter name of individual signing as plan administrator
SIGN HERE		Date	
	Signature of employer/plan sponsor		Enter name of individual signing as employer or plan sponsor
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>09/15/2025</u>	<u>NEIL KOENCK</u>
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report: a Sponsor's name c Plan Name	4b EIN 4d PN
5 Total number of participants at the beginning of the plan year	5
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d). a(1) Total number of active participants at the beginning of the plan year a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g(1) Number of participants with account balances as of the beginning of the plan year (only defined contribution plans complete this item) g(2) Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<div style="background-color: #cccccc; height: 20px; width: 100%;"></div> <div style="background-color: #cccccc; height: 20px; width: 100%;"></div> 6a(1) 6a(2) 6b 6c 6d 6e 6f 6g(1) 6g(2) 6h
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7

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

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

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
--	--

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

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

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.
---	--	---

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024

A Name of plan <u>PIONEER SELECT MID CAP GROWTH</u>	B Three-digit plan number (PN)	<u>956</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DFE RETURNS</u>	D Employer Identification Number (EIN) <u>36-6071399</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)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
a Name of MTIA, CCT, PSA, or 103-12 IE:		
b Name of sponsor of entity listed in (a):		
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN

d Entity code

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

Part II		Information on Participating Plans (to be completed by DFEs, other than DCGs)	
(Complete as many entries as needed to report all participating plans. DCGs must report each participating plan using Schedule DCG.)			
a	Plan name	ARMBRECHT & WIERENGA ORTHODONTICS PLC 401(K) PLAN	
b	Name of plan sponsor	ARMBRECHT & WIERENGA ORTHODONTICS PLC	c EIN-PN 38-2163006-001
a	Plan name	ARMER/NORMAN & ASSOCIATES RETIREMENT PLAN	
b	Name of plan sponsor	ARMER/NORMAN & ASSOCIATES	c EIN-PN 94-1686016-001
a	Plan name	ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE 401(K) PLAN	
b	Name of plan sponsor	ARTEMIS CENTER FOR ALTERNATIVE TO DOMESTIC VIOLENCE	c EIN-PN 31-1120194-001
a	Plan name	BURGE MANAGEMENT GROUP, INC. 401(K) PROFIT SHARING	
b	Name of plan sponsor	BURGE MANAGEMENT GROUP, INC.	c EIN-PN 27-2829648-001
a	Plan name	CROWN CRAFTS, INC. 401(K) RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CROWN CRAFTS, INC.	c EIN-PN 58-0678148-002
a	Plan name	ENTERRA SOLUTIONS, LLC RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	ENTERRA SOLUTIONS, LLC	c EIN-PN 30-0002607-001
a	Plan name	INTEGRITY CONSTRUCTION MANAGEMENT, LLC 401K PLAN	
b	Name of plan sponsor	INTEGRITY CONSTRUCTION MANAGEMENT, LLC	c EIN-PN 45-5124212-001
a	Plan name	LIGHTING & ELECTRICAL SALES CO., INC. 401(K) PLAN	
b	Name of plan sponsor	LIGHTING & ELECTRICAL SALES CO., INC.	c EIN-PN 74-1786305-001
a	Plan name	LIVEWIRE ELECTRICAL SYSTEMS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	LIVEWIRE ELECTRICAL SYSTEMS, INC.	c EIN-PN 46-1006222-001
a	Plan name	LONG ISLAND COMPREHENSIVE, PLLC CASH BALANCE PENSION PLAN	
b	Name of plan sponsor	LONG ISLAND COMPREHENSIVE MEDICAL CARE, PLLC	c EIN-PN 37-1654147-002
a	Plan name	NCA RETIREMENT PLAN	
b	Name of plan sponsor	NEVADA CARDIOLOGY ASSOCIATES	c EIN-PN 88-0293130-001
a	Plan name	ROCKET COMPOSITES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	ROCKET COMPOSITES, INC.	c EIN-PN 27-0395707-001

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 TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	
b	Name of plan sponsor TAG PEARL STREET AGGREGATE RETIREMENT PLAN EXCHANGE	c EIN-PN 62-1874779-001
a	Plan name 417 ROYAL RESTAURANT, LLC 401 (K) PLAN	
b	Name of plan sponsor 417 ROYAL RESTAURANT, LLC	c EIN-PN 46-3172979-001
a	Plan name BUX-MONT TRANSPORTATION 401(K) PLAN	
b	Name of plan sponsor BUX-MONT TRANSPORTATION	c EIN-PN 23-1576223-001
a	Plan name C & S DRAPERIES, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor C & S DRAPERIES, INC.	c EIN-PN 77-0072946-001
a	Plan name CADILLAC OF MAHWAH LLC 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor CADILLAC OF MAHWAH LLC	c EIN-PN 01-0950579-001
a	Plan name CVIN, LLC 401(K) RETIREMENT PLAN	
b	Name of plan sponsor CVIN, LLC	c EIN-PN 77-0407563-001
a	Plan name DANNIBLE & MCKEE, LLP 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor DANNIBLE & MCKEE, LLP	c EIN-PN 33-0996661-001
a	Plan name EWI CONSTRUCTION, LLC 401(K) PROFIT SHARING PLAN TRUST	
b	Name of plan sponsor EWI CONSTRUCTION, LLC	c EIN-PN 26-0636307-001
a	Plan name NELSON ANALYTICAL 401(K) PLAN	
b	Name of plan sponsor NELSON ANALYTICAL, LLC	c EIN-PN 02-0527084-001
a	Plan name NEVYAS EYE ASSOCIATES, P.C. 401(K) PLAN	
b	Name of plan sponsor NEVYAS EYE ASSOCIATES, P.C.	c EIN-PN 23-1715581-005
a	Plan name PILGRIM CHRISTAKIS 401(K) RETIREMENT PLAN	
b	Name of plan sponsor PILGRIM CHRISTAKIS LLP	c EIN-PN 26-3175990-001
a	Plan name SAMUEL P. MARTIN INSURANCE AGENCY, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor SAMUEL P. MARTIN INSURANCE AGENCY, INC.	c EIN-PN 22-2117154-001

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	TBDM LAW PLLC 401(K) P/S PLAN
b	Name of plan sponsor	TBDM LAW PLLC
c	EIN-PN	33-1623607-001
a	Plan name	TECHNOFLO SYSTEMS 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TECHNOFLO SYSTEMS
c	EIN-PN	77-0557580-001
a	Plan name	UNIVERSAL TANK & FABRICATION INC. 401(K) PLAN
b	Name of plan sponsor	UNIVERSAL TANK & FABRICATION INC.
c	EIN-PN	94-4428204-001
a	Plan name	TERESI TRUCKING, INC. 401(K) PROFIT SHARING PLAN
b	Name of plan sponsor	TERESI TRUCKING, LLC
c	EIN-PN	94-1712166-001
a	Plan name	HDR REMODELING 401(K) PLAN & TRUST
b	Name of plan sponsor	HDR REMODELING
c	EIN-PN	94-3204168-001
a	Plan name	THE MOSSER GROUP EMPLOYEE SAVINGS PLAN & TRUST
b	Name of plan sponsor	WMOG, INC.
c	EIN-PN	34-1133357-003
a	Plan name	ACCURATE INGREDIENTS, INC. RETIREMENT PLAN
b	Name of plan sponsor	ACCURATE INGREDIENTS, INC.
c	EIN-PN	11-2571863-001
a	Plan name	JA USA 401(K) PLAN
b	Name of plan sponsor	JUNIOR ACHIEVEMENT USA
c	EIN-PN	84-1267604-334
a	Plan name	KAHUA 401(K) PLAN
b	Name of plan sponsor	KAHUA INC.
c	EIN-PN	27-0523308-001
a	Plan name	W.L. STATON PLUMBING, HEATING & COOLING, LLC 401(K) PLAN
b	Name of plan sponsor	W.L. STATON PLUMBING, HEATING & COOLING, LLC
c	EIN-PN	45-5074350-002
a	Plan name	ATHERTON & ASSOCIATES LLP 401(K) PLAN
b	Name of plan sponsor	ATHERTON & ASSOCIATES LLP
c	EIN-PN	94-1239084-001
a	Plan name	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC 401(K) PROFIT SHARING PLAN & TRUST
b	Name of plan sponsor	MCALLISTER, DETAR, SHOWALTER & WALKER, LLC
c	EIN-PN	47-4609056-001

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	MCGINNIS ELECTRICAL CONTRACTING 401(K) PLAN	
b	Name of plan sponsor	MCGINNIS ELECTRICAL CONTRACTING COMPANY	c EIN-PN 25-1151382-001
a	Plan name	MCINTOSH COMMUNICATIONS, INC. 401(K) PLAN	
b	Name of plan sponsor	MCINTOSH COMMUNICATIONS, INC.	c EIN-PN 88-0255787-001
a	Plan name	MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MCR DONUTS, INC.	c EIN-PN 06-1432375-001
a	Plan name	MCR DONUTS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MCR DONUTS, INC.	c EIN-PN 06-1432375-777
a	Plan name	CALSOFT SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	CALSOFT SYSTEMS	c EIN-PN 33-0593327-001
a	Plan name	CAMINO FEDERAL CREDIT UNION 401(K) PROFIT SHARING	
b	Name of plan sponsor	CAMINO FEDERAL CREDIT UNION	c EIN-PN 95-1676228-002
a	Plan name	OM SHIV SAI GURU INC. PENSION PLAN	
b	Name of plan sponsor	OM SHIV SAI GURU INC.	c EIN-PN 26-2926035-777
a	Plan name	POLLUX SYSTEMS, INC. 401(K) PLAN	
b	Name of plan sponsor	POLLUX SYSTEMS, INC.	c EIN-PN 35-1813327-001
a	Plan name	DOGWOOD SITE CONTRACTORS LLC 401(K) PLAN	
b	Name of plan sponsor	DOGWOOD SITE CONTRACTORS LLC	c EIN-PN 87-1345377-001
a	Plan name	DONIGER/BURROUGHS 401(K)	
b	Name of plan sponsor	DONIGER/BURROUGHS	c EIN-PN 27-4329677-001
a	Plan name	SAN DIEGO THEATRES, INC. 401(K) PLAN	
b	Name of plan sponsor	SAN DIEGO THEATRES, INC.	c EIN-PN 14-1886373-001
a	Plan name	MARQUEZ BROTHERS INTERNATIONAL, INC. AND AFFILIATES 401(K) PLAN	
b	Name of plan sponsor	MARQUEZ BROTHERS INTERNATIONAL, INC.	c EIN-PN 94-2789431-889

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	MEEHLEIS MODULAR BUILDINGS, INC. 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	MEEHLEIS MODULAR BUILDINGS, INC.	c EIN-PN 94-2971321-002
a	Plan name	CAROLINA DEALERSHIPS, INC. 401(K) PLAN	
b	Name of plan sponsor	CAROLINA DEALERSHIPS, INC.	c EIN-PN 20-0465434-001
a	Plan name	ORCHESTRA MANAGEMENT SOLUTIONS 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor	ORCHESTRA MANAGEMENT SOLUTIONS	c EIN-PN 22-3737010-001
a	Plan name	OUTBOARD MOTOR SHOP 401(K) PLAN	
b	Name of plan sponsor	OUTBOARD MOTOR SHOP	c EIN-PN 94-3159599-001
a	Plan name	PRECISION 2000 401(K) PLAN	
b	Name of plan sponsor	PRECISION 2000, INC.	c EIN-PN 58-2427359-001
a	Plan name	FARM PUMP AND IRRIGATION COMPANY, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	FARM PUMP AND IRRIGATION COMPANY, INC.	c EIN-PN 95-3868044-001
a	Plan name	FELTON DENTAL CARE 401(K) PLAN & TRUST	
b	Name of plan sponsor	BRETT R. FELTON, DMD, PC	c EIN-PN 27-0215608-001
a	Plan name	ST. JOHN MEDICAL ENDEAVORS, INC. 401(K) PLAN	
b	Name of plan sponsor	ST. JOHN MEDICAL ENDEAVORS, INC.	c EIN-PN 45-2411775-001
a	Plan name	HARCOURTS PACIFIC 401(K) PLAN	
b	Name of plan sponsor	HARCOURTS PACIFIC, LLC	c EIN-PN 27-2915078-001
a	Plan name	THE WORTHE REAL ESTATE GROUP, INC. 401(K) PLAN	
b	Name of plan sponsor	THE WORTHE REAL ESTATE GROUP, INC.	c EIN-PN 95-4521084-001
a	Plan name	JMK GROUP, INC. PROFIT SHARING PLAN	
b	Name of plan sponsor	JMK GROUP, INC. DBA THE AGENCY	c EIN-PN 95-4133869-001
a	Plan name	ALLEGRO CONSULTANTS, INC. 401(K) PLAN	
b	Name of plan sponsor	ALLEGRO CONSULTANTS, INC.	c EIN-PN 94-2932628-002

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	ALLPRO CORPORATION 401(K) RETIREMENT PLAN	
b	Name of plan sponsor	ALLPRO CORPORATION	c EIN-PN 59-3347302-001
a	Plan name	KETTMANN MACHINING INC. RETIREMENT AND SAVINGS PLAN	
b	Name of plan sponsor	KETTMANN MACHINING INC.	c EIN-PN 26-4023756-001
a	Plan name	AMERICAN CONCRETE EMPLOYEE'S RETIREMENT PLAN	
b	Name of plan sponsor	AMERICAN CONCRETE, INC.	c EIN-PN 58-2060679-001
a	Plan name	BIOTAP MEDICAL 401K RETIREMENT PLAN	
b	Name of plan sponsor	VERRALAB JA, LLC	c EIN-PN 45-4430352-001
a	Plan name	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC. RETIREMENT SAVINGS PLAN	
b	Name of plan sponsor	CENTRAL CALIFORNIA CHILD DEVELOPMENT SERVICES, INC.	c EIN-PN 68-0025437-001
a	Plan name	DIFIORE CONSTRUCTION, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	DIFIORE CONSTRUCTION, INC.	c EIN-PN 16-0741509-002
a	Plan name	FRESNO M, LLC 401(K) PLAN	
b	Name of plan sponsor	FRESNO M, LLC	c EIN-PN 38-4235861-001
a	Plan name	HARMS CARPET CENTER, INC. 401(K) PLAN & TRUST	
b	Name of plan sponsor	HARMS CARPET CENTER, INC.	c EIN-PN 34-1327861-001
a	Plan name	HATTERAS PRESS, INC. 401(K) RETIREMENT PLAN & TRUST	
b	Name of plan sponsor	HATTERAS PRESS, INC.	c EIN-PN 22-2491250-001
a	Plan name	HISTORICAL RESEARCH ASSOCIATES, INC. 401(K) PLAN	
b	Name of plan sponsor	HISTORICAL RESEARCH ASSOCIATES, INC.	c EIN-PN 81-0373761-001
a	Plan name	MAVERICK MIDWEST 401(K) PLAN	
b	Name of plan sponsor	MAVERICK MIDWEST LLC	c EIN-PN 82-2181672-001
a	Plan name	P.A. THOMPSON ENGINEERING 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	P.A. THOMPSON ENGINEERING	c EIN-PN 33-0541883-001

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 PROFESSIONAL EYE ASSOCIATES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor PROFESSIONAL EYE ASSOCIATES, INC.	c EIN-PN 58-1148820-001
a	Plan name RALPH BRENNAN RESTAURANT GROUP 401(K) RETIREMENT PLAN	
b	Name of plan sponsor RALPH BRENNAN RESTAURANT GROUP, L.L.C.	c EIN-PN 72-1350467-001
a	Plan name REGIONAL PARAMEDICAL SERVICES 401(K) PROFIT SHARING PLAN & TRUST	
b	Name of plan sponsor REGIONAL PARAMEDICAL SERVICES	c EIN-PN 63-0957564-001
a	Plan name SHRIKANT TAMHANE DO INC 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor SHRIKANT TAMHANE DO INC	c EIN-PN 81-4413278-001
a	Plan name THE JOE N. GUY COMPANY, INCORPORATED SAFE HARBOR 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor JOE N. GUY COMPANY, INCORPORATED	c EIN-PN 58-1048254-001
a	Plan name THE MASTER WALL, INC. 401(K) PROFIT SHARING PLAN AND TRUST	
b	Name of plan sponsor MASTER WALL, INC.	c EIN-PN 58-1777823-002
a	Plan name THOMPSON & HARVEY BAY AREA 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor THOMPSON & HARVEY BAY AREA, LLC	c EIN-PN 27-1531650-001
a	Plan name VIKING ROOFING, INC. 401(K) PLAN	
b	Name of plan sponsor VIKING ROOFING, INC.	c EIN-PN 02-0525250-001
a	Plan name VIP COMMUNITY MENTAL HEALTH CENTER, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor VIP COMMUNITY MENTAL HEALTH CENTER, INC.	c EIN-PN 30-0017808-001
a	Plan name WASHER HILL LIPSCOMB CABANISS ARCHITECTURE PROFIT SHARING 401(K) PLAN	
b	Name of plan sponsor WASHER HILL LIPSCOMB CABANISS ARCHITECTURE LLC	c EIN-PN 86-1091681-001
a	Plan name BOLAND MARINE & INDUSTRIAL, LLC RETIREMENT PLAN	
b	Name of plan sponsor BOLAND MARINE & INDUSTRIAL, LLC	c EIN-PN 85-0485227-001
a	Plan name COLUMBIA PAINT CORPORATION PROFIT SHARING PLAN	
b	Name of plan sponsor COLUMBIA PAINT CORPORATION	c EIN-PN 55-0380524-001

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	ELEVATED SOLAR PERFORMANCE, INC. 401K PLAN	
b	Name of plan sponsor	ELEVATED SOLAR PERFORMANCE, INC.	c EIN-PN 81-3830390-001
a	Plan name	ELITE PLUMBING, INC. 401(K) & P/S	
b	Name of plan sponsor	ELITE PLUMBING, INC.	c EIN-PN 33-0595835-001
a	Plan name	ELITE SALES AND SOLUTIONS 401(K) PLAN	
b	Name of plan sponsor	ELITE SALES AND SOLUTIONS, INC.	c EIN-PN 46-2503930-001
a	Plan name	KUSTOM 401(K) PLAN	
b	Name of plan sponsor	KUSTOMSCAPES & POOLS, LLC	c EIN-PN 84-2103194-001
a	Plan name	MOJO RISING 401(K) PLAN	
b	Name of plan sponsor	MOJO RISING DE, LLC	c EIN-PN 36-4903386-001
a	Plan name	PAOLI LAW FIRM, P.C. 401(K) PLAN	
b	Name of plan sponsor	PAOLI LAW FIRM, P.C.	c EIN-PN 84-1384608-001
a	Plan name	WILLE ELECTRIC SUPPLY CO., INC. 401(K) PLAN	
b	Name of plan sponsor	WILLE ELECTRIC SUPPLY CO., INC.	c EIN-PN 94-1433043-001
a	Plan name	WILLITS & NEWCOMB 401(K) PLAN	
b	Name of plan sponsor	JOHNSTON NURSERIES, FLP, DBA WILLITS & NEWCOMB	c EIN-PN 47-2188570-001
a	Plan name	WILLOWBROOK FORD, INC. 401(K) PLAN	
b	Name of plan sponsor	WILLOWBROOK FORD, INC.	c EIN-PN 36-3063579-001
a	Plan name	BOO-KER OIL & GAS CORP. SECTION 401 (K) PLAN	
b	Name of plan sponsor	BOO-KER OIL & GAS CORP.	c EIN-PN 72-0750276-001
a	Plan name	BOONE KARLBERG EMPLOYEE PROFIT SHARING RETIREMENT PLAN	
b	Name of plan sponsor	BOONE KARLBERG P.C.	c EIN-PN 81-0522567-001
a	Plan name	COMMUNICATION ELECTRONIC SYSTEMS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	COMMUNICATIONS ELECTRONIC SYSTEMS, INC.	c EIN-PN 99-2126159-001

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	ELM MANAGEMENT SERVICES, LLC 401(K) PLAN	
b	Name of plan sponsor	ELM MANAGEMENT SERVICES, LLC	c EIN-PN 82-2104879-001
a	Plan name	GASKINS LECRAW 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SOVEREIGNS ENGINEERING & SURVEYING HOLDINGS INC DBA GASKINS LECRAW	c EIN-PN 58-1500550-002
a	Plan name	IAI AMERICA, INC. 401(K) SALARY REDUCTION PLAN	
b	Name of plan sponsor	IAI AMERICA, INC.	c EIN-PN 33-0337859-001
a	Plan name	IMPERIAL RUBBER PRODUCTS, INC. RETIREMENT PLAN	
b	Name of plan sponsor	IMPERIAL RUBBER	c EIN-PN 33-0350283-001
a	Plan name	RFC RETIREMENT PLAN	
b	Name of plan sponsor	ROMANOFF FLOOR COVERING, INC.	c EIN-PN 58-1349072-001
a	Plan name	SUN ENGINEERING SERVICES, INC. 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	SUN ENGINEERING SERVICES, INC.	c EIN-PN 33-0312587-001
a	Plan name	PDCA PROFIT SHARING PLAN	
b	Name of plan sponsor	PERITONEAL DIALYSIS CENTER OF AMERICA	c EIN-PN 95-4430908-001
a	Plan name	PEACHTREE PARK PEDIATRICS 401(K) PROFIT SHARING PLAN	
b	Name of plan sponsor	PEACHTREE PARK PEDIATRICS, LLP	c EIN-PN 58-0966853-001
a	Plan name	ZYNERGIA HR 401(K) PLAN	
b	Name of plan sponsor	SYNERGY HR LLC	c EIN-PN 81-3943870-002
a	Plan name	BUCKLES-SMITH ELECTRIC CO. SAVINGS AND INVESTMENT PLAN	
b	Name of plan sponsor	BUCKLES-SMITH ELECTRIC COMPANY	c EIN-PN 94-1460248-003
a	Plan name	ENERGY MANAGEMENT COLLABORATIVE 401(K) PLAN	
b	Name of plan sponsor	ENERGY MANAGEMENT COLLABORATIVE, LLC	c EIN-PN 20-0029039-001
a	Plan name	GEAUGA MECHANICAL COMPANY, INC. 401(K) & PROFIT SHARING PLAN	
b	Name of plan sponsor	GEAUGA MECHANICAL COMPANY, INC.	c EIN-PN 34-1296480-001

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	INSPIRING HEALTHCARE RESOURCES 401(K) PLAN	
b Name of plan sponsor	INSPIRING HEALTHCARE RESOURCES, LLC	c EIN-PN 45-0663989-001

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2024 This Form is Open to Public Inspection
--	--	--

For calendar plan year 2024 or fiscal plan year beginning 01/01/2024 and ending 12/31/2024			
A Name of plan PIONEER SELECT MID CAP GROWTH	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">B Three-digit plan number (PN) ▶</td> <td style="width:20%; text-align: center;">956</td> </tr> </table>	B Three-digit plan number (PN) ▶	956
B Three-digit plan number (PN) ▶	956		
C Plan sponsor's name as shown on line 2a of Form 5500 DFE RETURNS	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">D Employer Identification Number (EIN) 36-6071399</td> </tr> </table>	D Employer Identification Number (EIN) 36-6071399	
D Employer Identification Number (EIN) 36-6071399			

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

		(a) Beginning of Year	(b) End of Year
Assets			
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	8427298	9862190
(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	8427298	9862190
Liabilities			
g Benefit claims payable.....	1g		
h Operating payables.....	1h		
i Acquisition indebtedness.....	1i		
j Other liabilities.....	1j		
k Total liabilities (add all amounts in lines 1g through 1j).....	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f).....	1l	8427298	9862190

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers.....	2a(1)(A)		
(B) Participants.....	2a(1)(B)		
(C) Others (including rollovers).....	2a(1)(C)		
(2) Noncash contributions.....	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit).....	2b(1)(A)		
(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)		
(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(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)	1968999	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1968999

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)		
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses:			
(1) Salaries and allowances	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Recordkeeping fees	2i(3)		
(4) IQPA audit fees	2i(4)		
(5) Investment advisory and investment management fees	2i(5)		
(6) Bank or trust company trustee/custodial fees	2i(6)		
(7) Actuarial fees	2i(7)		
(8) Legal fees	2i(8)		
(9) Valuation/appraisal fees	2i(9)		
(10) Other trustee fees and expenses	2i(10)		
(11) Other expenses.....	2i(11)		
(12) Total administrative expenses. Add lines 2i(1) through (11)	2i(12)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1968999
l Transfers of assets:			
(1) To this plan.....	2l(1)		927492
(2) From this plan	2l(2)		1461599

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 _____.